End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

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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 third and fourth 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).

FHI360 worked with other partners in the END in Africa consortium to support 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 were executed according to USAID regulations and technical expectations. This included periodical site visits and reviewing sub grantees' monthly progress reports, monitoring project expenditures and cost share contribution, project coordination, and addressing any issues that arose.

MDA activities and corollaries (training, community mobilization) were fully implemented as planned in Togo, Burkina Faso and Sierra Leone. In Ghana, only MDAs for LF, onchocerciasis and STH were conducted. MDA for SCH-STH was postponed due to a new government requirement regarding authorization of Praziquantel (PZQ) importation. This MDA was rescheduled for FY14. In Niger, MDA activities were postponed to fiscal year 2014 due to a signature delay on the central-level FOG. However, MDA for LF-STH and trachoma was conducted in two districts (Mahayi and Guidan Roumdji) to enable usage of Zithromax medicine prior to its expiration. Mapping for LF, SCH and STH was conducted in Bilma, Niger, but postponed in Arlit for safety reasons. The postponement of the MDA in Niger resulted in a drop in the number of persons treated by the program in FY13, as compared to FY12. Over 52.5 million treatments were provided to nearly 30 million persons in FY13 in our five countries.

In order to realign with WHO strategy, STH/SCH assessment surveys were conducted in Niger in July 2013, with 4 more planned in early FY14. Burkina Faso will conduct assessments by the end of November 2013. These assessments will help guide parasitology specialists and WHO, FHI 360, and HKI staff when they convene at the end of November 2013 in making changes to treatment plans based on WHO guidelines for SCH.

TAS to assess stopping MDA criteria was successfully conducted in:

- **Burkina Faso**: All FY2013 M&E activities were completed and impact assessment surveys were successfully conducted in 6 and 4 districts for LF and trachoma, respectively. For schistosomiasis, assessments occurred in twenty-two sentinel sites; pre-transmission assessment surveys (pre-TAS) for lymphatic filariasis (LF) in nine sentinel sites; LF

transmission assessment surveys (TAS) for six health districts (HDs) in two evaluation units (EU); and trachoma impact assessment surveys in four HDs.

- **Niger:** LF pre-TAS was conducted in nine HDs; STH/SCH assessments in Tahoua, Agadez and Tchirozérine regions; and a sub-district impact survey for trachoma in Tillabéri. TAS was expected in 9 HDs but was delayed until FY 14 due to the late arrival of ICT cards.
- **Sierra Leone**: Pre-TAS for LF was conducted in 12 HDs among which 9 have been successful.
- **Togo**: LF surveillance is ongoing and Togo hopes to reconfirm LF elimination with a final TAS in 2015 and obtain WHO certification of LF elimination. No TAS was conducted in FY 2013 (TAS 1 was done in FY2012).
- **Ghana:** TAS to determine whether to stop MDAs was planned but not conducted in thirty-six HDs, due to the unavailability of ICT cards. Pre-TAS was conducted in other districts. Of these, nine HDs had prevalence of less than 1%, and thus became eligible for TAS. Therefore, in FY2014 TAS will be conducted in a total of 45 HDs (36 plus 9).

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

- **Burkina Faso:** All planned FY2013 mass drug administration (MDA) campaigns were carried out. The Trachoma MDA was implemented in eight HDs and 2,476,699 people were treated with azithromycin or tetracycline. The schistosomiasis MDA was implemented in twenty HDs in five health regions. In total, 4,068,082 people were treated out of 4,426,332 targeted (77% treatment coverage). The LF MDA was conducted in 43 out of the 47 HDs targeted in FY2013. MDA in the remaining four HDs of the Southwest region will be funded by the Center for Neglected Tropical Diseases (CNTD) Liverpool and the Government of Burkina Faso, starting in September 2013. USAID funds supported LF MDA in 28 of the 43 HDs.

- **Sierra Leone:** MDA for SCH was conducted in 7 HDs, treating 493,171 SAC and 1,258,087 at-risk adults and representing national coverage of 81% and 80%, respectively. MDA for LF and STH was conducted in rural and urban WA from 10-14 October 2013, targeting 1.4 million people using the National Immunization Day (NID) Strategy approach, with community-based and fixed distribution points.

- **Togo:** During this period, a national MDA was conducted in which 2,497,300 people were treated with ivermectin for onchocerciasis; 1,750,554 people were treated with praziquantel for schistosomiasis; and 2,474,433 people were treated with albendazole for soil transmitted helminthes, of which 1,449,982 were treated with USAID funding.

- **Ghana:** MDA for LF, Oncho, and STH occurred in 133 districts of Ghana. Results have been received from all districts and indicate that 7,571,549 people out of a targeted

9,733,949 were treated for LF, and 3,111,717 people out of 3,806,941 were treated for Oncho.

- **Niger:** The MDA originally planned for FY13 was programmed to begin in the month of May 2013, before the school year ended and the rains began. However, due to the late signing of the central-level fixed obligation grants (FOG) (signed in May 2013), the MDA had to be postponed to early FY14, to await the end of the rainy season and the reopening of schools. MDA for trachoma, LF, and STH in the health districts of Mayahi and Guidan Roumdji (Maradi region) commenced in order to use the Zithromax at risk of expiring, based on preliminary physical inventory results.

Over the past six months, the following main procurement and supply chain management activities were executed by JSI:

- Provided headquarters-based support to quantify PZQ requirements for 2014. In FY14, procurement of PZQ for the END in Africa countries will be divided between Envision and FHI360. FHI360 will procure PZQ for Ghana, Niger and Sierra Leone, while Envision will execute the procurement for Burkina and Togo. FHI360 will execute the procurement for all countries in FY2015.
- Assisted Ghana's MOH and CRS in finalizing their supply chain and drug management SOPs and developed complementary training materials for three topics, which will be incorporated into the existing training curriculum: 1) Handling, consolidating and returning left-over medicine, 2) Inventory control at facility, and 3) the Logistics Management Information System (LMIS).
- Supported Togo's MOH and implementing partner (HDI) in reviewing and documenting relevant supply chain processes and customizing the generic supply chain and drug management SOPs to Togo's country-specific situation.
- Supported Sierra Leone in rolling out training on the customized SOPs by participating in two TOTs at the district level. Also provided on-the-job training for the central warehouse manager in Makeni. Training materials for nine supply chain and drug management procedures were developed remotely (sent to implementing partner staff for finalization the first week of October 2013).
- Translated the generic supply chain and drug management SOPs into French and introduced them to MOH staff in Burkina Faso and Niger through HKI.
- Supported national NTD programs and implementing partners as they prepared to receive and clear 2013 PZQ consignments through customs.

On the financial management and capacity building component, Deloitte has focused on building on the success and activities from the first half of the FY 2013 with a sustained emphasis on country ownership, collaboration, transparency, accountability and sustainability of

NTD programs. The strategy is anchored on the premise that strong financial management systems are critical to the sustainability, effectiveness and efficiency of NTD program delivery. Activities have included:

- Development of an NTD finance strategy framework with the Ghana NTDCP to guide resource mobilization and support a funding allocation process that effectively responds to the country program's needs.
- Finalizing the Ghana Tool for Integrated Planning and Costing (TIPAC) 2013.
- Managing the Fixed Obligation Grants (FOG) implementation process through desk reviews of FOG packages, refresher orientation on FOG principles and practical hands-on assistance to country teams in developing packages for approval.
- Overseeing overall grants management, including the monitoring of country sub-agreements to ensure compliance with reporting, spending and cost-share requirements (in accordance with USAID regulations) and processing of sub-grantee monthly financial reports.

In the next six months, FHI 360 and partners will continue to implement the END in Africa project activities as outlined in the FY2014 annual work plan. FHI 360 and partners will work to support Helen Keller International (HKI) and Health and Development International (HDI) 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.

FHI 360 is supporting Ghana Health Services' (GHS) NTD Control Program implementation in a new role as in-country implementing partner. The NTD Control Program has progressively reached a national level of implementation of MDAs, covering all "at risk" districts in the country with PCT for the selected seven NTDs

Project Management

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

- Nicholas Enrich has replaced Emily Hillman as AOR for the project. To facilitate this transition, weekly conference calls and/or meetings have been held between the USAID NTD team and the End in Africa team for exchanging information, consultation and keeping all stakeholders current on project implementation.
- Regular working sessions were held with USAID's Neglected Tropical Disease (NTD) team for coordinating project activities, discussing directions and defining actions for smooth implementation in all countries.
- Paula Nersesian from JSI departed the project in September to pursue a PhD at John Hopkins in the School of Nursing. She has been replaced by David O'Brien, a seasoned public health program manager with relevant experience in supply chain management and health program implementation in West Africa.
- FHI360 through its country office and the regional End in Africa team in Ghana, will provide direct implementation support to the GHS NTDP as of 1st November 2013, taking over this responsibility from Catholic Relief Services (CRS)–Ghana, which served as sub grantee to FHI360 since October 2011.
- FHI360 has accepted the request of the Ghana NTDCP to employ and maintain the NTD Coordinator and 2 Finance Officers to ensure a smooth transition and project continuity. A new M&E Specialist will be recruited to support the NTDCP.
- The END in Africa FY 2014 work plan was submitted to USAID for approval in October 2013, and is currently under revision by FHI360 following receipt of the first round of comments from USAID.

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. The following number of FOGs was reviewed for FY 14: Ghana (3), Burkina Faso (13), Sierra Leone (3), Niger (9), and Togo (3).
- Reviewed budgets and fixed obligation grants (FOGs) submitted by sub-grantees for approval. The following number of FOGs was reviewed for FY 13: Ghana (2), Burkina Faso (12), Sierra Leone (4), and Niger (9).
- Conducted a mid-term evaluation of the program's entire portfolio in May 2013 to track progress and maintain goals to be achieved before the end of the fiscal year.
- Supported the development of FY2014 work plans in all 5 countries prior to the approval by USAID, through discussions for providing guidance and consultations with MOH and USAID.
- FY 2014 Country work plans were approved by USAID for Burkina, Sierra Leone, Togo, and Ghana in August 2013 and Niger in September 2013, completing two rounds of discussions with sub grantees and MOHs.
- Developed sub agreement modification packages for extending the existing sub agreements for the life of the project, negotiated new budgets and developed Fixed Obligation Grants to be signed with MOHs. The new budgets were structured according to the requirements of the FOG mechanism so as to manage the second tier sub agreements 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 and Niger to 30th September 2015 was sent to USAID in October 2013. A request to extend HKI's sub-agreement for Sierra Leone to 30th September 2015 was sent in September 2013.
    - A request for extending HDI's sub-agreement for Togo until 30th September 2015 was sent to USAID in November 2013.
- Three FOGs were developed through negotiations with Ghana Health Services (GHS) to continue supporting the NTDCP. These FOGs were submitted to USAID for approval in November 2013.

Summary of Sub-grantee 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; HDI in Togo; and, CRS in Ghana until October 31, 2013. Beginning November 1, 2013, FHI360 began providing direct support to GHS to continue implementation of the NTDCP.

Burkina Faso

The main activities implemented during the reporting period included the following:

- Program monitoring and evaluation
- MDA campaigns
- Training sessions
- IEC activities

This reporting period (April 2013 – September 2013) all monitoring and evaluation (M&E) activities were completed and several impact assessment surveys were conducted:

- Azithromycin treatment impact surveys were conducted in March 2013 in four HDs that had already received three consecutive rounds of MDA (azithromycin + tetracycline). Preliminary results are pending.
- Data collection was carried out at LF sentinel sites from late March – April 2013. Nine sentinel sites were visited, including three in the Boucle du Mouhoun region, two in the Central-North region and four in the Central-East region.
- Data collection for schistosomiasis occurred at 22 sentinel sites in April – May 2013. Schistosomiasis prevalence among school-age children was calculated and the results are noted in the workbooks.
- TAS surveys were conducted in two evaluation units (for six HDs, three in the central plateau region and three in the Sahel region) from late May – June 2013. The final reports are pending, but the results showed success in the two units. The program expects to halt mass ivermectin+ albendazole treatment in these six HDs in 2014.

All planned FY2013 mass drug administration (MDA) campaigns were carried out between May and August 2013:

- Schistosomiasis MDA targeted 20 HDs in five health regions in May 2013
- Trachoma MDA targeted eight HDs in May – August 2013
- LF MDA was conducted in 43 HDs in June –August 2013. Since the previous LF MDA in four HDs of the Southwest region was conducted in February 2013 and a six-month gap is needed between treatments, the LF MDA in these four HDs was postponed to September 2013. Results of LF MDA will be available at the end of September/beginning of October 2013.

Training sessions were held to ensure improved implementation of activities, including:

- Training/refresher sessions on MDA in the various HDs and health centers. During these sessions, participants were updated on the directives for implementing MDA campaigns at the different levels of the health system (central, regional and community)
- Refresher training for the biomedical technicians (BMT) on diagnosis and monitoring of schistosomiasis; and,
- Training for BMTs on diagnosing and monitoring LF

- Training financial administrators and managers of the 13 regional directorates and the 63 HDs on applying for fixed-obligation grants (FOG). In total, 92 agents participated in these FOG update meetings
- Training for the regions' CISSE (Center for Health Information and Epidemiological Monitoring) managers on monitoring and evaluation of the NTD programs.

To improve the populations' commitment to the NTD MDA campaigns, public education and community mobilization activities were carried out in all the HDs at the regional level:

- Before implementing the MDAs, advocacy days with traditional, administrative, religious and municipal authorities were organized in all districts that conducted MDAs, in collaboration with the regional health directorate;
- Media campaigns were broadcast on local radio stations to inform the communities about the upcoming MDA campaigns; and
- IEC materials were reproduced: 15,600 posters and brochures on the illnesses targeted by the campaigns were provided to health centers during the NTD campaigns.

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

Niger

The key accomplishments during this reporting period include the following:

- Program monitoring and disease mapping
- Program planning
- Physical inventory of drugs

During the reporting period, the program made progress in gathering baseline and impact study data via :

- Several mapping exercises and assessments conducted during this period, notably the mapping of Bilma for LF and STH/SCH
- Pre-TAS in nine HDs
- STH/SCH assessments in the Tahoua, Agadez and Tchirozérine regions
- A Sub-district impact survey for trachoma in Tillabéri

Several program planning activities took place during the reporting period:

- In-country work planning sessions were held in Niamey in June 2013 with participation from the MSP, HKI Niger, HKI Headquarters, and FHI360.
- Quarterly Coordination meetings with the disease coordinators of the NTD program, HKI, and other key stakeholders. The main discussion points surrounding these meetings were planning for the upcoming activities, determining how to manage the delayed

MDA (shifted from May 2013 to October 2013), and planning the early campaign in the Maradi region due to the risk of expiring drugs.

- All necessary campaign tools were prepared, namely dose poles, distribution registers, and summary registers.
- A strategy was devised to immediately use the drugs at risk of expiring to avoid having large quantities of expired drug. This campaign was decided on through mutual agreement with the National NTD Program, the Ministry of Public Health (MSP) for the health districts of Mayahi and Guidan Roumdji (Maradi region), which together accounted for the largest quantities of leftover Zithromax remaining after the 2012 campaign.

A physical inventory of NTD drugs was conducted for all health districts in Niger in June-July 2013. All drug stock at the CSI level has not yet been quantified and the current inventory results will be updated accordingly once the inventory is finished. So far, there have been great differences found between previous knowledge about drug stocks and expiry dates. The final inventory will be shared with FHI360 once it is complete. The National Program has requested technical assistance to perform a situation analysis of the logistics system and make recommendations.

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

Sierra Leone

The main activities implemented during the reporting period included the following:

- Program monitoring and evaluation
- Mass Drug Administration
- Program Planning
- Training

This reporting period (April 2013 – September 2013), the following monitoring and evaluation (M&E) activities occurred:

- Pre-TAS for LF in 12 HDs was completed and work is in progress in the NTD laboratory in Makeni.
- The program and disease workbooks have been completed and submitted with this report. In addition to the independent monitoring conducted for SCH, M&E tools including questionnaires were administered to PHU staff, community leaders and household individuals to assess the level and extent of NTD activities completed during the reporting period and to explore reasons for noncompliance regarding PZQ refusals. Furthermore, to improve on M&E a method of evaluation has been adapted based on

the WHO immunization coverage cluster survey strategy. Monitoring was done in both household and community settings.

The following MDA campaigns were carried out in June to October 2013:

- MDA for SCH was conducted in 7 HDs in June 2013, with 100% geographic coverage and 81% and 80% national coverage for SAC and at-risk adults, respectively.
- The MDA for LF-STH in the WA was conducted in October 2013. The results of this LF-STH MDA in the WA will be updated in the disease and program workbooks as soon as they are made available by the DHMT WA.

Several program planning activities took place during the reporting period:

- An annual review meeting was held to review the previous year's NTD activities with participation of NTDP, DHMTs and partners.
- Advocacy meetings with district-level stakeholders and social mobilization events for MDA for SCH in 7 districts, with participation of traditional leaders, religious leaders, counselors, and youth and women's groups who'd pledged their support.
- Supportive supervision of MDA by NTDP and HKI staff and end-process independent monitoring of MDA by the Sierra Leone Pharmacy Board (SLPB)
- FY14 annual work planning with participation of FHI360 and HKI's NTD Regional Technical Advisor.

Training of DHMTs for MDA for LF-Oncho-STH occurred in 12 districts, including training and refresher training of supervisors and PHU staff for SCH MDA. Training of the NTD warehouse manager, NTD focal persons and district pharmacists occurred on SOPs and SCM of NTD drugs with technical assistance from JSI.

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

Togo

The main activities implemented during the reporting period include the following:

- Mass Drug Administration
- Disease assessment
- Program Planning
- Training

The following MDA campaigns were carried out from June to October 2013:

- 2,497,300 people were treated with ivermectin for onchocerciasis
- 1,750,554 people were treated with praziquantel for schistosomiasis

- 2,474,433 people were treated with albendazole for soil transmitted helminthes (of which 1,449,982 were treated with USAID funding).

The Onchocerciasis Program continues to perform skin-snip surveys, funded by Sightsavers, and is currently participating in TA provided by FHI 360 to determine the best path to effective treatment, prevention, and ultimately, elimination of onchocerciasis in Togo.

Several program planning activities took place during the reporting period:

- The Togo MOH created a 2013 National NTD Work Plan at a Stakeholder Meeting in March 2013
- The FY2014 Work Plan and FY2014-15 Budget were developed and finalized with HDI, FHI 360, and USAID
- Nationwide integrated MDA was planned and implemented in May 2013 (round 1). In addition, round 2 of the 2013 integrated MDA took place in October 2013.

HDI successfully implemented a 35-district program to train peripheral health unit (PHU) nurses in techniques for lymphedema management, developed by the LF program manager.

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

Ghana

The main activities implemented during the reporting period include the following:

- Mass Drug Administration
- Disease assessment
- Program Planning
- Training

MDA was carried out in 133 districts for LF and Oncho. The disease workbook for 2013 has been updated accordingly. Reports from all districts have been received. From the reports received, 7,571,549 people out of a targeted 9,733,949 were treated for LF and 3,111,717 people out of 3,045,553 were treated for Oncho.

MDA for SCH and STH was scheduled for May/ June 2013. However, praziquantel (PZQ) shipment for this MDA was delayed because the NTDP was unable to get a waiver from the Ghana Food and Drugs Authority (FDA) for the importation of the drug. It is a policy of the FDA that all medicines and medical devices entering the country be registered and certified to be of the appropriate standard. In previous years, the FDA gave praziquantel donations to the NTDP a waiver; however this year, it insisted on the drug being duly registered. The MDA was postponed until the GHS obtains clearance for PZQ importation.

This reporting period the following assessment occurred:

- Night blood surveys (Pre TAS) have been completed in twenty one districts to determine their eligibility for TAS. The results from Pre TAS indicate that nine out of these twenty one districts evaluated qualify for TAS. This brings the total number of districts that have qualified for TAS to 45 out of the current 70 districts that are treating for LF. It is expected that TAS will be completed in all 45 districts by the second quarter of FY2014.

Several program planning activities took place during the reporting period:

- Supported the NTDP in organizing a work planning meeting to discuss and agree with partners on activities to be carried out during FY 2014. All implementing partners came together to develop an integrated annual work plan for the program.
- Held a meeting to review the program's strategy for SCH and STH and compare it to current WHO guidelines and the revised goal of elimination of schistosomiasis, with participation by FHI360, CRS, SHEP, the Noguchi Memorial Institute for Medical Research (NMIMR), VRA and the NTDP. Recommendations from the meeting will be considered by the ICCC.

The program conducted training for GHS staff at the national and regional levels, as well as district trainings for supervisors and community volunteers for the implementation of community based Mass Drug Administration (MDA). A total of 19,436 persons were trained out of a targeted number of 49,650. The main reason for the shortfall is that the school-aged MDA for SCH and STH scheduled for May 2013 was not carried out.

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

Technical Assistance /Capacity Building

As the lead partner in the END in Africa consortium, FHI360 was responsible for coordinating all technical and administrative support to sub-grantees and the NTDCPs for capacity building. It took the lead in assistance related to compliance with USAID requirements; and strengthened the NTDCPs' and sub-grantees' capacity to manage projects, work planning, monitoring and evaluation, data, the supply chain 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 the FY2013 approved work plan, JSI worked in coordination with the MOHs and sub-grantees in implementing the following tasks:

- Met with HKI and FHI360 to discuss and coordinate the FY14 SCM TA needs for Burkina Faso, Niger and Sierra Leone.
- Standard operating procedures (SOPs):
    - Assisted Ghana MOH and CRS in finalizing their supply chain and drug management SOPs and developed complementary training materials for three procedures to be incorporated into the existing training curriculum.
    - JSI staff David O'Brien traveled to Togo in March to support the MOH and implementing partner (HDI) in reviewing and documenting relevant supply chain processes and customizing the generic supply chain and drug management SOPs to their country specific situation. David helped identify priority topics to be incorporated into the trainings and assisted with laying out a plan for supply chain and drug management TA to be provided through the life of the project.
    - JSI staff David Paprocki traveled to Sierra Leone on April 29-May 10, 2013 to support the roll-out of the training on the customized SOPs by participating in two TOTs at the District level. David employed a range of capacity building and performance improvement techniques to build the local partner's and MOH's capacity to deliver the content independently in subsequent trainings. He also provided on-the-job training for the central warehouse manager in Makeni. Training materials for nine supply chain and drug management procedures were developed remotely and were sent to implementing partner staff for finalization the first week of October 2013.
    - Translated the generic supply chain and drug management SOPs into French and introduced them to MOH staff in Burkina Faso and Niger through HKI.
- For the 2014 praziquantel forecasts, the country programs submitted orders to ENVISION via JSI according to the following timeline requested by ENVISION—
    - By February 28, country programs submitted rough estimates to JSI for submission to Envision.
    - By March 29, order quantities were submitted to JSI for review and discussion with country programs.
    - By April 30, final orders were submitted by JSI to Envision.

Table 1: 2014 PZQ orders by country

COUNTRY	FINAL 2014 PZQ ORDER QUANTITY	DESIRED DELIVERY DATE
Burkina Faso	10,077,564 tablets *	January 2014

Ghana	13,642,702 tablets	March 2014
Niger	15,930,789 tablets *	February 2014
Sierra Leone	6,994,213 tablets	March 2014
Togo	6,686,623 tablets	January 2014

** SCH and STH survey results were not available in time to submit a revised order quantity as previously planned.*

Financial Management

Deloitte worked with the Ghana Health Service (GHS) and the NTDCP team to develop an NTD Finance Strategy to help advocate for increased resource mobilization as well as allocation of funds in a transparent, equitable, and efficient way. The NTDCP recognized the need to strategically work towards a more sustainable approach to financing for NTDs. The finance strategy outlines current funding resources, allocation, management and risk mitigation related to the financial resources for supporting NTD programming.

The NTD finance strategy framework is aligned to Ghana's 2013-2017 NTD Master Plan and the Health Sector Medium Term Development Plan. Main objectives of the finance strategy include:

- Increasing government spending and improving efficiency of government resource allocation for NTDs
- Aligning donor funding with GHS/NTDCP strategies, plans and priorities and strengthening coordination of donor funding for NTDs
- Enhancing planning for results, resource mobilization and financial sustainability of NTD programs

Key challenges in NTD financing in Ghana include ad-hoc financing and planning and heavy donor dependence for operational program costs.

The finance strategy was developed through a participatory process led by the GHS/NTDCP. Leadership within the Ministry of Health has been engaged throughout and will play an important role both in implementation of the strategy and advocacy for increased financial resources. The strategy presents a framework to increase public resources dedicated to NTDs and develop public-private partnerships to not only fill the financing gap but also improve the quality, accessibility and efficiency of NTD programs and services (please see Attachment 1). The strategy was shared with relevant stakeholders within the health sector. Next steps include establishing a steering committee to plan and oversee implementation of the strategy.

Ghana:

Deloitte led the first TIPAC data entry workshop in Ghana between January 15 and 18, 2013. During the period under review, Deloitte worked with the GHS/NTDCP sub-committee to finalize its TIPAC file. This exercise helped the GHS to:

- Quantify existing resources from the government and other funders for NTD programs
- Identify and quantify the funding gaps across NTD programs.
- Estimate the costs required to scale up NTD services and reach program goals

Estimates from the TIPAC have since been incorporated into Ghana's 2013 National NTD Strategy:

- With the new USAID guidance on using FOGs for implementing 2nd tier sub agreements with Ministries of Health (MOHs), refresher training is required for developing, managing and implementing this new assistance instrument.

During the period under review, Deloitte supported all country NTDCPs by performing a desk review of FOG packages submitted by sub-grantees, providing feedback throughout the process.

In August 2013, Deloitte worked with the GHS/NTDCP to develop a FOG Package (FOG Agreement, Selection Memo, Milestone Budgets and Budget Narratives) for USAID approval. This established a platform upon which to assess the reasonableness and accuracy of budget estimates.

In September 2013, Deloitte led a 2-day FOG workshop for the MOH in Togo in collaboration with HDI/Togo, the implementing partner of the NTDCP in Togo. In addition to presenting a refresher on the basics of FOG, Deloitte reviewed the Togo FOG package in detail and worked closely with the MOH and HDI/Togo to:

- Develop specific and measurable activity milestones, comprehensive cost estimates for each milestone (including direct costs, provision for indirect costs and inflationary impacts). The FOG budget was reviewed at length to assess the reasonableness of budget estimates.
- Determine the fixed price for each milestone, that is, ensure that each milestone price was sufficient to provide financing for MDA activities until payment is received for the next milestone.

Below is a list of all TA provided to the End in Africa countries for FY 13.

Table 2: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2013				
Country	**TA requested**	**Status**	**Provided by**	**Comments**
Burkina Faso	WHO training on M&E of NTDs (Francophone countries)	Provided	WHO/AFRO	Training was organized for Anglophone and francophone countries separately
	Review of SCH program	Provided	WHO/AFRO	1 (one) meeting was organized for Niger and Burkina Faso in Ouagadougou, Burkina Faso
	Post endemic TAS	Provided	A representative of International Trachoma Initiative (ITI) and the Deputy Coordinator of the Eye Care Program in Niger.	This was planned to go through TAF but an expert could not be found through the TAF. HKI was able to negotiate with ITI. It was then agreed that the Niger Eye Care program has enough experience to work with ITI and provide this TA.
	Workbook training	Provided	FHI360	Provided by the M&E Specialist of the END in Africa project
	STOP MDA for Trachoma (Impact survey)	Not needed anymore, according to the NTD Program	-	It was discussed and agreed between FHI360, HKI and the NTD program that since a similar survey was successfully conducted in 2012, the same team will continue. The planned survey for FY2013 was conducted in 4 districts in mid-March 2013 by this team.
	TIPAC	Pending	FHI360	TIPAC training was postponed to FY2014.
	Training new staff on diagnosis of LF; diagnosis of SCH	Provided	Experts identified by HKI and the NTD program within Burkina Faso	The training was facilitated by local experts identified within Burkina Faso by HKI and the NTD program..
Niger	Review of SCH program	Provided	WHO/AFRO	1 (one) meeting was organized for Niger and Burkina Faso in Ouagadougou, Burkina Faso
	WHO training on M&E of NTDs (Francophone countries)	Provided	WHO/AFRO	Training was organized for Anglophone and francophone countries separately
	Workbook training	Provided	FHI360	Provided by the M&E Specialist of the END in Africa project

Table 2: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2013				
Country	**TA requested**	**Status**	**Provided by**	**Comments**
	TIPAC	Pending	FHI360	TIPAC training was postponed to FY2014.
	Development of a survey protocol and implementation of pre-TAS and TAS for LF	Provided	HKI Regional Advisor	This TA was provided by the HKI Regional Technical Advisor
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. Training on M&E is included in the approved work plan for FY2014. WHO has been approached to provide an expert to conduct this training in Sierra Leone for the NTD program and HKI personnel.
	TIPAC	Pending	FHI360	TIPAC training was postponed to FY2014.
	SOP for drug management	Provided	JSI	This TA was provided by JSI in collaboration with FHI360 in May 2013. Follow up support will be provided in FY2014.
	Workbook training	Provided	FHI360	Provided by the M&E Specialist of the END in Africa project
Ghana	Implementing communication and advocacy strategies for NTDs	Pending	FHI360	A Communications Support Consultant is to be engaged in FY2014 for a maximum of 6 months to support the NTD program in the implementation of its communications plan.
	Training laboratory technicians on NTDs	Pending	FHI360	The NTD program has decided to conduct this training just before the survey is conducted for these diseases. In FY2014, training will be conducted on night blood survey and transmission assessment survey (TAS) for LF in January 2014 before the TAS is conducted in February/March 2014.
	Review SCH/STH program and advise on Ghana program strategy	Provided	FHI360 and other NTD partners	The FHI360 Technical Advisor collaborated with other schisto experts within Ghana to provide this TA.
	SOP for drug management	Provided	JSI	This TA was provided by JSI in collaboration with FHI360 in May 2013.

Table 2: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2013				
Country	**TA requested**	**Status**	**Provided by**	**Comments**
				Follow-up support will be provided in FY2014.
Togo	Oncho data review to confirm and identify geographic areas of persistent elevated prevalence	Provided	FHI360	This TA was provided by the FHI360 Technical Advisor
	WHO training on M&E of NTDs (Francophone countries)	Provided	WHO/AFRO	Training was organized for Anglophone and francophone countries separately
	Coverage validation survey for Oncho	Provided	TAF	This TA was provided through the TAF coordinated by ENVISION
	Peer-reviewed publications	Pending	FHI360	Planned for FY2014
	TIPAC	Pending	FHI360	TIPAC training postponed to FY2014.
	SOP for drug management	Provided	JSI	This TA was provided by JSI in collaboration with FHI360 in May 2013. Follow-up support will be provided in FY2014.
	EMMR	Provided	JSI	This TA was provided by JSI in collaboration with FHI360 in May 2013. Follow-up support will be provided in FY2014.
	Workbook training	Provided	FHI360	Provided by the M&E Specialist of the END in Africa project

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 effective program execution. The project director and members of USAID visited all five countries to support them through the FY 2014 work planning process as well as strengthen networks with stakeholders. 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

- The validation and adoption currently underway of the strategic NTD control plan in Burkina Faso.
- Regular working sessions and consultations with the national coordination team on implementation.
- NTD control activities are incorporated into health facilities' action plans at the national level.
- NTD control efforts are among the activities included in Burkina Faso's Strategy for Accelerated Growth and Sustainable Development.
- Discussions are underway with the Burkina Faso government to increase the budget for NTD control efforts through the Department of Health's Financial Affairs Director.
- The NTD control partnership in Burkina Faso continues to function well. A consortium of partners submitted a proposal for funding to support morbidity control efforts for trachoma and lymphatic filariasis with support from USAID.

Niger

- NTD activities have historically been scheduled in the Ministry's Annual Action Plan and are evaluated like all other MSP programs. In terms of the MSP's organizational chart, a formalized structure that oversees NTDs exists down to the district level. In 2011, the MSP organized a national forum on NTDs, whose main goal was to instill community ownership of mass administration of NTD drugs. Recommendations from this forum have yet to be finalized).
- Collaboration between the MSP through the NTD programs, WHO through the NTD Focal Point, and other donors and partners such as RISEAL, The Carter Center, World Vision and

UNICEF, the Conrad N. Hilton Foundation (CNHF), and the END Fund, has strengthened NTD control in Niger.

Sierra Leone

- Several coordination meetings were held during the reporting period to discuss activity implementation plans, budgets, targets/beneficiaries, and meeting agendas. These meetings were held at both the central and district levels. At the central level, the participants included staff from NTDP, HKI, Sightsavers and WHO; and at the district level the participants were from DHMTs. No task force meeting was held during the reporting period.
- A new staff member was transferred to the NTDP during the period under review. Ms. Sama Sesay, a public health nurse by profession who had previously worked for the national malaria control program of the MoHS. will serve as the national supervisor for the NTDP.
- During the reporting period, an advocacy meeting as conducted at the district level, targeting mayors, members of district councils, paramount chiefs, as well as community leaders, religious leaders, and youth groups. These stakeholders continue to pledge their support to the NTDP and demonstrated their commitment by attending NTD events/activities. However, these commitments have not yet translated into budget lines for NTDs. Although the Government of Sierra Leone (GOSL) continues to meet its obligation to pay NTD staff salaries and other administrative expenditures, the disbursement of funds for direct implementation of NTD field activities remains a challenge.
- Three NTD partners' meetings were held during the reporting period with participation of key NTD partners in the country, including NTDP, HKI, Sightsavers and WHO. These meetings were held to bring partners together to improve coordination of NTDP. The discussions were largely geared toward the MRU meeting of 16-17 October 2013.

Togo

- The government of Togo 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 May 2013 MDA implementation and October 2013 MDA preparations. The MOH recently organized the annual Work Plan meeting and participated actively in developing the Work Plan for FY2014 and Budgets for FY2014-FY2015. The Togo MOH is also developing their data management and analytical capabilities; MOH staff members were entirely responsible for entering and cleaning the May 2013 MDA data and analysis is currently underway.
- The MOH successfully negotiated with UNICEF for the donation of albendazole to treat women of childbearing age, which occurred for the first time during the May 2013 integrated MDA. 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. Achieving this agreement with UNICEF ensures that the NTD Strategic Plan goal of treating this population is met and allows for the maximum health benefit in the population.

Ghana

- 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 includes case management of NTDs such as Buruli Ulcer, Guinea Worm, Leprosy, Human African Trypanosomiasis (HAT) and Yaws, with support from the World Health Organization (WHO) Country Office in Ghana.
- The NTD program is implemented by GHS at all levels. At the national level, NTDP is part of the Disease Control Unit of the GHS and the program activities are part of the GHS strategy. NTDs form part of district and regional plans and have been reported and discussed at district and regional review meetings.
- The NTD Intra Country Coordinating Committee (ICCC) held three general and three subcommittee meetings in the reporting period. These meetings were chaired by directors from the GHS and NTD partners and contributed to shaping the program's implementing strategy.
- During the reporting period, the GHS NTDP paid a courtesy call on HE President John Agyekum Kufour, the Global Ambassador for NTDs. Discussions were favorable and it was agreed to hold further discussions with his foundation on NTDs.

Monitoring and Evaluation (M&E)

FHI360 continues to support END in Africa countries in implementing robust M&E systems. FHI360 works closely with implementing partners to ensure that MDA activities and program impact assessments are implemented in accordance with WHO guidelines and that sound data are collected and reported to USAID in a timely manner. FHI360 has provided TA to strengthen countries' data management capacities. Progress has been made in this line, but more effort is needed as countries' data management skills are weak. Furthermore, END in Africa has not developed a database or software capable of detecting errors electronically during the management of data collected from countries using the program and disease workbooks.

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

- Support to sub-grantees and MOHs to develop and implement quality M&E systems
- Data management and documentation
- M&E capacity building
- Routine program monitoring
- Impact assessments
- Training

Support to Sub Grantees and MoHs

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

- Attended work planning sessions to support END in Africa countries in developing more realistic and optimistic work plans in accordance with WHO guidelines for NTDs.
- Conducted workbook trainings targeting sub-grantees and country NTD programs in order to minimize errors in the collection and reporting of data for MDAs and impact assessment surveys. Similarly, conducted review of MDA data with USAID and RTI to finalize the workbooks.
- Liaised with implementing partners and NTDCP to identify and discuss country specificities that go beyond the WHO guidelines.

The following M&E issues were identified and should be noted for each country:

Burkina Faso

LF is currently treated twice a year in South West region based on GAELF recommendations because LF prevalence in South West region remained high (above 1%) after ten years of MDA. Routine assessment surveys conducted in sentinel sites of South West region in 2012 have shown better outcomes and the prevalence of LF in the four districts of South West has dropped to 0.6%. TAS to stop MDA in South West is expected to occur in 2015.

TAS to stop MDA was conducted in 2012 in 4 districts, namely Bogodogo, Boulmiougou, Nongr-Massom and Signonghin of Central Region but the results were validated by the MOH in 2013. Due to the huge socioeconomic difference between urban and rural areas, evaluation units (EUs) were selected separately for urban and rural areas and the assessment was conducted separately in rural and in urban zones of the four districts. In rural areas, where less than 75% of children attend school, TAS was implemented at community level. In urban areas, where more than 75% of children go to school, TAS was school-based. Although overall the districts did not pass the TAS, a review of the assessment results at rural and urban areas indicated that MDA can be stopped in urban areas but continued in rural areas for another 2 years before the TAS is repeated. According to HKI Burkina Faso, the decision to stop MDA in urban areas was approved by RPRG and WHO AFRO.

Finally, Burkina Faso has stopped district level MDA for trachoma in 21 out of 30 districts endemic at baseline. None of these 21 districts has undertaken sub-district level evaluation for trachoma mainly because the NTDCP in Burkina Faso did not have a clear understanding of the demarcation of the sub-district level. In March 2013, END in Africa was able to facilitate a two-day visit of the Burkina Faso NTDCP in Ghana during which the trachoma program in Ghana shared experiences and lessons learned with the Burkina Faso program. The NTDCP in Burkina Faso had developed a trachoma action plan for post MDA surveillance in January 2013, which

will be updated based on the experience and lessons learned during the visit in Ghana and will also include sub-district level assessment for trachoma in eligible districts.

Ghana

So far, 4 out of 74 districts have stopped MDA for LF in Ghana. 36 out of the 70 districts being treated for LF presently qualified for TAS in FY2012 after night blood surveys (pre-TAS) showed prevalence below 1% for all the sites studied. TAS was not conducted for these 36 districts in FY2013 because the NTDCP in Ghana was unable to acquire ICT cards that were needed. These 36 districts will be added to a list of 9 districts that also qualified for TAS after passing pre-TAS in FY2013 bringing the total number of districts for which TAS will be conducted in FY2013 to 45.

29 districts were endemic for trachoma at baseline and all 29 have stopped MDA for trachoma at district level. The trachoma program in Ghana conducts post MDA TF surveillance activities in all 29 districts where blinding trachoma has been eliminated at the district level through community and school screening activities. In addition, this program carries out active trachoma case search in 7 districts that are adjacent to the 6 endemic districts where MDA was provided at community level. The trachoma program in Ghana has noted that this is a strategy being tested in Ghana for post MDA surveillance because the trachoma program in Ghana has been selected by WHO to pilot different strategies for post MDA surveillance of trachoma and the results will be used to prepare post MDA surveillance guidelines for trachoma.

Niger

Niger has not reported LF treatment figures as STH treatment figures because the national program for STH does not consider LF treatment as treatment for STH. Advocacy should be conducted in the future to reinforce the integration between programs.

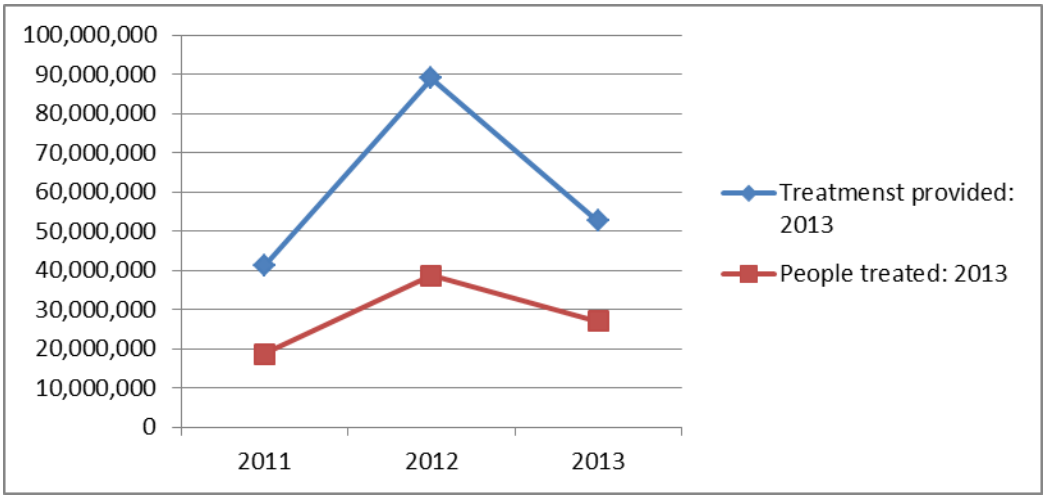
The NTDCP in Niger has a policy of not assessing the prevalence of trachoma at sub-district level if the outcomes of the district level assessment show prevalence below 5%. END in Africa will still continue to encourage them to assess sub-district level in each of the districts where MDA is stopped as the country moves towards certification for elimination of trachoma.

Data Management and Dissemination

END in Africa compiles national level MDA data from countries to develop treatment figures for the END in Africa project. This year (FY13), END in Africa saw a sharp drop in the number of people treated compared to last year (Fig 1) for the following reasons:

- Niger did not conduct planned MDAs for FY2013 except MDA for LF, STH and trachoma that was conducted in two health districts (Mahayi and Gouyim) in August 2013 to prevent the expiration of NTD drugs, especially azithromycin that would otherwise have expired a few months later. The Niger MDA planned for May 2013 was delayed due to the late signing of the central-level FOG by the MOH. Schools were already closed by the time the FOG was signed and the MDAs had to be postponed to the 1st quarter of FY2014. Furthermore, Niger decided not to hold another MDA in FY2013 but early in FY2014 because the FY2012 MDA for Niger was also delayed due to late arrival of PZQ in country and executed in FY2013. This apparently works for the MOH because it harmonizes fiscal year and calendar year MDA.
- Ghana did not conduct MDA for SCH in FY2013 as the Ghana Food and Drugs Authority (FDA) has insisted on registration of PZQ before it is brought into the country. The registration process has been long and is still ongoing. Therefore, the MDA for SCH was postponed to 1st quarter 2014 and the exact date remains unknown.
- The MDA for trachoma in Ghana (conducted in 8 communities in 6 districts, roughly targeting 6,053 people) was delayed to November 2013 (1st quarter of FY2014).
- MDA for LF in Western Area (WA), Sierra Leone, was delayed and conducted in October 2013 (1st quarter of FY2014).
- The number of people treated in FY2013 in Burkina Faso fell short by approximately 660,000 compared to FY12. This is because the number of LF endemic districts fell from 57 to 47 because 10 districts stopped MDA after they had successful TAS.

Figure 1: Drop in the number treated and treatments provided in FY13 as compared to the previous years



In total, over 26.9 million people were treated for at least one NTD and 52.5 million NTD treatments were provided overall in FY2013. Specifically, END in Africa provided 22,170,017

treatments with ivermectin (IVM); 19,937,270 treatments with albendazole (ALB); 7,570,909 treatments with PZQ, and 2,836,844 treatments with azithromycin and tetracycline, reaching over 17.3 million people for LF, 7.9 million for onchocerciasis, 7.5 million for SCH, 19.2 million for STH and 3.4 million for trachoma.

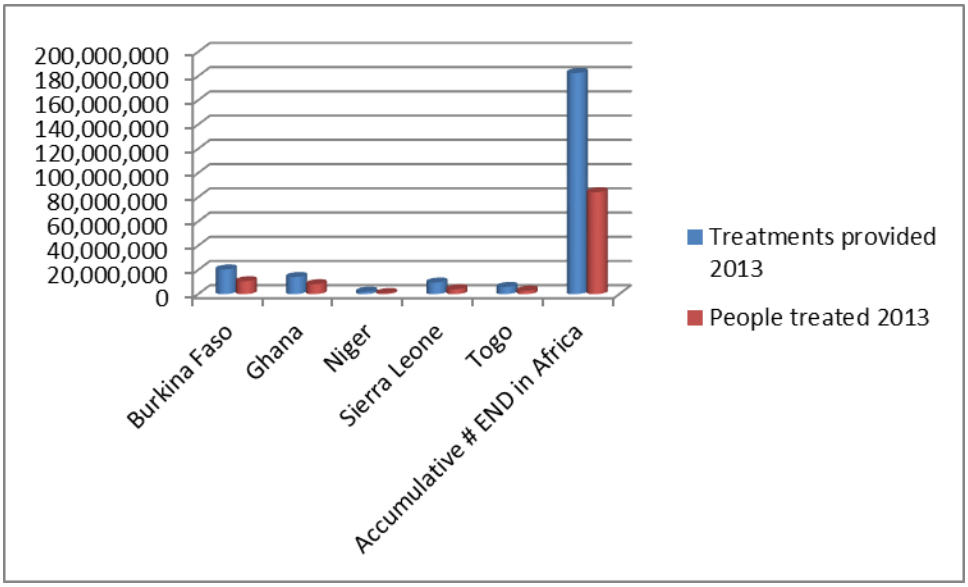
The number of treatments provided and the number of people treated is depicted as follows:

Table 3: Number of treatments and number of people treated through FY2013 with USAID funds.

Country	Treatments provided in FY2013	Total treatments through end FY2013	People treated in FY2013	Total Number of people treated through end FY2013
Burkina Faso	20,461,191	64,908,310	10,766,545	32,146,355
Ghana	14,257,499	33,660,645	8,260,837	17,193,047
Niger	2,084,505	50,553,048	960,145	19,858,465
Sierra Leone	9,679,138	21,986,864	4,050,575	9,292,969
Togo	6,032,707	11,524,364	2,909,823	5,702,414
Total	**52,515,040**	**182,633,231**	**26,947,925**	**84,193,250**

This brings the total population treated through the END in Africa program for at least one NTD to 84,095,561, with a total of 182,633,231 treatments provided to date.

Figure 2: Treatments provided by country through FY13

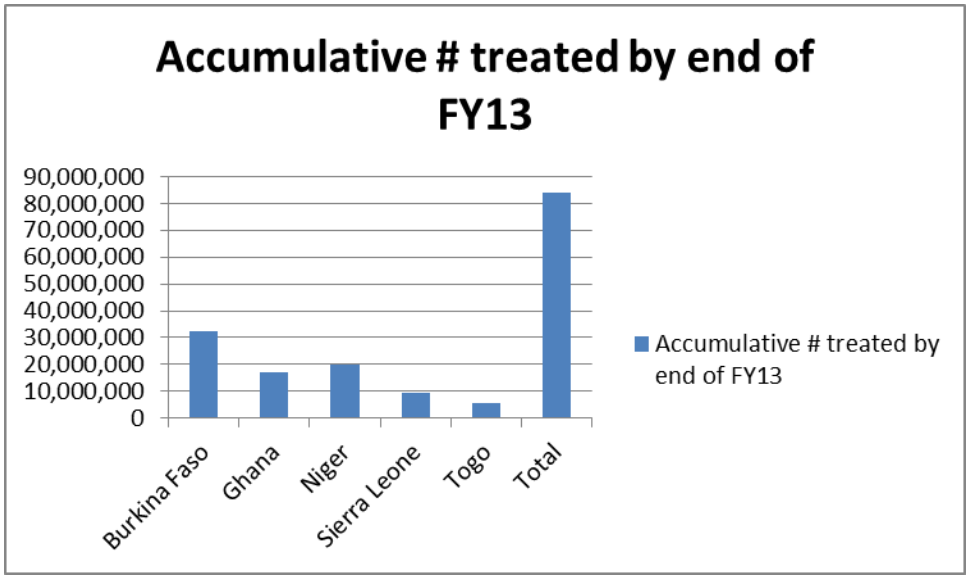


In (Fig 3) Burkina Faso, 38.1% (32,146,355) of the total population has been treated at least once, while in Niger, Ghana, Sierra Leone and Togo, respective totals of 23.5% (19,858,465),

20.4 % (17,193,047), 11.0% (9,292,969) and 7.8% (5,702,414) have been treated at least once under END in Africa. These numbers of course depend upon the number of endemic NTDs and the target population in each country.

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.

Fig 3: Total number of people ever treated for at least one NTD, by country FY 13



In general, the program coverage rates were above the WHO recommended threshold in Burkina Faso, Sierra Leone and Togo in this reporting period.

In Burkina Faso, the program coverage rates were above 75% for all districts for all endemic for the selected NTDs, except in 4 districts (Bogodogo, Boulmiougou, Nongr-Massom and Signonghin where LF was treated only in the rural areas (see Burkina Faso section under support to sub-grantees and MOH). A few districts had program coverage slightly above 100%, but this is understandable as the target population is only an estimate, comprising 20% of the total population, as projected using 2006 Census data. In addition, the population of SAC is estimated from regional age-group distributions, rather than the proportions provided through the Census.

In Sierra Leone, program coverage rates were around 100% (98.6% for LF, 103% for oncho and 93% for all NTDs in all districts except Tonkolili, a hard-to-reach zone with program coverage rates for SCH of around 62%). The NTDCP in Sierra Leone will investigate whether the CDDs were able to reach their targets in hard-to-reach areas as a result of the incentives that were provided.

In Togo, program coverage rates for onchocerciasis were below 75% in 5 out of the 32 districts targeted, but above 90% in all districts targeted for SCH. Reasons for low coverage for onchocerciasis are under investigation.

In Ghana, program coverage rates were above 80% in all oncho endemic districts, but below 75% in 13 LF endemic districts. Reasons for low coverage are under investigation, especially in the Northern (4 HDs) and Western regions (6 HDs). In the remaining 3 districts, the coverage was low due to an overestimation of the total population through the census data.

Routine Program Monitoring

FHI360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. FHI360 provides TA to sub grantees and NTDCPs in END in Africa countries in order to strengthen data management skills among M&E staff and program managers. 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.

Mapping

Mapping for LF, SCH and STH was conducted in Bilma, Niger. The results of this mapping show that Bilma is not endemic for LF, SCH and STH.

Impact Assessment

Some of the END in Africa countries could not acquire ICT cards needed for TAS in FY2013. As a result, most TAS to stop MDA has been postponed to FY14.

- Burkina Faso was able to conduct TAS in 6 districts (2 EUs). The outcomes of the TAS in these districts recommend stopping MDA in these 6 districts.
- Pre-TAS assessments were conducted in 3 districts (8 sentinel sites) in Burkina Faso, 9 districts in Niger, 12 districts in Sierra Leone and 18 districts in Ghana.
- The results of the pre-TAS in Ghana indicate that 9 out of 18 districts qualify for TAS in Ghana, bringing the number of districts to undertake TAS in FY14 to 45 (9 plus 36 that qualified in FY2012).
- In Niger, 7 out of 9 districts had successful pre-TAS, bringing the number of districts to undertake TAS in FY14 to 16.
- In Sierra Leone, preliminary results of pre-TAS indicate that TAS will be conducted in 9 out of 12 districts in FY14.
- In Burkina Faso, the pre-TAS conducted in this reporting period was unsuccessful in the 3 districts (Dedougou, Boulsa and Ouargaye). The results of the first post-MDA TAS

conducted in Do, Dande and Hounde are still pending. TAS to stop MDA was successfully conducted in 6 districts, which have stopped MDA.

- SCH assessments were conducted in Niger and Burkina Faso to realign the existing treatment strategies with WHO guidelines. In Burkina Faso, data were collected in 22 sentinel sites. An Expert Committee is expected to meet in November 2013 to guide the program in that regard. In Niger, SCH-STH assessments were conducted in the Tahoua region and the districts of Agadez and Tchirozerine, bringing the total number of districts assessed to 38 out of 42. The remaining 4 districts will be assessed in FY14.

- Trachoma impact assessments were conducted in Burkina Faso and Niger.

- In Burkina Faso, the trachoma post-endemic surveillance conducted in 7 districts (Tenkodogo, Bittou, Garango, Pouytenga, Koupela, Manni and Bogande) indicates that PC for trachoma should stop in these districts

- The results of the trachoma impact survey that was conducted in 4 districts (Gaoua, Batie, Ouargaye and Zabre) in this reporting period recommend stopping district-level MDA in these 4 districts.

- In Niger, the results of the district-level trachoma impact survey that was conducted under The Carter Center are pending. However, the trachoma impact assessment at the sub-district level indicates that sub-district-level PC for trachoma should stop in Tillaberi.

- Finally, the epidemiological evaluation of onchocerciasis in 10 villages in the Southwest region was postponed to FY14, due to the unavailability of oncho program staff.

The number of assessments conducted since the inception of END in Africa is presented in table 9 in appendix 1.

Training

This year, 95,305 people were trained to conduct and/or supervise MDA or, to perform other activities like lymphedema management in Togo. Training sessions were cascaded and organized mainly for the MDA activities and nearly one quarter of the trainees were females. The number of trainees by category is presented in table 15 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:

Togo: Prior to this reporting period, the country program conducted a coverage survey to determine discrepancies exist between reported and measured coverage for oncho and other NTDs; and the M&E Specialist provided workbook training on February 27 and 28. During this reporting period, the NTD program in Togo participated in the M&E workshop organized by WHO for Francophone countries in Ouagadougou. The FHI360 NTD technical advisor provided technical support for the review of the oncho program in Togo between August 24 – September 14. Togo has used PC for oncho for over 15 years. Although the overall prevalence of oncho has decreased to a very low level, it is still very high in some communities. The aim of this TA was to determine why the prevalence of oncho remains high in three communities. The final report of the TA will be submitted in November 2013. JSI provided technical support in May for the customization of generic standard operating procedures (SOPs) for supply chain management, including the environmental mitigation and monitoring report (EMMR). The following TA is still pending implementation: Publication of several scientific papers in peer-reviewed journals; and training on TIPAC, which is scheduled to take place on December 9-13, 2013.

Burkina Faso: Prior to this reporting period, the Trachoma Action Plan and Post-Endemic Surveillance workshop was held in Ouagadougou on 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. Workbook training was also provided on March 4 and 5. It was decided by the NTD program that the requested support to train staff on impact assessment surveys for trachoma was no longer needed because a similar survey was conducted in FY2012, and the same team was conducting the impact assessment survey for trachoma in mid-March 2013 in 4 districts. During this reporting period, the NTD program in Togo participated in the M&E workshop organized by WHO for Francophone countries; and training was provided to new biomedical technicians on the diagnosis of LF and Schisto in June 2013. The following TAs are still pending implementation: training on TIPAC (date to be determined); and review of the Schisto/STH program (scheduled for Nov 28 and 29, 2013).

Ghana: Prior to this reporting period, the NTD Program Managers attended the WHO M&E training for Anglophone countries in Ouagadougou; and the workbook training was provided on February 25-26. JSI also provided technical support on February 26 for the customization of generic standard operating procedures (SOPs) for supply chain management, including EMMR. During this reporting period, the NTD program organized a meeting to review the SCH/STH program; at that meeting, international and national experts made specific recommendations to the program on the way forward for eliminating the 2 diseases. The following TAs are still pending: implementation of the communication and advocacy strategy for NTDs (a Communications Support Consultant will be engaged in FY2014 for a maximum of 6 months to support the NTD program in this regard); and training of laboratory technicians on impact assessment surveys in PC for all NTDs. The NTD program has decided to conduct this training just prior to undertaking the surveys for these diseases. Training will be conducted on night

blood surveys and transmission assessment surveys (TAS) for LF in January 2014, prior to the February/March 2014 TAS.

Sierra Leone: Prior to this reporting period, workbook training was provided on February 14-15. During this reporting period, JSI provided technical support in May for the customization of generic standard operating procedures (SOPs) for supply chain management, including EMMR. The following TAs are still pending: training on M&E (Anglophone countries), as Sierra Leone is among the few countries that did not participate in the WHO M&E workshop for Anglophone countries in Ouagadougou, due to the short notice that was given by WHO/ AFRO; and TIPAC training, which is scheduled to take place on March 3-15, 2014. Training on M&E is included in the approved work plan for FY2014. WHO has been approached to provide an expert to conduct this training in Sierra Leone for the NTD program and HKI personnel.

Niger: Prior to this reporting period, workbook training was provided on March 6-7, 2013. During this reporting period, the NTD program participated in the WHO workshop on M&E for Francophone countries. It also developed a survey protocol and implemented pre-TAS and TAS for LF using mainly local experts. The following TAs are still pending: TIPAC training was postponed to FY2014 (date to be determined); and an international meeting to review the SCH/STH program was also postponed to FY2014 (date to be determined).

Knowledge Management

Major activities completed during the semester are:

- Produced new content for every section of the results-focused END in Africa website (launched in February 2013) as well as updated and maintained existing content. The website is the END in Africa project's most important knowledge management and communication tool. It showcases the project's progress, results, success stories, lessons learned and impact.
- Researched or collaborated on, wrote, edited, produced and published 10 success stories and articles. See below for the publication schedule. These included:

    1. "Review of schistosomiasis and soil transmitted helminthiasis situation in Ghana sheds light on promising new treatment strategies"

    2. "Building capacity: On-the-job training improves storage of NTD medicines in Sierra Leone"

3. "The power of sampling: it's not just for scientists"

4. "Transmission Assessment Surveys: Where the Rubber Meets the Road"

5. "New Study Shows Unexpected Benefits of Integrated Mass Drug Administration in Sierra Leone"

6. "Behind the scenes at the FY2014 END in Africa work planning sessions"

7. "Curing River Blindness with Just One Dose"

8. "Using New Technologies to Fight Old Diseases"

9. "Targeting Hard to Reach Populations for NTD Control: The Sierra Leone Example"

10. "FHI 360 Co-sponsors Policy Brief on NTDs and the Post-2015 Development Agenda"

- Tracked, researched, wrote and produced content on the 2014 Work Planning process and meetings in May-June 2013 for the Events section of the website. Edited and produced a public version of the relevant agendas and background documents for each country. Incorporated other relevant past and current events into the website, along with supporting materials when appropriate.
- Created and began utilizing an END in Africa Twitter account to disseminate project and related news, events and impact; maintain, strengthen and support alliances with partners and colleagues in the NTD community; and raise public awareness about NTDs as well as increase interaction and information exchange between the public and the NTD community. Besides tweeting about END in Africa publications, news and events, the project has begun to use Twitter to increase awareness about the work and successes of our partners and colleagues (JSI, HKI, END 7, Global Network, Carter Center, RTI, SightSavers, USAID/GH, among others) in regards to advancing toward USAID's NTD elimination goals.
- Began tracking analytical data on website and social media usage for the first time in the second half of FY2013. In this period, the END in Africa website had 1,273 total visitors, who viewed a total of 3,493 pages. Of these visitors, 873 were "unique visitors" (meaning first-

time visitors); the remaining 400 visits represented repeat visits from people who had visited the website previously at least once.

- The @ENDinAfrica Twitter feed is just starting to gain traction in the Twittersphere. It currently has 58 followers and it has been mentioned 35 times in tweets by other organizations. In addition, 24 END in Africa tweets were retweeted by others.
- Contributed to #CarterConvo, the live Google+ Conversation on NTDs with former US President Jimmy Carter and Nicholas Kristof (NY Times Op/Ed Columnist), in September 2013. The purpose of the event was to raise public awareness about NTDs and encourage greater public involvement, support and funding.
- Administered the SharePoint intranet site to warehouse final project documents.
- Worked with partners and sub-grantees to obtain publication-quality photos as well as input and data for articles and content for the website. Currently working to build a photo repository system to associate photos with descriptive data, identifiers, and credit information. Also working to share END in Africa's photos with relevant international development photo warehouses such as photoshare.org.
- Continued work to broaden and maintain collaborative partnerships 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. Met with and began collaborative working relationships with the Sabin Vaccine Institute's Global Network for NTDs in July 2103; worked with GNNTD staff to publish two END in Africa success stories ("Curing River Blindness with Just One Dose" and "Transmission Assessment Surveys: Where the Rubber Meets the Road") on that organization's "End the Neglect" blog in July and August 2013, reaching that blog's more than 4,000 followers.
- Attended the "Science of Science Communication II" conference in September 2013, hosted by the American Association for the Advancement of Science, the National Science Foundation and the Institute of Medicine, and exchanged knowledge, ideas and insights with other science communicators in order to improve the effectiveness and reach of science knowledge.
- Shared END in Africa project successes and progress at the CSIS meeting titled "The Last Mile: NTDs in the Americas," in May 2013, with Dr. Mirtha Roses (former PAHO head), ex-President of Guatemala Alvaro Arzú, CSIS Americas Program Director Carl Meacham and Neeraj Mistry, Managing Director of GNNTD, and others in the NTD community.
- 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.
- Continued to maintain and add to END in Africa's contact and information dissemination database; used this database to disseminate key project success stories and articles of interest throughout the semester.
- Continued to coordinate, support and maintain the END in Africa article publication schedule and tracking tool. The tool ensures timely, well-researched, and effective

dissemination of information on the successes of project implementation in the beneficiary countries, including success stories, lessons learned and best practices. The team uses it to share this information with the countries, END in Africa partners and colleagues in the NTD community, current and potential donors, the broader global health network and the general public. It is used to track publications submitted in peer-reviewed journals (three of which are expected to be published in FY2013), as well as technical articles and blog posts focusing on project successes, lessons learned, best practices and challenges that require community collaboration. More specifically, the project team is using the 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.

Table 4: List of publications for reporting period, April–Sept 2013.

S. No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
1.	Use of SMS for NTD control in END in Africa countries	Article prepared in collaboration with the sub grantees and NTD Programs of Sierra Leone and Ghana		Yes		April	Published in the END in Africa website
2.	Targeting hard to reach populations for NTD control: example of Sierra Leone	Article prepared in collaboration with the sub grantees and NTD Programs of Sierra Leone		Yes		May 2013	Published in the END in Africa website
3.	Planning sessions in END in Africa implementing countries to develop NTD plans for FY2014	Blog prepared on the sessions in the END countries to develop work plans for FY2014 in May/June 2013			Yes	June	Published in the END in Africa website
4.	Training for the transmission assessment survey (TAS) in a district of Burkina Faso	A blog on TAS was prepared around the pictures taken during field visit conducted by the USAID, FHI360 and HKI representatives at the work planning session in Ouagadougou in May 2013			Yes	July	Published in the END in Africa website
5.	The power of sampling: it's not just for scientists	Financial sampling conducted for all 5 END countries. We have tried to document the results and the recommendations made for programme improvement.			Yes	Aug	Published in the END in Africa website
6.	Review of schistosomiasis and soil transmitted helminthiasis situation in Ghana to realign treatment strategies with new WHO guidelines and decisions	This review took place in June 2013 with decisions that are vital for the NTD program in Ghana			Yes	Aug	Published in the END in Africa website
7.	Building capacity through on-the-job training to improve storage of NTD medicines in Sierra Leone	A blog was prepared by JSI			Yes	Sept	Published in the END in Africa website
8.	Addressing cross border transmission of NTDs in END in Africa implementing countries	The END in Africa project has noted the importance of addressing this topic for the 5 countries covered as they reach the end phase and stop mass treatment for most of the NTDs targeted through preventive chemotherapy. Cross border collaboration with neighboring countries is needed to reduce the risk of importation of infection after local transmission has stopped.	Yes				Manuscript was submitted to PLOS NTDs and reviewed by about 5 reviewers. The manuscript is presently being revised in response to comments from reviewers for resubmission 22nd November 2013.

Lessons Learned

SCM

- **Importation**: Although the countries covered by END in Africa are in a region that endeavors to streamline regional regulations through such vehicles as ECOWAS, each country maintains its own specific rules and regulations regarding importation, which must be respected. Occasionally, pharmaceutical firms and distributors are not well-informed of developments or shifts in a given country's registration requirements, as in the case of the Ghana PZQ shipment. End in Africa is able to provide relatively up-to-date information on registration requirements when consulted adequately in advance to mitigate potential delays.
- **Inventory Management**: Unfortunately, host countries in this region still underestimate the importance of good inventory management practices, as illustrated in the Niger case. This underscores the need to establish well-documented, customizable standard operating procedures, and to disseminate them through training and other activities. As mundane as these procedures may seem to high-level policymakers, having such nuts and bolts practices in place is critical to the success of important health activities. The END in Africa Project is now making good headway in establishing sound supply chain policies and procedures and will continue reinforcing them in FY2014.

Financial Management

- **Sustainable funding requires increased government commitment**. Nearly all government contributions to national NTD programs are allocated to paying salaries. Most operational NTD funds are provided by donors and are used to cover logistical costs for MDAs. Without donor support , MDAs would not be possible. The NTD finance strategy framework aims to help the shift toward a more sustainable, country-led approach to NTD programming.
- **Integrating performance management can strengthen advocacy for sustainable financing**. A key component for implementing the finance strategy is using data to advocate for and convince stakeholders and partners to shift toward more sustainable and transparent funding for NTD programming. A data-driven approach will demonstrate to stakeholders that progress is measurable as well as showcase the results that have been achieved.

Lessons learned regarding the **implementation of the FOGs** are as follows:

- Clarity in the roles and responsibilities of all partners (MOH and sub grantees) is critical for the successful execution of FOGs
- Implementation of the FOGs requires a set of minimum organizational capabilities. In order to gauge the level of technical assistance required, it will be important to assess the MOH's ability to maintain and manage auditable records (for cost reimbursement grants), procure resources and manage personnel.
- Third party confirmation of cost estimates is necessary. FOGs allow payment for the performance of defined milestones without monitoring the actual costs incurred by the recipient. It is therefore

essential to have sufficient cost information to allow for negotiation of a reasonable estimate of the actual cost of the overall effort, so that the U.S. Government does not pay more than the reasonable value for the completion of the grant. The review of FOG budgets with the MOH on the ground (in lieu of desk reviews) provides richer context and rationale behind budget estimates. This practice is encouraged to reduce the back and forth desk review process and by extension, the processing time for FOG approvals.

M&E

- NTD program managers are not very involved in the management of NTD data. Workbooks are usually completed by our partners (HKI, HDI and CRS at that time), who rely on NTD program managers to capture the information for the workbooks. In many cases, program managers are busy implementing PC activities in their districts, leaving the sub grantees' M&E officers with incomplete and/or unclean data, which delays or weakens the validation process.
- Without a public health/epidemiological background, it is difficult for program staff to understand basic NTD concepts and fill in the workbooks correctly.
- Data quality depends on more than just data management skills; several other factors may come into play. Downstream factors include the size of the country (number of endemic districts), the number of prevalent NTDs; and the phase in the implementation of PC activities (workbooks require much more updating in countries conducting impact assessments, as compared to countries that are primarily providing MDA). Upstream factors include the quality of training and the data review process. At this point, we should differentiate between errors and comments for clarification. Comments are not necessarily errors, and over 70% of the panel's comments seek clarifications, which often create a duplication of efforts. For example, the reasons why Niger postponed MDA or Ghana and Niger did not conduct TAS are well known and have been reported in the SAR. Reporting these reasons yet again in the workbooks (which support the SAR) is duplicative, yet END in Africa still requires countries to fill in the comment section even when the reasons have already been reported in the SAR. Manually checking errors, cell by cell within an Excel spreadsheet or among cells or columns/rows across various spreadsheet pages, is prone to errors. To address these issues, END in Africa is making the implementation of a database or error-checking software a priority for FY14.

Major Activities Planned for the Next Six Months

Program Management and Implementation (FHI360)

- Participation in the annual NTD Cross-Border Meeting of Manu River Union countries in Sierra Leone, 16th– 17th October 2013.
- Participation in the review of the schistosomiasis and STH control programs in Burkina Faso 28th – 29th November 2013 in Ouagadougou, Burkina Faso.
- Participation in the nineteenth session of the Joint Action Forum (JAF) of the African Program for Onchocerciasis Control (APOC) in Brazzaville, Republic of Congo, 11th– 13th December 2013.
- Participation in USAID's partners meeting on December 16th and 17th in Washington DC, USA.
- Participation in the fifth meeting of the NTD Global Working Group on M&E and the fifth Technical Review Meeting of Preventive Chemotherapy Data in Geneva in February 2014 (exact date to be determined).
- Participation in the meeting of the NGDO Network for Onchocerciasis Control (exact date to be determined).
- Provide TA to END in Africa implementing countries according to approved work plans for FY2014, as agreed with USAID. Support the pre-TAS and TAS for evaluation of the LF situation in Ghana, which will take place in the next 6 months; support the MDAs for schistosomiasis, LF, Oncho and STH, which will take place nationwide in Ghana between January and March 2014.
- Provide technical assistance to the NTD program in Ghana to train up to 30 new technicians for surveys relating to LF in FY2014.
- Coordinate a meeting in Accra with all in-country partners to discuss the sustainability of longer-term surveillance of targeted diseases by the NTD country programs.
- Serve as a member of the technical subcommittee and participate in general meetings of Ghana's Intra Country Coordinating Committee (ICCC) for NTD control/elimination in Ghana.
- Strengthen coordination with APOC and other partners for the management and technical direction of the onchocerciasis control/elimination program in the End in Africa countries.
- Engage AFRO and WAHO in addressing cross-border issues and coordination with government agencies; work with key stakeholders to sponsor a regional meeting among End in Africa bordering countries to formulate a coordination protocol and action plan.
- Continue to develop a repository of End in Africa project photos and videos obtained during field visits following FHI360 usage guidelines, write 6 articles for the END in Africa website between October 2013 and March 2014 (1 per month) and submit 1 manuscript for review and acceptance by a peer-reviewed scientific journal.

SCM

- Support the Ghana national NTD program and implementing partner as they prepare to receive and clear their 2013 PZQ consignment through customs.

- Support national NTD programs and implementing partners as they prepare to receive and clear their 2014 PZQ consignments through customs.
- Support Burkina Faso and Niger in aligning their treatment strategies with WHO guidelines.
- Conduct a supply chain management situation analysis in collaboration with the Niger and Burkina Faso MOH and implementing partner (HKI) that will help identify immediate and long-term system strengthening needs.
- Finalize Sierra-Leone's and Ghana's customized SOPs and complementary training materials.
- Work with MOH and HDI staff in Togo to customize the supply chain and drug management SOPs and develop complementary training materials. Support MOH and HKI staff in Burkina Faso and Niger to customize the supply chain and drug management SOPs to their country-specific circumstances and develop complementary training materials.

M&E

- Continue to monitor the implementation of MDAs in FY2014, 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.
- Assess data quality and follow-up after workbook trainings.
- Support the pre-TAS and TAS for evaluation of the LF situation in Ghana in the next 6 months.
- Provide technical assistance to the NTD program in Ghana to train up to 30 new technicians for surveys relating to LF in FY2014. New and younger laboratory technicians are needed to replace those that have retired (or are retiring), and more districts have to be surveyed in the next 2-3 years.
- Coordinate a meeting in Accra with all in-country partners to discuss the sustainability of longer-term surveillance of targeted diseases by the NTD country programs. The workshop will be designed in collaboration with USAID, MOH and sub grantees, and include: 1) definition of objectives; 2) methodology; 3) expected outcomes; and 4) identification of participants and their roles. It is expected that recommendations will be made by countries that will be translated into actions that will make the NTD surveillance system more sustainable. It is proposed that this workshop take place before the in-country FY2015 planning sessions, which are scheduled for May/June 2014.

Financial Management

- Strengthen performance management within NTDCPs, strengthen their ability to manage FOGs, and institutionalize NTDCP performance improvement.
- Work with the GHS/NTDCP to execute their health financing strategy
- Support the individual country teams (Togo, Niger and Sierra Leone) in staff training and completion of the following TIPAC modules: base data, activity costing, drug acquisitions, funders, and outputs. Efforts will be made to institutionalize this process for routine implementation
- Provide follow-up support to the countries on the FOGs and TIPAC, as needed, to build their capacity for effective NTDCP management and mitigate financial risks.

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

Table 5: FY 2014 Work Plan Execution Timeline

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Issuance and Management of Grants												
Support MOHs and sub grantees in the implementation of FY2014 work plans in all countries.	X	X	X	X	X	X	X	X	X	X	X	X
Execute additional costs extensions of the existing sub agreements for the life of the project	X	X	x									
Provide direct implementation support to the GHS NTDCP starting in November 2013	X	X										
Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2015								X	X	X		
Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2014		X		X	X	X	X	X	X	X	X	
Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs	X	X	X	X	X	X	X	X	X	X	X	X
Organize a meeting in Accra with in-country partners to discuss the sustainability of long-term surveillance					X	X	X					
Monitor compliance with the project's environmental management and mitigation plan (EMMP)					X	x					X	X
Technical Assistance and Capacity Building												
Engage MOH and sub grantees to provide technical support and leadership in program design, development, planning, implementation, capacity-building, and evaluation at the country level.	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical assistance to MOH and sub grantees in response to approved country work plans for FY2014	X	X	X	X	X	X	X	X	X	X	X	X
Support MOH NTDCP in aligning their treatment strategies with WHO guidelines in countries where deviations exist, such as Burkina Faso and Niger.				X	X			X	X		X	X
Perform a desk review of historical country data prior to the in-country work planning sessions to estimate the number of impact assessments/surveys required in the subsequent year		X	X			X						
Support national NTD programs in receiving and clearing their consignments of praziquantel through customs.					X	X	X					
Monitor receipt and documentation of praziquantel donations facilitated by Envision					X	X	X					
Monitor the FY2014 albendazole orders submitted to GlaxoSmithKline via WHO.			X	X							X	X
Assist country programs in developing high quality FY2015 praziquantel forecasts				X	X	X						

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Continue to support Ghana, Sierra Leone, and Togo in their efforts to institutionalize supply chain and drug management material into their existing guidance, and begin supporting Burkina Faso and Niger in similar efforts.			X	X	X	X	X	X	X	X	X	X
Support TIPAC implementation in Niger, Sierra Leone and Togo				X	X	X	X	X	X	X	X	
Support Ghana in updating its TIPAC for FY2014		X	X				X					
Expand the Platform for Refresher Finance Training for Managing Fixed Obligation Grants (FOGs).		X	X	X	X	X	X	X	X	X	X	
Support the implementation of Ghana's NTD Finance Strategy				X	X							
Train the NTD team in record keeping and accounting.				X	X	X						
Knowledge Management												
Continue to build, update and maintain the End in Africa website: http://www.endinafrica.org	X	X	X	X	X	X	X	X	X	X	X	X
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	X	X	X	X	X	X
Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program	X	X	X	X	X	X	X	X	X	X	X	X
Update, maintain and administer the End in Africa contact database	X	x	x	x	x	x	x	x	x	x	x	x
Develop, update and maintain an annual publications calendar and tracking tool to schedule topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, produce, publish and disseminate.	X	X	X	X	X	X	X	X	X	X	X	X
Promote the End in Africa project via social media and online	X	X	X	X	X	X	X	X	X	X	X	X
Develop and maintain synergistic relationships with like-minded organizations in the larger NTD community	X	X	X	X	X	X	X	X	X	X	X	X
Develop and administer a repository of End in Africa project photos	X	X	X	X	X	X	X	X	X	X	X	X
Provide editorial and quality control services to End in Africa partners and sub grantees					X	X					X	X
Monitoring and Evaluation												
Coordinate the review of End in Africa data through an iterative process that involves ENVISION, sub grantees, national country programs and USAID	X	X				X	X					
Complete the design of a SAS application to flag outliers and data inconsistencies			X	X	X							
Conduct basic descriptive data analysis using the reported NTD data		X			X							X
Liaise with sub grantees' technical M&E Officers to ensure that MDAs and TAS are conducted as expected	X	X	X	X	X	X	X	X	X	X	X	X
Backstop sub grantees and country programs to ensure timely reporting of NTD data					X	X						X

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Liaise with grantees and NTDCP to follow up on the implementation of post-MDA surveillance activities in districts that have stopped MDA	X	X	X	X	X	X	X	X	X	X	X	X
Continue strengthening the reporting system	X	X	X	X	X	X	X	X	X	X	X	X
NTD Mapping	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support on M&E addressing countries' specific needs	X	X	X	X	X	X	X	X	X	X	X	X
Collaboration and Coordination												
Build partnerships with agencies and organizations working on NTDs	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level	X	X	X	X	X	X	X	X	X	X	X	X
Attend regional scientific meetings, scientific panels and discussions with local institutions, multilateral agencies, government counterparts, and implementing partners	X	X	X	X	X	X	X	X	X	X	X	X
Participate in international NTD working groups and committees at the international and national levels	X		X		X		X		X		X	
Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast	X											
Participate in appropriate local and international M&E meetings/workshops upon USAID approval				X	X				X	X		
Strengthen coordination with APOC for the management and technical direction of the onchocerciasis control/elimination program in End in Africa countries	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGDOs	X	X	X	X	X	X	X	X	X	X	X	X
Engage WHO AFRO and WAHO to address cross-border issues and coordination with government agencies			X	X	X	X	X					

Table 6: Travel Plans for Next Six Months

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana	5	1 week each	TBD	FY2015 Country work planning sessions with key stakeholders.
Mposo Ntumbansondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD M&E technical resource in the development of country work plans.
Joseph Koroma NTD Technical Advisor	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD technical resource in the development of country work plans.
Bolivar Pou, Project Director Nosheen Ahmad SPO	W/DC	Ghana	2	1 weeks	April 2014	Project performance mid-term review. Project semiannual report.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	September 2014	End in Africa Work plan 2015
Mposo Ntumbanzondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	8	1 week	TBD	Capacity building on workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.
Youssouf Ouedraogo, Senior Logistics Advisor JSI	W/DC	Niger	2	2 weeks in country 1 week	Nov/Dec 2013 TBD	In collaboration with the Niger MOH and HKI, conduct a supply chain management situation analysis that will help identify immediate and long-term system strengthening needs. Continue to support national program partners in implementing recommendations resulting from the situation analysis.
Youssouf Ouedraogo, Senior Logistics Advisor JSI	W/DC	Burkina	2	1 week in country 1 week in country	Jan 2014 March 2014	Review and customize generic SOPs and complementary training materials with NTD trainers. Support the training of NTD trainers/drug managers in implementing SOPs and training materials.

Traveler	From	To	# Trips	Duration	Month	Purpose
TBD, Logistics Advisor JSI	W/DC	Ghana	1	1 week in country	TBD – during the 1st quarter	Refine SOPs and customize complementary training materials.
David Paprocki, Logistics Advisor JSI	W/DC	S Leone	1	Two weeks in country	TBD	Assist with TOT for DHMTs and conduct a follow-up OJT visit with Mr. Kargbo at the Makeni warehouse.
Justin Tine Health Financing/Costing Specialist (Deloitte)	Senegal	Ghana Niger Togo S Leone	4	2 weeks in each country	TBD	TIPAC training for 1 week & in country data entry for 1 week
Kingsley Frimpong Financial Management (Deloitte)	Ghana	Niger Togo S Leone	3	2 weeks in each country	TBD	TIPAC training for 1 week & in country data entry for 1 week
Kingsley Frimpong Financial Management (Deloitte)	Ghana	Burkina Niger Togo S Leone	4	3 days in each country	TBD	Capacity building on USAID FOG regulations and compliance (Refresher and hands-on training)
US-based STTA provider	W/DC	Togo, Niger Burkina Niger S Leone	5	One week in each country	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip.
NTD Technical Advisor Joseph Koroma M&E Specialist Mposo Ntumbanzondo FHI360	Ghana	W/DC WHO Niger Burkina Togo SLeone	20	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.
MOH NTD Focal points; WAHO, WHO FRO	Ghana Burkina Niger Togo S Leone Other borde-ring countries TBD	Accra	10	3 days	TBD	Accra meeting with key stakeholders to engage WHO AFRO and WAHO to address cross border issues and coordination with Government Agencies.
MOH NTD focal points and sub grantees	Ghana Burkina Niger	Accra	10	3 days	TBD	Organize a meeting in Accra with all our in-country partners to discuss the sustainability of longer-

Traveler	From	To	# Trips	Duration	Month	Purpose
	Togo S Leone					term surveillance of targeted diseases by the NTD country programs.
MOH NTD Focal Points TBD	Ghana Burkina Niger Togo S Leone	TBD	10	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be request for each trip.

Appendices

Appendix 1: MDA Reporting of Integrated NTD Control

Overview

The results of MDA for this reporting period indicate a sharp drop in the number of people treated and the number of treatments provided, as depicted in the table below:

Table *7:* Number of people treated through END in Africa by NTDs, FY13

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina Faso	Total treated FY13
LF	6,008,388	862,180	3,963,940	0	6,465,545	17,300,053
Oncho	2,694,794		2,578,593	2,497,300	149,503	7,920,190
SCH	0	0	1,751,258	1,750,553	4,068,082	7,569,893
STH	6,009,014	862,180	3,963,940	1,450,357	6,934,536	19,220,027
Trachoma	0	960,145	0	0	2,476,699	3,436,844
Treated for at least one NTD	**8,260,837**	**960,145**	**4,050,575**	**2,909,823**	**10,766,545**	**26,947,925**

Table 8: Number of treatments provided through END in Africa, FY13

Treatments Provided 2013	Burkina Faso	Ghana	Niger	Sierra Leone	Togo	Total
IVM	6,465,545	8,249,111	862,180	3,963,940	2,629,241	**22,170,017**
ALB	7,450,865	6,008,388	862,180	3,963,940	1,651,897	**19,937,270**
PZQ	4,068,082	0	0	1,751,258	1,751,569	**7,570,909**
Azy-Tera	2,476,699	0	360,145	0	0	**2,836,844**
Total	**20,461,191**	**14,257,499**	**2,084,505**	**9,679,138**	**6,032,707**	**52,515,040**

A number of treatments were delivered as a package targeting multiple diseases as a result of NTD program integration. The number of treatment packages delivered is presented in the following table.

Table 8. Treatments delivered and program and geographical coverage during FY2013

Country	NTD	Districts treated	# treatment provided
Burkina Faso	IVM+ALB	33	6,465,545
	IVM	4	
	PZQ	15	3,599,091
	PZQ+ALB	5	468,991
	STH	38	
	Azy_tetra	8	2,476,699
	Total	**48**	**13,010,326**
Ghana	IVM+ALB	65	6,008,388
	IVM	52	2,240,723
	PZQ	0	0
	PZQ+ALB	0	0
	STH	65	
	Azy_tetra	0	0
	Total	**107**	**8,249,111**
Niger**	IVM+ALB	2	862,180
	IVM	0	
	PZQ		
	PZQ+ALB		
	STH	0	
	Azy_tetra	2	960,145
	Total	**2**	**1,822,325**
Sierra Leone	IVM+ALB	12	3,963,940
	IVM	12	
	PZQ	7	1,662,533
	PZQ+ALB		
	STH	12	
	Azy_tetra	0	
	Total	12	5,626,473
Togo	IVM+ALB+PZQ	32	2,497,300
	IVM		
	PZQ		
	PZQ+ALB	33	141,819
	Azy_tetra		
	Total	**35**	**2,639,119**
Total		**204**	**31,347,354**

Changes in MDA Strategy

TAS was successfully conducted in 6 districts in Burkina Faso. These districts have stopped MDA for LF. District level MDA for trachoma has stopped in 4 districts in Burkina Faso and will probably stop (depending on the results from The Carter Center review) in 2 districts in Niger. However, Burkina Faso has stopped sub-district-level PC for trachoma in 6 districts, and in 1 district in Niger.

Table 9: Assessments conducted in the reporting period by country, type of assessment and disease

Country	LF # districts (# with successful assessments)				Trachoma		SCH
	Pre-TAS:	TAS	TAS1	TAS2	District-level assessments	Sub-district assessments	
Burkina Faso	3 (0)	6 (6)	3 (?)	0	4 (4)	6* (6)	22 (?)
Ghana	18 (9)	0**	0	0	0	0	0
Niger	9 (7)	0**	0	0	2 (?)	1 (1)	8*** (?)
Sierra Leone	12 (9)	0	0	0	NA	NA	0
Togo	NA	NA	NA	0	NA	NA	0

? Pending results

* Districts stopped MDA for trachoma in 2010. Recent assessments in the villages in these districts confirmed that districts should stop PC at any level including sub-district level.

** TAS was postponed due to the lack of ICT cards

*** 38 districts have been assessed so far

Coverage of mass drug administration

Not all patients in the five countries (Burkina Faso, Ghana, Niger, Sierra Leone and Togo) are treated through USAID funds. Other partners, including Sightsavers, APOC, Carter Center, UNICEF, CNTD Liverpool and the local governments, provide additional funding in areas that are either not or only partially covered by USAID. In this fiscal year, over 1.5 million people were treated for LF, 1.1 million for oncho, and 2.5 million for STH with non-USAID funds; in total, 3,004,565 people were treated for at least one NTD with non-USAID funds.

The table below shows the number of people treated by country and disease with Non-USAID funds in FY13

Table 10: Number of People Treated By Country and Disease with Non-USAID Funds in FY13

Country	LF	Oncho	SCH	STH	Trachoma	# treated for at least one NTD
Burkina Faso	0	0	0	0	0	0
Ghana	1,563,161	416,953	0	1,563,161	0	1,980,114
Niger	0	NA	0	0	0	0
Sierra Leone	0	0	0	0	0	0
Togo	NA	774,153	0	1,024,451	NA	1,024,451
Total	1,563,161	1,191,106	0	2,587,612	0	**3,004,565**

*Pharmaceutical companies are not included in this count

Gender distribution

We did not receive gender-disaggregated data from all countries. In Sierra Leone, MDA data for LF, Oncho and STH was collected in November 2012, long before the tools to collect gender data arrived in the fields. Gender data was collected for SCH because MDA occurred in June 2013. Gender data will be collected for all NTDs in the future.

Similarly, gender-disaggregated data was not collected in the 4 districts in the South West region in Burkina Faso because the first MDA for onchocerciasis occurred in January and February 2013, before the tools to capture gender data became available. Gender data was collected later during MDAs that occurred in May and thereafter.

Overall, slightly more females than males participated in MDAs, irrespective of the NTD and country, confirming that females had adequate access to drug distribution.

Table 11: Percentage of Males and Females Treated By NTD and By Country, FY2013

Gender distribution: Percentage male treated over the females by NTD and by country, FY2013										
Country	**LF**		**Oncho**		**SCH**		**STH**		**Trachoma**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Burkina Faso	43.41%	47.30%	***	***	48.85%	51.15%	43.84%	48.54%	47.36%	52.64%
Ghana*	45.61%	51.40%	45.66%	52.44%			45.60%	51.40%		
Niger**	48.25%	51.75%	NA	NA					48.10%	51.90%
Sierra Leone	***	***	***	***	46.89%	53.11%	***	***	NA	NA
Togo	NA	NA	48.08%	51.92%	48.56%	51.44%	50.30%	49.67%	NA	NA

* MDA has been postponed

* *Niger did not conduct MDA except in 2 districts. Distribution of data by gender will be completed when data are available for all districts
** *Data were collected long before the tools designed to collect data by gender become available.

Table 12: Program and epidemiological coverage by NTD and by country, second 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	90.0	72.4	88.0	71.0	101.8	81.4	98.7	78.9	NA	NA
Oncho	105.7	84.3	101.9	81.5	NA	NA	103.3	83.1	79.8	58.5
SCH	-	-	-	-			92.9	47.3*	97.4	38.3*
STH	201.1	67.8.1	258.0**	71.1			103.3	78.9	90.4	30.8*
Trachoma	95.3	96.6	-	-	90.75	90.7	NA	NA	NA	NA

* Epi coverage is low because Not all chiefdoms or sub-districts were eligible for MDA

** Adults were not target for STH, only SAC

Table 13: Number of endemic districts and districts where treatment stopped by disease and country

Country (# districts)	Known endemic districts (as of 2009) And # Stopped treatment*				
	LF	Oncho	SCH	STH	Trachoma
B. Faso	63 22	6	63	63	30 21
Ghana	74 4**	73	170	170	29 29*
Niger	30**	0	42	42	34 15
Sierra Leone	14	12	7	14	0
Togo	7 7	28	30	24	0

* Of the 8 communities that were declared endemic during the surveillance phase, only one should remain on PC in 2014

** TAS to stop MDA was delayed in many districts (36 in Ghana and 6 in Niger) due to the unavailability of ICT cards.

✦ Assessments were conducted in Burkina Faso and Niger to re-align treatment strategies with WHO guidelines

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 14: 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	6,465,545	-	-	3,058,182	2,806,901
Oncho*	149,503	-	-	-	-
SCH	4,068,082	1,717,958	2,350,124	2,080,740	1,987,342
STH	6,934,536	2,529,998		3,366,322	3,040,239
Trachoma	2,476,699		-	1,303,699	1,173,000

* HRS not reported because target information collected from a different source

b. Ghana

NTD	Total treated	SAC	HRA	Female	Male
LF	6,008,388		-	3,088,348	2,740,129
Oncho	2,694,794	-	-	1,413,170	1,230,455
SCH	-	-	-	-	-
STH	6,009,014	1,640,461		3,088,348	2,740,129
Trachoma		-	-	-	-

* MDA was delayed

** Trachoma MDA was delayed as well

c. Niger

NTD	Total treated	SAC	HRA	Female	Male
LF	862,180	449,078	-	446,180	416,000
Oncho					
SCH					
STH	862,180	449,078			
Trachoma	960,145	-	-	446,180	416,000

* Only 2 districts treated for LF and Trachoma

d. Sierra Leone

NTD	Total treated	SAC	HRA	Female	Male
LF	3,963,940	1,070,264			
Oncho	2,578,593	-	-	-	-
SCH	1,662,533	493,171	1,169,362	882,926	779,607
STH	3,963,940	1,070,264	2,893,676		
Trachoma	NA	NA	NA	NA	NA

* data collected prior to calendar year 2013 were not sex disaggregated

e. Togo

NTD	Total treated	SAC	HRA	Female	Male
LF	NA	NA	NA	NA	NA
Oncho	2,497,300	-	-	1,296,566	1,200,734
SCH	1,750,553	956,754	793,800	900,539	850,015
STH	1,450,357	1,450,357	0	720,461	729,521
Trachoma	NA	NA	NA	NA	NA

Table 15: Training during the reporting period

Category	Burkina Faso	Ghana*	Niger**	Sierra Leone	Togo	Total
Trainers (Training of trainers)	0	11	225	66	612	914
Supervisors	280	3,389	0	69	127	3,865
Community Drug Distributors	60,515	16,036	2,130	1,705	9,176	89,562
Others	235	0	67	11	651	964
Total females	10,387	6,719	56	1,306	531	18,999
Total males	50,643	12,717	2,366	545	10,035	76,306
Total	61,030	19,436	2,422	1,851	10,566	95,305

* Ghana did not offer training for SCH as SCH MDA was delayed

** Training in Niger occurred only in 2 districts that organized a catch-up MDA to prevent expiration of drugs

Table 14: Country Specific Issues during Workbook Training

Country	Issue	Recommendation
Burkina Faso	Disease code for SCH following the SCH assess	We recommended the NTDCP to not spread the prevalence of SCH from one sentinel site to more than one districts. The outcomes of the assessments should be kept as they are until the Expert Committee on SCH provide guidance
	Use of various source data for STH: Population requiring MDA based on CDDs Census; HRA for STH based on SCH projections, leaving the numbers of people treated for STH bigger that the total population in many districts.	HRA targeted should be reported but a comment be added to explain that the HRA numbers are captured from a data source other than the data source for the population requiring MDA
Ghana	Complete misunderstanding- and weak data management - of the workbooks by the M&E Officer (due to lack health background and cooperation with program managers at GHS)	FHI360 has taken over CRS and new M&E Officer recruited. END in Africa supported GHS through Dr Marfoh to fill in the workbooks
Niger	No training provided for Niger because major MDA were cancelled	
Sierra Leone	Planned next TAS	Hard to report on the next planned TAS in WA. The 2 districts in WA are treated for LF even though they were not endemic (Mf 0%, but ICT card indicated prevalence around 6-7%). The NTD focal is planning to drop further assessment in these 2 districts
	MDA data for 12 districts reported to WHO on calendar year basis. Thus, MDA conducted in October-December 2012 is reported to WHO as 2012 MDA but to USAID as 2013 MDA	Issue will be discussed with USAID and RTI. It creates problem if USAID has to share data with WHO
Togo	First round oncho data not submitted on time	Continue advocacy with the oncho program manger
	In 2012, target population for the first round oncho is based on 2012 population estimate but data are reported in the 2013 workbooks, leading to lower coverage rates for first round oncho	Leave the estimates as they are and provide a comment
	Misunderstanding of population at risk, population requiring MDA and target population for SCH (Note: data manager is new)	Explanation was provided and corrections made in the workbooks

Appendix 2: Country Program Summaries

Burkina Faso

All activities planned for the fiscal year (FY) 2013 were implemented during the second half of FY2013 (1 April to 30 September 2013) in accordance with the work plan.

All FY2013 monitoring and evaluation (M&E) activities were completed and several impact assessment surveys were conducted: for schistosomiasis in twenty-two sentinel sites; pre-transmission assessment survey (pre-TAS) for lymphatic filariasis (LF) in nine sentinel sites; LF transmission assessment survey (TAS) for six health districts (HDs) in two evaluation units (EU); and trachoma impact assessment survey in four HDs.

All planned FY2013 mass drug administration (MDA) campaigns were carried out. Trachoma MDA was implemented in eight HDs and 2,476,699 people were treated with azithromycin or tetracycline. The schistosomiasis MDA was implemented in twenty HDs of five health regions. In total 4,068,082 people were treated out of 4,426,332 people targeted (77% treatment coverage). LF MDA was conducted in 43 out of 47 HDs targeted in FY2013. MDA in the remaining four HDs of the Southwest region will be funded by the Center for Neglected Tropical Diseases (CNTD) Liverpool and the Government of Burkina Faso, and will start September 2013. USAID funds supported LF MDA in 28 of the 43 HDs (all data not yet available).

Cascade training sessions were carried out 2 March – 16 August 2013. Twenty-six biomedical technicians (BMT) were trained on schistosomiasis diagnostics. Twenty-six BMTs also received training on diagnostic and monitoring techniques as part of LF elimination efforts. Two technical assistance training sessions planned were not held - the TIPAC training and the training for HKI teams on specific management processes.

As part of support for information, education, and communication (IEC) activities, IEC materials were designed and produced for each MDA campaign. Fifteen thousand six hundred posters and brochures were provided to the neglected tropical diseases (NTD) programs and regional health directorates for use during MDA campaigns.

Completion of the trachoma elimination and post-endemic surveillance plan which was developed in January 2013 with the support of the International Trachoma Initiative (ITI) and Dr. Kadri, Deputy Coordinator of the National Blindness Prevention Program of Niger. A draft of the document is available but lessons learned from the trachoma study tour undertaken to discuss post-endemic surveillance and learn from the experience of the Ghana trachoma program will be included before the plan is validated.

Work planning session for the finalization of the FY2014 work plan was held 27 – 30 May 2013, with participation from USAID, FHI360, HKI and the MOH NTD program coordination team. A validated FY 2014 work plan and FY 2014 budget were submitted to USAID for approval via FHI360. A FY 2015 budget was also submitted to USAID as part of this planning.

The NTD coordination team participated in six successive monthly meetings within the disease control directorate. The programs are amended during these directorate council meetings before being submitted to the health authority. Feedback from these meetings is submitted to HKI and used to create the most effective program and budgets.

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 Disease and Program workbooks have been updated to include the data from the trachoma and schistosomiasis MDA campaigns. We have not yet received all the results of the LF MDA campaign. The workbook will be updated when the results are available.

2. Changes in MDA Strategy

There was no significant change in treatment strategies at the HDs April – September 2013.

It should be noted that all villages in the four HDs in the Southwest region where LF and onchocerciasis are co-endemic receive two rounds of treatment with ivermectin and albendazole. In anticipation of the CDTI, a population census was conducted in the villages that are exclusively onchocerciasis-endemic. Registers have been developed to be used in the next MDA campaign, which is scheduled for early September 2013.

Eight of the twelve HDs planned for 2013 received trachoma treatment. Treatment was not carried out in the Batié, Gaoua, Ouargaye and Zabré HDs because they had undergone an impact assessment and further treatment is dependent upon these results. The International Trachoma Initiative has not yet approved treatment in these districts and is waiting on the results from the 2013 impact assessments, so the program did not have or receive azithromycin for these four districts

3. Training

Training sessions were held to ensure improved implementation of activities, including:

Training/refresher sessions on MDA in the various HDs and health centers. During this session, the participants were updated on the directives for implementing MDA campaigns at the different levels of the health system (central, regional and community). The final reports are expected in September 2013 and will specify the participants' number and gender;

Refresher training for the biomedical technicians (BMT) on diagnosis and monitoring of schistosomiasis; and,

Training for BMTs on diagnosing and monitoring LF. The training of BMTs is essential for the monitoring and evaluation activities, as they provide support to the central level in carrying out the activities in the sentinel sites. The trainings were initially planned with technical support from the Accra LF Support Center, CNTD Liverpool and/or WHO. Ultimately, national experts conducted the trainings, as external partners were not available, despite best efforts to accommodate their schedules.

Training financial administrators and managers of the 13 regional directorates and the 63 HDs on applying for fixed-obligation grants (FOG). In total, 92 agents participated in these FOG update meetings.

Training for the regions' CISSE (Center for Health Information and Epidemiological Monitoring) managers on monitoring and evaluation of the NTD programs.

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

To improve the populations' commitment to the NTD MDA campaigns, public education and community mobilization activities were carried out in all the HDs at the regional level.

The main activities included:

- Before implementing the MDAs, advocacy days with traditional, administrative, religious and municipal authorities were organized in all districts that conducted MDAs, in collaboration with the regional health directorate;
- Media campaigns were broadcast on local radio stations to inform the communities about the upcoming MDA campaigns; and,
- IEC materials were reproduced: 15,600 posters and brochures on the illnesses targeted by the campaigns were provided to health centers during the NTD campaigns.
- An integrated communication plan for NTD control efforts has been under development since mid-June 2013. This plan is part of the anti-NTD master plan and will incorporate all NTD communications activities and will take the levels of program implementation into account.

5. Supervision

All implementation actors involved in the activities conducted over the six-month period were supervised.

- A cascade supervision approach was adopted for the mass treatment campaigns against onchocerciasis, trachoma, schistosomiasis, LF and soil transmitted helminthiasis (STH): from the central level to peripheral areas, with support from HKI teams. The supervision component is one of the activities included in the FOGs with the regional health directorates, which facilitates monitoring of health workers and distributors in

conducting the campaigns. The supervision teams debrief with all staff members mid-way through the supervision visits conducted during the campaigns to discuss disparities and to present improvements that can be implemented immediately in other health areas to increase effectiveness.

- To ensure that the data will be collected in accordance with the parties' requirements, the data collection processing tools used by community distributors was revised. In that regard, 13,260 registries were copied and distributed for the LF MDA and additional data collection sheets for the trachoma and schistosomiasis MDAs were provided.
- All MDA supervision by the regional and central level in all zones where MDA took place was implemented following WHO guidelines.
- Central-level teams involved in data gathering at the sentinel sites are monitored and supervised to ensure that the impact surveys follow the protocol submitted and that the methodology meets the WHO standard on MDA impact assessment.

6. Supply Chain Management

During this six-month period, the main activities in the area of drug and consumables supply chain included:

- Preparation of the praziquantel request for the FY2014 distribution campaign. It was difficult to determine the number of HDs to be included because an impact evaluation of prior treatments was underway to guide the plan for implementing the schistosomiasis MDAs; however the forecast was based on available data. New schistosomiasis data will inform the strategy used in FY2015.
- Azithromycin and praziquantel inventory was conducted prior to the 2013 MDAs. The HDs of Lena and Do used azithromycin before expiry. Remaining praziquantel stock was distributed to HDs in hyper-endemic regions and was used during the current campaign.
- The training modules for the health agents at the various levels of the health system incorporate supply chain management and procedures in place to address partners' requirements.
- In addition, there was no specific drug management audit. The drug management tools developed for each drug were used during the post-MDA assessments to assess the quality of supply management and take corrective actions to improve performance.
- Customs clearance and importation of consumables and drugs were carried out smoothly.
- Early resupplying of the health regions was adopted as a solution to the continuing lack of storage space. As part of the capacity development plan for the central directorates, a central building is being constructed and includes a large storage area for drugs and consumables for all the central directorates, including the NTD program. In addition, the DLM has just obtained another building for the malaria control program. This will free up additional space at the DLM pharmacy. Discussions are underway between the DLM and the Directorate General of Pharmacies and Medicines to continue the analysis of an

on-going collaboration with the generic medicines and medical supplies purchasing center (CAMEG).

- A pharmacy assistant specializing in logistics was assigned to manage NTD drugs during FY2013.

7. Program Monitoring and Evaluation

- Azithromycin treatment impact surveys were conducted 10-29 March 2013 in four HDs (Batié, Gaoua, Ouargaye and Zabré) that already received three consecutive rounds of MDA (azithromycin + tetracycline). Preliminary results are pending.
- Data collection was carried out at LF sentinel sites from late March – April 2013. Nine sentinel sites were visited, including three in the Boucle du Mouhoun region, two in the Central-North region and four in the Central-East region. This pre-TAS collection involved evaluating the prevalence of nocturnal microfilaremia at each sentinel site to help determine whether these health districts will implement TAS in the following year. The analysis of the data collected shows that the prevalence of nocturnal microfilaremia remains high in the Central-East region. Prevalence fell slightly at the Dédougou HD sentinel site. The 2014 TAS will thus be planned for the five other Boucle de Mouhoun HDs. The MDAs in the Central-East region's districts will continue because prevalence rates remain above 1% in the sentinel and spot check sites in the Ouargaye HD. The results are recorded in the Workbooks.
- April – May 2013: Data collection for schistosomiasis occurred at 22 sentinel sites. Schistosomiasis prevalence among school-age children was calculated and the results are noted in the workbooks.
- From late May – June 2013: TAS surveys were conducted in two evaluation units (for six HDs, three in the central plateau region and three in the Sahel region).The final reports are pending, but the results showed success in the two units. The program expects to halt mass ivermectin+albendazole treatment in these six HDs in 2014.

8. Transition and Post-Elimination Strategy

Strategies and activities are included in the national NTD strategic control plan in Burkina Faso. However, the process is still pending at this time because the plan under adoption is scheduled to be discussed at a future stakeholders meeting regarding funding for the plan's activities.

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

9. Short-Term Technical Assistance

The status of the seven technical assistance (TA) activities included in the FY2013 annual work plan is as follows:

- Technical assistance to develop the trachoma elimination plan and the post-MDA monitoring plan was provided in January 2013. The document is being completed and will incorporate the lessons learned from the Ghana trachoma program.
- The two schistosomiasis and LF technical assistance sessions for the BMTs were conducted solely with the support of national experts. A total of 52 people participated in the trainings (26 BMTs were trained for each disease).
- Training on NTD program monitoring and evaluation was also conducted using the skills available at the national level. Seventy-five information managers (health, statistical and epidemiological monitoring) from all districts and regions received training.
- The review of the schistosomiasis program implementation strategies will be held before the end of November 2013. It will bring together specialists in parasitology (STH + schistosomiasis) from the WHO, HKI, and FHI360. At the end of this session, in accordance with the objectives, the PNLSc will be able to make changes to the districts' treatment plan based on WHO guidelines.
- The TIPAC training and the training on procedures for managing USAID funds (for the coordinating teams) were not held. They were postponed to FY2014.

10. Government Involvement

With regard to national-level commitments to control NTDs;

- The validation and adoption currently underway of the strategic NTD control plan in Burkina Faso;
- Regular working sessions and consultations held with the national coordination team on implementation;
- NTD control activities are incorporated into health facilities' action plans at the national level; and,
- NTD control efforts are among the activities included in Burkina Faso's Strategy of Accelerated Growth and Sustainable Development.
- Discussions are underway with the Burkina Faso government to increase the budget for NTD control efforts through the Department of Health's Financial Affairs Director.

11. Proposed Plans for Additional Support to National NTD Program

A more effective consultation framework is being sought to help promote NTD control efforts. The program is focusing on: school administration management (DAMSE) and the NGO, Water Sanitation for Africa, and WA-WASH-USAID on ways to collaborate to combat trachoma and STH. This process will be managed by the NTD program national coordination team until the steering committee assumes the responsibility.

Trichiasis surgery as a component of morbidity management is continuing with Sightsavers' implementation of three projects in the three HDs in the Cascades region and with HKI in the Koudougou and Sapouy HDs in the Central-West region.
Burkina Faso is thus among the countries eligible for an USAID RFA for morbidity. A consortium of partners submitted a funding proposal to treat cases of NTD morbidity.

12. Lessons Learned/Challenges

The FY2013 plan was carried out in accordance with the new funding procedures. The FOG system was set up in all the regional health directorates that have received USAID support. However, while awaiting a meeting with the actors regarding the process, we found that it was difficult to clearly communicate that FOGs do not constitute pre-financing. This was not readily accepted at first because the agencies lack funds to carry out activities and obtain reimbursement later.

Compared to the treatment campaigns carried out pre-FOG, the FOG saves at least one month in the timeframe for transmitting activity reports, which is a positive performance factor. We are waiting for a more thorough assessment to identify further adjustments to be made in simplifying this new procedure

13. Major Activities for the next six months

- Implement the MDA campaign against LF, onchocerciasis and STH in the four HDs of the Southwest region.
- Evaluate post-MDA coverage of onchocerciasis in endemic villages in the Southwest region.
- Hold a meeting of experts to review the Burkina Faso national schistosomiasis program strategies.
- Participate in the NTD program and project coordinators' meeting in Uganda, organized by the WHO
- Adopt the integrated communication plan for the NTD control efforts.
- Hold a workshop to validate the national trichiasis surgery strategy.
- Hold a coordinating meeting on the validated FY2013 work plan and budget.
- Order ICT cards for the TAS activities for FY2014.
- Prepare and sign FOG agreements with the regional health directorates and the general health directorate for FY2014 work plan activities.

Niger

During the last six months, the program has made progress in gathering the baseline and impact study data necessary to move the Neglected Tropical Diseases (NTD) program forward. Several mapping exercises and assessments were conducted during this period, notably the mapping of Bilma for lymphatic filariasis (LF) and soil transmitted helminthiasis/schistosomiasis (STH/SCH); pre-transmission assessment surveys (Pre-TAS) in nine health districts (HDs); STH/SCH assessments in Tahoua, Agadez and Tchirozérine regions; and a sub-district impact survey for trachoma in Tillabéri.

The mass drug administration (MDA) originally planned for FY13 was programmed to begin in the month of May 2013 before the school year ended and rains began. However, due to the late signing of the central-level fixed obligation grants (FOG) that was signed in May 2013, the MDA had to be postponed to early FY14 to await the end of the rainy season and reopening of schools.

During the last six months, in addition to receiving drugs for the MDA campaign planned for October, all necessary campaign tools have been prepared, namely dose poles, distribution registers, and summary registers. A physical inventory of all NTD drugs was conducted in June-July 2013 at district level and final results from the health centers (CSI) are pending. Following the preliminary district findings, a strategy was devised to immediately use the drugs at-risk of expiring to avoid having large quantities of expired drug. This campaign was decided on through mutual agreement with the National NTD Program, the Ministry of Public Health (MSP) for the health districts (HDs) of Mayahi and Guidan Roumdji (Maradi region), which together accounted for the largest quantities of leftover Zithromax remaining after the 2012 campaign.

A very successful work planning session was held in June 2013 with the MSP, HKI, and FHI360 in attendance and all aspects of the program were reviewed and plans drafted for FY14.

Finally, support from other donors during the reporting period to the NTD elimination efforts of Niger included HKI's and the Carter Center's support to the trachoma elimination efforts. Through a grant from the Conrad N. Hilton Foundation, HKI and the Carter Center provided support to the PNSO for trichiasis surgery, behavior change communication to promote trachoma prevention through radio messages, and support of a national trachoma school health curriculum, among other trachoma activities. Through a grant to HKI from the END Fund, treatment of Malian refugees (LF/STH/schistosomiasis/trachoma) living in refugee camps in Tillabéri and Tahoua was implemented.

1. MDA Assessment

The disease and program workbooks have been updated with all currently available data from the MDA that took place in the two districts in the Maradi region (LF/STH/trachoma).

2. Changes in MDA

The one change in strategy has been Dakoro's shift from district-level treatment to sub-district level treatment based on the 2012 sub-district level impact survey conducted. The district-level prevalence in Dakoro was 9.91% (2011) but after the sub-district level survey in 2012 the sub-

district level prevalence was determined to be 15.3% (highest sub-district prev) so only the southern section of Dakaro is treated now.

3. Training

As noted above, there was a delay in the MSP's signing of the central level FOG which delayed most training activities until FY14. This explains the difference between what was originally planned in FY'13 compared to the program's current targets. A total of 2,186 people were trained this reporting period.

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

Town criers (44) and community radio stations (5) were financed for this August 2013 campaign. The town criers provide messages on the launch of the campaign, the days, hours, and locations where treatment will be available for each respective community, information about the diseases associated with the treatment, and what to do if a serious adverse event is encountered. The community radio stations provide messages at certain times each day or each week about the diseases being treated, the frequency of the campaigns, the distribution strategy, and the eligible population for the different drug packages.

In terms of tools, and given the organization of the early campaign in Mayayi and Guidan Roumdji, an initial delivery of dose poles and distribution and summary registers was made in August 2013 (2131 distribution registers, 96 summary registers, 2131 Zithromax dose poles, and 2131 Mectizan dose poles). The second delivery is planned for September 2013 for the MDA planned for October 2013.

The IEC methods described above are not new, but the messages are revised and improved each year based on feedback during the previous campaign.

5. Supervision

During the reporting period, two supervision and technical support teams at the central level of the region of Maradi were deployed for the campaign in Mayayi and Guidan Roumdji. These teams had to support the region, the two districts and the CSIs in implementing this campaign and conducted supervision at all levels. For the regional FOG, the number of days of supervision went from two to three days per drug package distributed.

During the various surveys conducted, supervision was also implemented from the MSP central level and HKI.

During supervision, proper use of drug measuring tools (Zithromax syrup), filling out registers, using dose poles and the CDD/population ratio were verified using supervision guides at all levels. The number of consecutive years of administration (i.e. years of administration recommended by WHO) were also met before conducting impact assessments for the various diseases.

The program has found that targeted supervision in difficult or problematic areas helps to quickly identify and fix bottlenecks as fast as possible. The supervision teams communicate any issues discovered very quickly via telephone to the district or regional NTD focal point and these individuals work with the necessary channels to help fix the problem.

We hope that heightened supervision and improved capacity building for health center staff and CDDs will improve the quality of data collection and interpretation for better decision making. During the reporting period, we have improved supervision through increasing the number of days from 2 to 3 per drug package by both the regional and district level.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.

6. Supply Chain Management

HKI along with JSI and ENVISION supported the national schistosomiasis and STH control program (PNLBG) for the praziquantel forecasting for the next campaign. The national program for the elimination of onchocerciasis and LF (PNDO/EFL) received support from HKI in ordering ICT cards.

The current training procedures in supply chain management for all stakeholders will be revised during FY14 over several phases with technical support from JSI. The current objectives, conducted in three phases, are found in the terms of reference for these activities are below:

Phase I:

•Understand the current supply chain management system used for NTD control and elimination programs in Niger and the different actors involved at the various levels.

•Evaluate and improve the current Standard Operating Procedures (SOPs) and training materials that are in place for use in training staff in NTD supply chain management (SCM).

•Understand the national procedures and capacity for disposing of expired medicines and empty bottles.

Phase II:

•Provide technical assistance during the regional-level trainings of health workers

•Evaluate the data collected on drug inventory that is shared between the CSI and villages; the districts and the CSI; the region and the districts; the national level and the regions; and make recommendations for improvement in data sharing and accuracy.

Phase III:

•Evaluate and improve the SCM data collection tools and establish inventory management reports.

•Ensure the security of medications, particularly surrounding the requirements and standards of drug storage.

•Refine the current procedures in place for the movement of drug inventory across the various levels.

A physical inventory of NTD drugs was conducted for all health districts in Niger in June-July 2013. All drug stock at the CSI level has not yet been quantified and the current inventory results will be updated accordingly once the inventory is finished. So far, there have been great differences found between previous knowledge about drug stocks and expiry dates. The final inventory will be shared with FHI360 once it is complete.

7. Program Monitoring and Evaluation

Several impact studies took place during the reporting period:

- A trachoma sub-district impact survey was conducted in the health district of Tillabéri. Final results will be included in the workbooks once available.

- Pre-TAS survey in the health districts of Madarounfa, Guidan Roumdji, Mayayi, Dakoro, Aguié, Téssaoua, Madaoua, Tillabéri and Boboye

For LF, a Pre-TAS survey was conducted in the regions of Maradi (Aguié, Guidan Roumdji, Madarounfa, Mayayi, Tessaoua and Dakoro), Tahoua (Madaoua), Tillabéri (Tillabéri) and Dosso (Boboye). A supervision mission was sent to the region of Dosso 18 August 2013 to participate in the training of surveyors and in data collection. Training for surveyors took place 19 August 2013 with participants from Tillabéri and Dosso. For each region, the focal point from the district and laboratory assistants from the district hospitals (Tillabéri and Boboye) took part in this session offered by the central level (PNDO/EFL and MSP). This training lasted one day. Two villages were selected per district (one control site and one sentinel site).

The TAS planned in FY13 in 8 districts (Tahoua, Illéla, Keita, Bouza, Konni, Téra, Say and Kollo) is planned for September 2013 if we receive the ICT cards. If the results from the TAS will be below the critical cut off values determined by WHO, these districts will no longer administer drugs for LF.

- STH/SCH impact survey in Tahoua region and the districts of Agadez and Tchirozérine

With the goal of realigning the WHO strategy, the PNLBG conducted an STH/SCH assessment survey in July 2013 in the regions of Tahoua (eight districts) and Agadèz (Agadèz and Tchirozérine); it should be noted that 4 out of 42 districts (Diffa, Mainé Soroa, N'Guigmi and Arlit) still need to be covered (a survey is planned for FY14).

As far as post-endemic surveillance for integrated NTDs, the Ministry of Health (MOH) is currently considering how to integrate NTD surveillance into overall disease surveillance within the Department of Surveillance and Epidemic Response.

8. Short Term Technical Assistance

In the context of strengthening the capacities of staff responsible for managing NTD drugs, we have requested technical assistance from JSI for a situation analysis of drug management and development of training modules.

9. Government Involvement

The Government of Niger has always regarded MDA for control of NTDs as an activity with a high impact on communities. The NTD activities have historically been scheduled in the Ministry's Annual Action Plans and are evaluated like all other MSP programs. In terms of the MSP's organizational chart, a formalized structure that oversees NTDs exists down to the district level. In 2011, the MSP organized a national forum on NTDs, whose main goal was to instill community ownership of mass administration of NTD drugs. Recommendations from this forum have yet to be finalized).

10. Proposed Plans for Additional Support to National NTD Program

Under the national eye health program (PNSO), there is an effort underway to support the full SAFE strategy in trachoma endemic areas through the trachoma elimination program and the Village Hydraulic Program which is focused on increasing water access. As noted above, the PNSO receives support from HKI and the Carter Center to fully support SAFE – this includes the national school health curriculum for trachoma education and behavior change communication targeting primary school children, radio messaging to promote face washing and environmental improvement, and the construction of latrines.

Morbidity management plans of the National NTD Program includes the development and intensification of the existing partnership with partners such as The Carter Center (trichiasis surgery) and RISEAL/SCI (hydrocele surgery). Another partnership with the President's Special Program still needs to be renewed, depending on the country's political situation – previously the President's Special Program supported hydrocele and trichiasis surgery..

11. Lessons Learned

There are many areas for improvement that have been identified for strengthening SCM based on experiences in FY13, and it is recommended that the following points be reinforced in FY14:

- Understand the current SCM system used for NTD control and elimination programs in Niger and the different actors involved at the various levels;
- Evaluate and improve the current SOPs and training materials that are in place for use in training staff on SCM for NTDs;
- Understand the national procedures and capacity for disposing of expired medicines and empty bottles;
- Provide technical assistance and build the drug management capacity during the regional-level trainings of health workers;
- Evaluate the data collected on drug inventory that is shared between the CSI and villages, the districts and the CSI, the region and the districts, the national level and the regions and make recommendations for improvement in data sharing and accuracy;
- Evaluate and improve the SCM data collection tools and establish inventory management reports ;
- Ensure the security of medications, particularly surrounding the requirements and standards of drug storage ; and
- Refine the current procedures in place for the movement of drug inventory across the various levels.
- In terms of integrating activities, it should be noted that vector control activities (against mosquitos) that were already integrated into the Malaria Program bring gains to LF efforts.

Some activities related to water and the environment has also been integrated into the Department of Public Hygiene and Health Education of the MSP.

12. Major Activities for the next six months

- Physical inventory of drugs (to be completed in October 2013).
- TAS (as soon as ICT cards are received).
- Revision of communication tools and diffusion of television and radio spots (October 2013).
- Training of CSI managers and CDDs (October – November 2013).
- Delivery of drugs and tools in districts and CSIs (October – November 2013).
- Drug administration in 33 health districts (November – December 2013).
- District, regional and national level supervision of MDA (November – December 2013).
- Finalization of the drug order for the FY15 MDAs (different timetables depending on the drug donation program/procurement program).

Sierra Leone

During the reporting period the neglected tropical disease program (NTDP) annual review meeting was held with participation of district health management teams (DHMTs) from all the 14 health districts (HDs) and partners to review the previous year's neglected tropical diseases (NTDs) activities. This was followed by fiscal year (FY) 14 NTDP work plan process which began with a series of macro planning meetings. At the macro planning meetings, target populations for all HDs were agreed, and recommendations and lessons learnt from the review meeting were discussed and transformed into a working document. The work plan was developed with participation of the Family Health International360 (FHI360) NTD Technical Advisor and Senior Monitoring and Evaluation (M&E) officer; the Helen Keller International (HKI) Regional NTD Technical Advisor, NTD Program Manager Sierra Leone and other HKI Sierra Leone Country Office Staff. Recommendation from micro planning meetings held at the district and community levels by various stakeholders were used to make concrete program decisions during macro planning meetings at the national level.

Advocacy and social mobilization meetings to get the support and commitment of stakeholders for mass drug administration (MDA) for schistosomiasis (SCH) in seven HDs, Lymphatic filariasis (LF)-onchocerciasis-soil transmitted helminthes (STH) in 12 HDs and LF-STH MDA campaign in the Western Area (WA) were held in district head quarter towns, and in various communities in Rural and Urban WA respectively. The participants included, amongst others, council chairmen, ward councilors, religious and traditional leaders, leaders of market women associations, the teachers union, the motor cycle riders, the security group, and Youth and Women's organizations.

Refresher training sessions were conducted for 69 supervisors and 475 peripheral health unit (PHU) staff for SCH MDA in 7 HDs; and 39 DHMT members for lymphatic filariasis-onchocerciasis-soil transmitted helminthes (LF-Oncho-STH) MDA in 12 HDs. Refresher training sessions were also conducted for 150 PHU staff for the LF-STH MDA campaign in WA targeting 1.6 million people. Refresher training sessions were started for 1,085 PHU staff for LF-Oncho-STH MDA that is targeting 4 million individuals for LF-STH MDA in 12 HDs, 2.6 million people for onchocerciasis MDA in 12 HDs, and 1.2 million school aged children (SAC) and 1.4 million at-risk adults for SCH in 12 HDS. More refresher trainings for community directed distributors (CDDs) will be conducted in the next six months, which will be covered in the next semi-annual report.
MDA for SCH was conducted in 7 HDs treating 493,171 SAC and 1,258,087 special at risk adults reaching national coverage of 81 % and 80 % respectively. MDA for LF and STH was conducted in rural and urban WA from 10-14 October 2013 targeting 1.4 million people using the National Immunization Day (NID) Strategy approach with community-based and fixed distribution points.
In the bid to improve the supply chain management (SCM) of NTD drugs and with technical assistance (TA) from John Snow Incorporated (JSI) district-level trainings of trainers (TOT) for all

districts pharmacists and NTD focal persons on standard operating procedures (SOPs) was conducted during the period under review. On-the-job training was also provided to the NTD warehouse Manager on the SOPs including international warehouse procedure standards.

A pre-transmission assessment survey (Pre-TAS) was conducted in 12 HDs during the reporting period and the laboratory work is currently in progress. Based on the results of the Pre-TAS, TAS will be conducted in the last quarter of FY14 to assist with a policy decision about the cessation of MDA and the commencement of post-MDA disease surveillance. To further prepare for TAS in 2014, the Program Manager and the M&E Officer of the NTDP and the HKI Regional NTD Advisor attended the TAS training organized by WHO in July 2013 in Harare, Zimbabwe. To ensure sustainability and help to prevent recrudescence of the diseases, the NTDP and partners will continue to advocate to the Ministry of health and Sanitation (MoHS) to include NTD surveillance in the national disease surveillance system.

As part of the efforts to meet elimination targets, the MoHS/NTDP and NTD partners will host the next Mano River Union (MRU) meeting in Sierra Leone in October 2013 to discuss the risk of cross border recrudescence of diseases and other essential components of the post-elimination strategy.

1. MDA Assessments

Pre-TAS for LF in 12 HDs has been completed and the laboratory work is in progress in the NTD laboratory in Makeni.

2. Changes in MDA Strategy

There has been no change in the overall and district-level MDA strategies based on disease-specific assessments.

3. Training

Training sessions conducted during the period under review have been updated in the program workbook.

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

Information, Education and Communication (IEC) materials reproduced during this reporting period include 50 integrated training manuals for PHU staff and 3200 Frequently Asked Questions (FAQs) sheets on LF for MDA LF WA.

Presentations:

- Annual NTDs review meeting 19th April 2013.

Poster presentations on:

- Independent monitoring of MDA, evaluation of PHU staff training and community sensitization meetings for MDA SCH in 7 Districts conducted in 2012.

- Independent monitoring of MDA, evaluation of PHU staff training and community sensitization meetings for MDA LF-Oncho-STH 12 districts conducted in 2012.
- Cross border management of the NTDP in Sierra Leone.
- TOMS shoes distribution program for CDDs and their children in 12 HDs.

Publications:

Koroma JB, Sesay S, Sonnie M, Hodges MH, Sahr F, et al. (2013) Impact of Three Rounds of Mass Drug Administration on Lymphatic Filariasis in Areas Previously Treated for Onchocerciasis in Sierra Leone. PLoS Neglected Tropical Diseases 7(6): e2273. doi:10.1371/journal.pntd.0002273.

Abstract Submitted for 62nd ASTMH in November 2013:

Independent monitoring of MDA for SCH confirms high coverage but highlights gaps in knowledge among health workers and community leaders.

Santigie Sesay, Florence Max McCarthy, Abdulai Conteh Mary Hodges, Jusufu Paye, Mohamed S Bah, Mustapha Sonnie, Mohamed Turay

Exploring Traditional Beliefs Affecting Elephantiasis (Lymphatic filariasis) Prevention in Sella Limba Chiefdom, Bombali District – Northern Sierra Leone. Mustapha Sonnie, Ruth Cross, Mary Hodges, Emily Heck Toubali, Yaobi Zhang, Santigie Sesay.

5. Supervision

During the reporting period, funds were made available to the national NTDP for regular maintenance of their vehicles to enhance their capability to supervise activities at all levels, including supervision of hard-to-reach communities. At district level, funds were provided in the DHMTs budgets to cover the cost of hiring motorcycles and providing fuel to aid effective supervision by the NTD focal persons. Furthermore, at PHU level, the cost of transportation for PHU staff to cover her/his catchment communities was also included in the budget in addition to transportation costs for training of CDDs and MDA campaigns.

In adherence with World Health Organization (WHO) guidelines and MoHS regulations HKI held regular meetings with the NTDP. With TA from JSI the NTD focal persons and district pharmacists were trained on SOPs for drug supply. The objective of this training was to make sure that consistent information that is in line with WHO standards were followed.

MDAs conducted during the reporting period were supervised at district and community levels. At district level the DHMTs and staff from NTDP and HKI supervise the MDA, whilst at community levels, DHMTs and community leaders supervise the MDA. The NTDP and HKI do also conduct supportive supervision of MDA campaigns at community level. In addition to supportive supervision, independent monitors, selected largely from the SLPB, Statistics Sierra

Leone, University of Sierra Leone and Njala University conducted end-process monitoring of SCH MDA. The result of the end-process monitoring was 73% program coverage. The Independent monitoring report was 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 during the course of the MDA helped to identify any shortcomings such as drug shortage and delay in distribution. During supportive supervision hard to reach communities were selected and supervised during MDA.

6. Supply Chain Management

The SCM activities that were implemented during the period under review includes: distribution of logistics, materials and drugs for MDA SCH in 7 HDs and MDA LF-STH WA.

Praziquantel (PZQ) for MDA SCH in 7 HDs arrived during the period under review and was cleared from the airport and stored in the NTD warehouse in Makeni. At the NTD store in Makeni quantification of the drug was done and the quantity received was the same as that specified on the airway bill. No drug was found damaged. The drugs were distributed to the various DHMTs and the PHUs very close to MDA which took place in June 2013.

The ivermectin for MDA LF-Oncho-STH in 12 HDs and MDA LF-STH in the WA also arrived during the reporting period. It was cleared from the Airport and taken to NTD store in Makeni, quantified and stored. The albendazole for MDA LF-Oncho-STH in 12 HDs and MDA LF-STH in the WA also arrived in Freetown, was cleared from the Quay and transported to the NTD drug store in Makeni. These drugs are supplied to the various DHMTs based on the district CDDs census data or the estimated population in the various zones in the WA. Distribution was done for the MDA WA and the same will be done for the LF-Oncho-STH MDA in 12 HDs. The DHMTs in-turn will supply the various PHUs based on the CDDs census data compiled for each PHU, and the PHUs to the CDDs in the various communities based on their eligible village census data.

Following MDA, the remaining drugs will be 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 will be distributed to the various DHMTs and onwards to the community based on the CDDs population census and needs.

There was no problem with custom clearance and importation of drugs during the period under review. PZQ, albendazole and ivermectin that arrived in country were cleared within the stipulated period and transported to the NTD drug store in Makeni without any delay. Once drugs are in the NTD store there are little or no issues in distributing them as long as the necessary logistics are available including vehicles, fuel and overnight allowances for NTDP and NTD focal person at district level. There has not been any issue with expiration or wastage of

drugs. Drugs with date very close to expiration period are first distributed and used in preference to those with longer period of expiration.

Waste management has not been an issue. The empty cups following the use of the drugs are in high demand by the community people and are reused for domestic purposes such as storage of salt, palm oil (bigger tins), drinking of palm wine, etc. The empty cups are first of all cleaned and labels removed before being reused.

With TA from JSI, district-level TOTs were conducted for all districts pharmacists and NTD focal persons on the SOPs for SCM in May 2013 to better improve the SCM system. On-the-job training was also provided to the NTD warehouse Manager on the SOPs for SCM including international warehouse procedure standards.

HKI and NTD partners will continue to advocate for the NTDP to recruit an additional staff at the NTD store. This will be helpful to the present NTD warehouse manager who is close to retirement.

All NTD drugs arriving in the country are cleared through customs by WHO. After the drugs are cleared through customs, they are immediately taken to the NTD drug store in Makeni using NTDP vehicles. Based on the eligible population for each district and nearer to the beginning of MDA, the drugs are then transported to the District Medical Store using NTDP vehicle. In general these drugs remain at the district drug stores in the custody of the district pharmacists. The PHU summary census data is used to distribute the drugs to the various PHU by the DHMTs. The PHUs, in turn, distribute the drugs to the CDDs using the eligible village CDD census data.

A constraint at the various DHMTs is the lack of functional vehicles to transport drugs to the various PHUs. Most of the vehicles supplied to the DHMTs in past years have broken down, making it difficult to distribute drugs in a timely manner. To solve these problems, motor bikes and boats are normally hired for MDA activities which will help focal persons transport drugs where there is a vehicle constraint. The table below provides summary information on management of NTD drug supplies.

7. Program Monitoring and Evaluation

The program and disease workbooks have been completed and submitted with this report. In addition to the independent monitoring conducted for SCH, M&E tools including questionnaires were administered to PHU staff, community leaders and household individuals to assess the level and extent of the NTD activities completed during the reporting period and to explore possible reasons for noncompliance regarding PZQ refusals. Furthermore, to improve on the M&E a 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 interviewed. During independent monitoring of the SCH MDA, 30 normal clusters were randomly selected according to probability proportionate to size and 30 hard to reach clusters 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 to give overall coverage estimates.

8. Transition and Post-Elimination Strategy

The NTDP conducted a Pre-TAS in 12 HDs during the reporting period and the laboratory work is currently in progress. Based on the results of the Pre-TAS, TAS will be conducted in the last quarter of FY14 to assist with a policy decision about the cessation of MDA and the commencement of disease surveillance. A TA was requested and approved in the FY14 work plan to help with the training of technicians on the TAS protocol. Post-MDA surveillance activities for LF will start after the TAS results are out and in the districts where MDA will be stopped. To further prepare for TAS in 2014, the Program Manager and the M&E Officer of the NTDP and the HKI regional NTD advisor attended the TAS training organized by WHO in July 2013 in Harare, Zimbabwe.

Meanwhile NTDP will continue to advocate to the MoHS to include NTD surveillance in the national disease surveillance system. This will ensure sustainability and help to prevent recrudescence of the diseases. In a bid to meet elimination targets, the MoHS/NTDP and NTD partners will host the next MRU meeting in Sierra Leone in October 2013 to discuss the risk of cross border recrudescence of diseases and other essential components of the post-elimination strategy. Transition and post-elimination strategies are a key element in the new Integrated NTD 5 year Master Plan (2011-2015).

As part of plans to ensure government ownership and sustainability of the NTDP during the period under review advocacy meetings were held with stakeholders in the districts to ensure continued commitment from the district councils, most importantly for the district councils to include a budget line for NTDs in their council budgets and ensure practical disbursement of allocated funds. However, this has not been achieved. Even the budget line that has been created by the MoHS for the administrative cost of the NTDP is sometimes not disbursed or is disbursed very late. The next step is to continue this advocacy with more assistance/support from donors. It is hoped that this will yield better results.

9. Short Term Technical

During the reporting period the NTDP received TA from JSI on SCM to develop SOPs and a training curriculum on key SCM topics. The TA provider trained the DHMTs on the content of the SOPs so they could serve as trainers of the material to PHU staff. The TA also included on-the-job training of the NTD Warehouse manager. However, due to the limited time that was

available to finalize the SOPs and the training curricula, which was also used to train the DHMTs, it was felt that more time is needed to conduct proper TOT of the DHMTs on the SOPs and the training curricula in FY14. HKI is yet to receive the report of this TA from JSI. In FY14 additional TA will be provided by JSI and will also include on-the-job training of the NTDP central warehouse manager in Makeni to ensure the continued application of internationally recognized standards of warehouse management and the development of a curriculum tailored for the needs of the DHMTs to teach the PHU staff, which can be done remotely.

10. Government Involvement

Several coordination meetings were held during the reporting period to discuss activity implementation plans, budgets, targets/beneficiaries, and agenda for meetings. These meetings were held at both central and district levels. At central level the participants included staff from NTDP, HKI, Sightsavers and WHO and at district level the participants were from DHMTs. No task force meeting was held during the reporting period.

A new staff member was transferred to the NTDP during the period under review. The staff Ms. Sama Sesay is a public health nurse by profession and until her relocation to NTDP she was attached to the national malaria control program of the MoHS. Ms Sama Sesay will serve in the capacity of national supervisor for the NTDP.

During the reporting period advocacy meeting to get government commitment was conducted at the district level targeting mayors, members of district councils, paramount chiefs, and at the community level targeting community leaders, religious leaders, and youth groups. These stakeholders continue to pledge their support to the NTDP and demonstrated their commitment by attending NTD events/activities. However they are yet to translate these commitments into budget lines for NTDs and disbursement of those funds to the program. Although the Government of Sierra Leone (GOSL) continues to meet its obligation to pay NTD staff salaries and other administrative expenditures the disbursement of funds for direct implementation of NTD field activities remains a challenge.

11. Proposed Plans for Additional Support to National NTD Program

Efforts are being made for NTDP to join the water, sanitation and hygiene (WASH) consortium. For NTDP to achieve the control of STH and the new WHO mandate to eliminate SCH there is the need for collaboration with the WASH consortium through the National School and Adolescent Health Program (NSAHP). Improving WASH in SCH and STH endemic districts is essential to maintain the gains already achieved. The NTDP and NSAHP with support from UNICEF will work together to integrate messages on SCH and STH control/elimination.

During the reporting period Johnson and Johnson funded 16 hydrocele surgeries. The current backlog of hydrocele patients requiring surgery is estimated at 3,600 costing about 265,787 USD.

12. Lessons Learned/Challenges

MDA LF-STH WA was a challenge in 2012 due to heavy downpour of rain experienced during most days of the campaign. As a result additional days were added to allow the DHMTs to 'catch up' using mopping up teams. It has been suggested that the LF - STH WA campaign be pushed to the last week of September during which it is expected that rainfall would be minimal. The October– November timeline for MDA in the 12 HDs is still the most convenient timeframe for CDDs to volunteer their services and has been put forward as the recommended timeline by the MRU secretariat. This timeframe was slightly altered last year due to the national elections. The provision of TOMS Shoes to the CDDs and their children as a form of incentive was well received by the CDDs and their communities. It is hoped that the shoes will serve as a great motivation for the CDDs to continue to volunteer their services and it will also serve as good motivation and helps the PHU staff and the communities to benefit from their collaboration with the NTDP.

13. Major Activities for the next six months

The objective for the next six months is to provide results of the MDA-LF WA conducted in September 2013 and conduct MDA for LF-Oncho-STH in 12 HDs November - December 2013.
The activities will include:

- Trainings:
    - MDA for LF-WA for community health workers (CHWs) – October 2013.
    - MDA for LF-Oncho-STH in 12 HDs CDDs –October 2013.
- MDA LF-STH campaign in the WA October 2013.
- MDA LF-Oncho-STH in 12 HDs – November- December 2013.
- Independent monitoring for LF MDA in WA and LF-Oncho-STH in 12 HDs - November 2013 - January 2014.
- Annual cross-border NTD meeting of MRU countries in Freetown, 16-17 October 2013.
- Collection, analysis, reporting of LF-STH WA MDA campaign and MDA LF-Oncho-STH in 12 HDs in November 2013 and January 2014 respectively.
- NTD review meeting with DHMTs and partners in March 2014.

Togo

Every year, the Togo Ministry of Health (MOH) makes great strides in improving the timeliness and quality of its integrated neglected tropical disease (NTD) activities, and this year was no exception. During this period, the Togo MOH implemented a nation-wide integrated mass drug administration (MDA) to treat onchocerciasis, schistosomiasis, and soil-transmitted helminths (STH) in May and developed plans for the second round of treatment that will take place in October. Also during this period, the lymphatic filariasis (LF) coordinator implemented a nation-wide morbidity management training program and FHI 360 provided technical assistance (TA) to the MOH's Onchocerciasis Program in the form of a program review. Finally, the MOH, in collaboration with Health & Development International (HDI), wrote up the results of the Coverage Survey performed in November 2012, submitted drug orders for the coming fiscal year, and developed a new Integrated NTD Work Plan.

In May 2013, the MOH implemented their third nation-wide integrated MDA to treat onchocerciasis, schistosomiasis and STH. Medications (ivermectin, praziquantel, and albendazole) were provided to school-aged children and some adults via a community-based, house-to-house distribution platform. Community drug distributors (CDDs) distributed medications according to local disease prevalence, per World Health Organization (WHO) guidelines. In preparation for the MDA, the MOH organized supervisor training sessions in all five geographic regions in early April 2013, followed by training of the nurses, and culminating in the CDD training. The MDA began on April 29th and continued until May 27th, 2013. The drug distribution report forms were collected from all of the districts in July 2013 and data entry occurred in late July through August 2013. Data analysis is ongoing and results will be available shortly. Overall, we expect the data will demonstrate high treatment coverage and minimal drug losses.

Planning for the second round of MDA that will take place in October 2013 has begun in earnest. The second round of treatment will be delivered to areas with high rates of STH (4 districts, funded by USAID) and/or onchocerciasis (11 districts, funded by the MOH/Sightsavers). According to USAID regulations, the subgrant process for MDA implementation has been replaced by Fixed Obligation Grants (FOGs), so we have developed FOGs to be used in the October 2013 MDA. FHI 360 provided FOG management training to HDI and the MOH in September 2013. The MOH has developed drug distribution plans and is ready to implement the MDA.

During the past six months, the LF coordinator has conducted morbidity management training sessions with over 500 nurses in 35 districts. Although LF transmission has been interrupted in Togo, the long-term morbidities associated with LF infection persist in the population. During these morbidity management training sessions, the LF coordinator taught peripheral health unit (PHU) nurses healthcare providers how those afflicted with lymphedema or elephantiasis can

manage their symptoms and minimize complications and progression of the disease. The nurses then contact afflicted individuals through the PHUs or through community health workers. By providing management strategies to those who suffer from what can be a truly debilitating illness, these healthcare providers are strengthening the NTD control efforts in the country, and helping those who are afflicted. The LF coordinator accomplished all of her stated goals for the activity, and we will seek outside funding for her to continue this important work.

Recently, FHI 360 traveled to Togo to provide TA to the MOH Onchocerciasis Program. The Onchocerciasis Program has implemented a number of strategies (e.g., vector control, mass treatment with ivermectin) to control onchocerciasis in Togo over decades. A comprehensive program review that included a history of onchocerciasis control activities, as well as documentation of their current activities and ways to improve onchocerciasis control in the future are the desired outputs of the TA. The TA is continuing and a report for this activity is expected in November 2013.

A Coverage Survey was implemented in November 2012 by the MOH. Ordinarily, we rely on CDD report to determine treatment coverage, but this is dependent on accurate calculations by CDDs of their local populations, as well as their accuracy in reporting distribution of medications. In order to independently determine the treatment coverage in Togo, as well as identify ways to improve the integrated NTD program, the MOH implemented a Coverage Survey four months after a nation-wide MDA. The Coverage Survey included questions about whether individuals in the household were visited by a CDD, took medication, or were shown the educational flip chart, as well as some general knowledge about specific NTDs, among other questions. If they did not take the medication, they were asked why they did not take the medication. The results of the Coverage Survey demonstrate that treatment coverage is high in Togo for all medications; however, there was one district with consistently lower surveyed coverage than reported coverage. That district will be targeted for improved training and supervision during future MDAs. In addition, the MOH learned that the flip charts are underutilized by the CDDs, and future trainings will be adjusted so that the use of the educational flip charts is emphasized. Finally, there were some interesting findings regarding gender differences in the coverage survey (coverage of men and boys was higher than that of women and girls for some drugs in some areas) that require additional exploration in the most recent MDA data, and potentially will require adjustments to training sessions so that more equitable distribution is achieved.

Finally, the MOH has worked with HDI to develop a new Work Plan and generate drug orders for the upcoming fiscal year. Overall, this has been a highly successful six-month period. Although the final treatment numbers have not yet been calculated for the recent nation-wide MDA, we expect that the coverage was excellent and look forward to continued on-time and on-budget activities.

1. MDA Assessments

All workbooks have been updated with the most recent information.

2. Changes in MDA Strategy

- All districts Schistosomiasis: Expanded treatment strategy to include treatment of school-age children in low prevalence areas twice during primary school. This change follows WHO recommendations
- Yoto, Est Mono, Oti, Tandjoare STH: Addition of second round of treatment in highest prevalence districts. This change follows WHO recommendations.
- All districts STH: Addition of women of child-bearing age to target groups, with albendazole donation from UNICEF. This change follows WHO recommendations.

3. Training

Most of the individuals trained during this period were trained in preparation for the nationwide May 2013 MDA. The individuals listed under 'other' were trained as part of a nation-wide lymphedema management training program. A small FOG management training also occurred at the central level in September 2013. Workbooks have been updated with training data.

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

During the May 2013 integrated MDA, town criers were used to publicize the campaigns. Due to the new WHO requirements for gender-disaggregated data, the Togo MOH revised the registers and data collection instruments substantially and reprinted these documents for the May 2013 MDA. At this point, all of the community drug distributors (CDDs) have dose poles and educational flip charts that can be reused every year. In order to publicize the MDA, we hired a journalist to write a story about the MDA, and we developed radio spots (in French, as well as nine different local languages) to encourage individuals to participate in the MDA.

5. Supervision

The Togo NTD Program conducts training and supervision using a cascade approach. Each level trains and supervises the next lower level, from central to region-, district-, and finally to the PHU-level. During MDA activities, drugs are delivered to each level, and ultimately reach the CDDs. After the MDA is complete, CDDs 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 or 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 (SCM) continues to strength the Togo program. Drug requests are calculated and submitted in a timely fashion. All drugs for the May 2013 MDA were received well in advance, and were delivered to the regions according to a drug distribution plan that was generated collaboratively by the Togo MOH and HDI. Once in the regions, the drugs are then distributed to the districts and PHUs. At each step of the process, the number of drugs being distributed was documented and inventory forms were signed. Once the MDA was completed, the remaining drugs, as well as the reporting forms, flowed back up the chain from CDD to PHU, district, region, and ultimately back to Lomé. At each step, drug distribution records were checked against the number of drugs received, and any losses were documented. During the Spring MDA, losses and wastage were minimal (~1%).

In April 2013, the HDI program manager and a JSI representative traveled to the Northern district of Tandjoaré to observe a supervisors' training session. The JSI representative provided SCM-related guidance and feedback on the Togo-specific integrated NTD program processes he observed. Specifically, he recommended some opportunities for training the MOH and HDI staff responsible for SCM, as well as including lot numbers on the inventory forms. Prior to the April visit, preliminary SCM drug management standard operating procedures (SOPs) were shared with HDI by JSI, and these were very useful when revising the training manuals in advance of the MDA trainings. We look forward to receiving future versions of these documents, as these provided clear guidance regarding how to best manage supplies and can be adapted to fit the Togo NTD Program's needs.

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.

7. Program Monitoring and Evaluation

We have updated the workbooks with the most recent information. The Togo MOH is continuing to use the existing monitoring and evaluation (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 May 2013 MDA numbers, once those are available. The Coverage Survey results indicate that coverage is quite high in most areas, but there is room for improvement. For example, the flip charts were not used as much as they should have been; the educational component of the activity should be highlighted in the MDA trainings. In addition, discrepancies between reported coverage and surveyed coverage indicate that improved training and supervision in some geographic areas is needed.

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, which it updated

during a Stakeholder Meeting held in March 2013. In addition, the MOH is taking on additional responsibility for management and analysis of the Integrated NTD Program data. The NTD program previously did not have the albendazole to treat women of child-bearing age for STH as recommended by the WHO, so the Togo MOH successfully identified UNICEF as a donor of albendazole for these women, and this donation was received from UNICEF and distributed to the community in May 2013. In addition, the MOH led the charge to revise the registers and reporting forms to provide the 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 (TAS) in 2015 and obtain WHO certification of LF elimination. 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, and is currently participating in TA provided by FHI 360 to determine the best way forward to effective treatment, prevention, and ultimately, elimination of onchocerciasis in Togo.

9. Short-Term Technical Assistance

During this period, the Togo MOH received TA for SCM and FOG management, as well as Onchocerciasis Program review.

SCM: A JSI consultant observed two MDA trainings in early April 2013 and provided feedback on the SCM plans. In addition, JSI shared some SCM SOPs that were helpful as we revised the training manuals in preparation for the May 2013 MDA.

FOG: Two FHI 360 consultants trained HDI and the Togo MOH on FOG management in September 2013.

Program Review: FHI 360 is currently providing assistance with reviewing the Togo MOH Onchocerciasis Program activities to identify lessons learned and to develop a path to elimination of onchocerciasis. The Onchocerciasis Program review is ongoing, and the trip report is not yet available.

10. Government Involvement

The government of Togo 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 May 2013 MDA implementation and October 2013 MDA preparations. The MOH recently organized the annual Work Plan meeting and participated actively in developing the Work Plan for FY2014 and Budgets for FY2014-FY2015. The Togo MOH is also developing their data management and analytical capabilities; MOH staff members were entirely responsible for entering and cleaning the May 2013 MDA data and analysis is currently underway.

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 WHO to successfully obtain the MDA medication and with the Onchocerciasis Program to implement integrated 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, such as the MOH Water and Sanitation Program, and we have plans to incorporate water and sanitation messages into the existing flip charts used by the CDDs.

The Togo MOH was grateful to receive funding for lymphedema morbidity management in Togo this year. The Togo MOH used this money to implement 35 training sessions led by the LF Program Manager. She trained over 600 nurses to implement morbidity management activities in their PHUs. Although LF transmission has been interrupted throughout Togo, the long-term burden of lymphedema remains a problem throughout the country. The benefits of morbidity management have been widely recognized and have been implemented on a large scale with the generous support of USAID. This activity 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 and to continue the morbidity management trainings in the upcoming year.

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 reported MDA performance at each public health unit and identify underperforming areas in order to provide enhanced supervision and training. The Coverage Survey was informative, in that it allowed for comparison between reported MDA treatment and surveyed treatment coverage. Many of the areas surveyed had similar coverage rates between the standard MDA reporting methods and the coverage survey, although there was one area (Tandjoaré) with surveyed coverage rates that were markedly lower than reported rates. Future

MDA trainings in Tandjoaré will require additional oversight by central MOH officials in order to improve the quality of this activity through improved training and supervision. Utilization of the educational flip chart as reported by the coverage survey was low; future trainings should emphasize the importance of the educational messages as part of the integrated MDA activity.

The success of the Togo program is due, in part, to the years of experience the country has had in developing budgets and managing funds and medications. The Togo MOH has developed expertise in these arenas, and HDI has assisted by submitting accurate and timely monthly financial reports. Since we spend most of our budget during a brief period (one to two months), it can be challenging to manage the cash flow to Togo; however, FHI360 helped to maintain the cash balance in Togo for necessary activities while confirming that the balances on hand were not overly large.

13. Major Activities for the next six months

- October 2013 – Conduct MDA in high-STH-burden areas; Produce report of May 2013 MDA.
- November 2013 – Collect, enter, and analyze data from October 2013 MDA; Draft manuscripts of coverage survey, 2011 integrated MDA; Togo team participates in ASTMH meeting in Washington DC.
- January 2014 – Refine MDA training materials; Receive all medication; Initiate sentinel site surveillance for STH and schistosomiasis.
- February 2014 –Produce training materials for MDA; Conduct NTD Program stakeholder meeting; Incorporate WASH message into flip chart; Finalize MDA microplan and budget; Revise, produce, distribute messages for social mobilization; TIPAC implementation.
- March 2014 – Continue preparations for April 2014 MDA; Finalize Praziquantel application; Implement training of supervisors, nurses, and CDDs.

Ghana

During the reporting period the United States Agency for International Development (USAID) funded End Neglected Tropical Disease in Africa (End in Africa) project that is managed by FHI360 was implemented in Ghana by the Neglected Tropical Diseases Program (NTDP) of the Ghana Health Service (GHS) with support from Catholic Relief Service (CRS) Ghana. This report captures the activities implemented under the project from April 2013 to September 2013.

During this reporting period (April –September 2013), the program conducted training for GHS staff at the national and regional levels, as well as district trainings for supervisors and community volunteers for the implementation of community based Mass Drug Administration (MDA). Following these trainings, the program conducted community based MDA for Lymphatic Filariasis (LF), Onchocerciasis (Oncho), and Soil Transmitted Helminthiasis (STH) in 133 districts of Ghana. Results have been received from all districts and indicate that 7,571,549 people out of a targeted 9,733,949 were treated for LF and 3,111,717 people out of 3,045,553 were treated for Oncho.

A planned MDA for Schistosomiasis (SCH) and STH in May 2013 was suspended due to unavailability of Praziquantel (PZQ) in the country.

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

Capacity building for GHS finance staff was facilitated by Deloitte, a member of the END in Africa consortium, during the reporting period. The project also supported the development of an integrated annual work plan for FY2014 and also reviewed the SCH and STH control strategies with participation from partners.

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 and logistics for the implementation of the program countrywide. To facilitate program delivery, technical capacity and resources are also provided by the Government of Ghana.

Other donors that supported the MDA include Liverpool Centre for Neglected Tropical Diseases (CNTD), African Program for Onchocerciasis Control (APOC) and Sightsavers.

The main activities for the next six months (October 2013 – March 2014) include conducting two MDAs, one community-based in November 2013 for Oncho and the other community-based in March 2014 for LF and Oncho. The NTDP will work with FHI360 to train laboratory personnel within GHS on LF surveillance techniques and conduct Transmission Assessment Surveys (TAS) in 18 evaluation units (EUs) covering 45 districts. Surveillance activities for Trachoma will also be undertaken. Intra Country Coordinating Committee (ICCC) meetings are also expected to be held during the next reporting period.

1. MDA Assessments

MDA was carried out in 133 districts for LF and Oncho. The disease workbook for 2013 has been updated accordingly. Reports from all districts have been received. From the reports received, 7,571,549 people out of a targeted 9,733,949 were treated for LF and 3,111,717 people out of 3,045,553 were treated for Oncho.

MDA for SCH and STH was scheduled for May/ June 2013. Praziquantel (PZQ) shipment for this MDA was however delayed because the NTDP was unable to get a waiver from the Ghana Food and Drugs Authority (FDA) for the importation of the drug. It is a policy of the FDA that all medicines and medical devices entering the country should be registered and certified to be of the appropriate standard. In previous years, the FDA has given a waiver for praziquantel donations to the NTDP however this year it insists on the drug being duly registered. The registration process is long and has led to the suspension of the MDA while GHS works to get clearance for PZQ importation.

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

There has been no change in MDA strategy since the last semi-annual report. Table 2 below indicates current changes in MDA treatment strategy based on disease-specific assessments that have occurred in the past 5 years. This is reflected in the disease workbook accordingly.

Four LF districts have stopped MDAs after Transmission Assessment Survey (TAS) demonstrated break in LF transmission. In FY2013 TAS was planned to take place in thirty six (36) health districts (HDs) to determine whether to stop MDAs. However, this was not done due to unavailability of ICT cards for the exercise. Pre-TAS was conducted in other districts among which nine HDs had prevalence <1% and thus became eligible for the TAS. Therefore in FY2014 TAS will be conducted in a total of 45 HDs (36 plus 9).

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 in 6 districts still undertake MDAs because TF rate was above 5% in those communities. Seven of these communities will be carrying out the last of three annual MDAs in November 2013 while one community continues with MDA in FY 2014.

3. Training

The End in Africa Ghana project supported the NTDP to train GHS/MOH staff and volunteers for the implementation of community based MDA for LF, Oncho and STH in 133 districts during the reporting period. Table 3 below outlines the numbers of staff targeted and trained for the period.

A total of 19,436 persons were trained out of a targeted number of 49,650. The main reason for the shortfall is that the school aged MDA for SCH and STH scheduled for May 2013 was not carried out and as such trainings related to that MDA have not been done. Trainings were

mainly refresher but pharmacists from all 10 regional health directorates were trained, for the first time, to facilitate district trainings in their respective regions.

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 implemented as part of community mobilization and IEC.

Community Mobilization: The NTDP national level staff initiated and participated in 4 radio and 2 television discussion programs to highlight the activities of the program. These discussion programs were scheduled around the period of the MDA to raise public awareness and acceptance of MDA.

5. Supervision

The NTDP national level staff were put in teams and trained to supervise the ten regions. Each team was responsible for providing supportive supervision and monitoring for the 10 regions during the period of the MDA.

The supervision teams used a program-designed standardized monitoring checklist to ensure that all activities required for conducting a successful MDA were conducted. Tools for data collection were modified to reflect disaggregation by sex for persons treated. These tools were shared with all districts during the trainings conducted for the MDAs with national supervisors stressing the importance of their use for reporting.

The following major challenges were observed during the supervision:

- Volunteer fatigue and apathy – in some districts.
- Absence of any form of identification for CDDs.
- Absence of registers, poles and IEC materials in some districts.
- Inappropriate season for the distribution of drugs.

The program will take steps to address these challenges in subsequent MDAs.

6. Supply Chain Management

During the reporting period the NTDP conducted a physical inventory of NTD drugs at the Central Medical Stores prior to distribution of drugs and supplies to regions for MDA.

The standard operational procedures (SOPs) for supply chain management (SCM) developed by JSI was customized and included as part of the integrated NTD training manual. The NTDP used the customized NTD logistics manual to train regional and district pharmacists and dispensing technicians as part of regional MDA trainings. Table 4 below summarizes SCM issues as requested.

7. Program Monitoring and Evaluation

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

8. Transition and Post-Elimination Strategy

The Ghana program is implemented by the Ghana Health Service, the responsible government agency with management support from CRS Ghana and FHI360. MDA planning and implementation, as well as impact assessment surveys to determine disease elimination are led by the Ghana NTD Program

Night blood surveys (Pre TAS) have been completed in twenty one districts to determine their eligibility for TAS. The results from Pre TAS indicate that nine out of these twenty one districts evaluated qualify for TAS. This brings the total number of districts that have qualified for TAS to 45 out of the current 70 districts that are treating for LF. It is expected that TAS will be completed in all 45 districts by the second quarter of FY2014.

9. Short Tem Technical Assistance

Four Short term technical assistance (STTA) requests were made for FY2013. The status of each STTA is as follows:

Supply Chain Management Strengthening: This STTA was provided by JSI, a member of the END in Africa consortium responsible for SCM, based on supply chain issues identified from studying the NTDP and GHS supply chain. JSI had already developed a generic SOP for SCM that were customized by the Ghana NTD team to reflect the program specific procedures and reporting formats. Training materials have been developed based on the SOPs and were used in the training for the community based MDA.

TIPAC: Support for implementing TIPAC was provided by Deloitte a member of the END in Africa consortium responsible for finance and capacity building. The training on the TIPAC took place in January 2013 and was reported in the first semi-annual report.

Capacity Building in Financial Management: This STTA was requested based on the NTDP's Capacity building work plan developed in June 2012. Deloitte at first piloted a capacity building framework with the GHS and NTDP, to help NTDP staff and GHS officials analyse their financial management processes and systems, define gaps in performance and identify areas for improvement. The need to develop a finance strategy for the NTDP to improve financial sustainability was identified as a priority during this analysis. Deloitte is presently working with the GHS to develop an NTD finance strategy framework for which the following next steps have been identified:

- The establishment of an NTD Finance Steering Committee to oversee the implementation process and subsequent monitoring and evaluation (M&E).

- Work with the GHS to develop an implementation and evaluation plan to support the NTD finance strategy framework.
- Provide consistent mentoring and guidance to help the GHS implement the strategic interventions highlighted in the finance strategy framework including:
    - Capacity building in proposal writing and fundraising techniques.
    - Support the GHS to advocate for an increase in government contribution for NTD field activities.
    - Strengthen medium and long term forward projections of donor resources for NTDs.

Training for Laboratory Technicians: STTA was requested to build the capacity of laboratory staff in specimen collection, preparation and reading for LF, SCH, STH and Oncho assessment surveys. A clear plan for the capacity building activities has been worked out including clear objectives, training content, the identification of facilitators and the period for the training. The training program has been postponed to FY2014 and scheduled to coincide with the assessment surveys planned for the year. This will make the training more relevant since it will be followed immediately with practical field work.

Review of Schisto/STH Program: The original STTA request made and approved in the FY2013 work plan for Ghana was for an external consultant to review the SCH/STH program (baseline, impact assessment data, and treatment results) and advise on the way forward. However after consultation with NTD partners it was decided that an in-country technical review can be conducted by NTDP staff, NTD partners and representatives from the University of Ghana (namely Noguchi memorial Institute for Medical Research). The key recommendations from the meeting were:

- To hold MDA on the same days across the country
- To consider static point distribution as an MDA strategy for out of school children and use videos and other interactive activities to attract children
- To study transmission dynamics (vector and parasite relationships) and apply findings in planning timing of future MDAs
- To consider treatment of whole district population (including pre-school and adults) in category A and B districts for SCH.

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 includes case management NTDs such as Buruli Ulcer, Guinea Worm, Leprosy, Human African

Trypanosomiasis (HAT) and Yaws that are supported by the World Health Organization (WHO) Country Office in Ghana.

Other government activities:

- Planning for NTD activities: The NTD program is implemented by GHS at all levels. At the national level, NTD is part of the Disease Control Unit of the GHS and the program activities are part of the GHS strategy. NTDs form part of district and regional plans and have been reported on and discussed at district and regional review meetings.
- Steering Committee meetings: The NTD Intra Country Coordinating Committee (ICCC) has held three general and three subcommittee meetings in the reporting period. These meetings have been chaired by directors from the GHS and NTD partners and have contributed to shaping the programs implementing strategy.

11. Proposed Plans for Additional Support

Morbidity control for NTDs has not received much attention under this project however the program continues to explore additional support for trachoma trichiasis (TT) surgeries and lymphedema management with limited successes. The program intends to apply for support from a USAID grant for NTD morbidity management advertised.

12. Lessons Learned/Challenges

A major challenge noted in program implementation is the increasing reduction in the enthusiasm of volunteers to conduct MDA due to the very low motivation provided to them over the period. Other public health programs that are carried out by the same volunteers provide better incentives and make the NTD program unattractive. There needs to be a dialogue within the GHS and among health partners to standardize incentives provided for volunteers across all programs so as not to demotivate them.

13. Major Activities for the next six months

The Program has planned these activities listed below for the next six months:

- Carry out community based MDA for Oncho in 40 districts in November 2013 (funded by APOC).
- Carry out pre TAS in 12 districts in November 2013.
- Train 30 national and regional laboratory staff on LF surveillance.
- Carry out TAS in 18 EUs covering 45 districts in January 2014
- Carry out a Community based MDA for LF, Oncho and STH in March 2014.
- Hold two ICCC meetings.