



# End Neglected Tropical Diseases in Africa

END in Africa

## Annual Work Plan

Oct. 2011 – Sept. 2012

*Submitted to:*

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*Submitted by:*

**FHI360**

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# End Neglected Tropical Diseases in Africa Work Plan FY 2011 - 2012

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## Acronyms and Abbreviations

AOTR	Agreement Officer's Technical Representative
CAT	Country Capacity Assessment and Transition Team
GIS	Geographic Information System
HQ	Headquarters
JSI	JSI Research and Training Institute, Inc.
KM	Knowledge Management
LATH	Liverpool Associates for Tropical Health
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
NTD	Neglected Tropical Diseases
NTDCP	NTD Control Program
PCT	Preventative Chemotherapy
PD	Program Description
PMT	Program Management Team
PZQ	Praziquantel
QA	Quality Assessment
RFA	Request for Application
RTI/NTDCP	RTI International/ Neglected Tropical Disease Control Program
SAE	Serious Adverse Event
SCM	Supply Chain Management
SOW	Scope of Work
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TOCAT	Technical and Organizational Capacity Assessment Tool
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

## Introduction

On September 29, 2010, the United States Agency for International Development (USAID) awarded FHI360 Cooperative Agreement No. AID-OAA-A-10-00050, End Neglected Tropical Diseases in Africa. The award is funded by USAID's NTD program, and will contribute to the program's goal of reducing the prevalence of seven NTDs by at least half among 70 percent of the world's affected populations. The five-year award is designed to support Ministries of Health (MOHs) and other government entities as they scale up integrated control programs and the delivery of preventive chemotherapy (PCT) for the following seven NTDs: Lymphatic Filariasis (*elephantiasis*); Schistosomiasis (*bilharzia*; *snail fever*); Trachoma (*blinding eye infection*); Onchocerciasis (*river blindness*) and three Soil-transmitted helminthes (intestinal worm infections).

The project supports national NTD programs to implement and scale-up integrated NTD control programs in Burkina Faso, Ghana, Niger, Togo and Sierra Leone through sub agreements with selected Non-Governmental Organizations (NGOs). The level of support that FHI360-led team and sub grantees provides to MOHs varies by country, though, in general terms, it focuses on the following areas:

- Planning and execution of MDAs;
- Data collection, processing and reporting;
- Supervision of MDAs execution;
- Execution of validation surveys and development of post elimination strategies when applicable;
- Facilitating coordination amongst key stakeholders; and,
- Providing technical assistance for strengthening national programs.

FHI360 awards and manages grants to organizations working in targeted countries with high technical capacity to implement programs that support national NTD control strategies. The program provides streamlined, effective management of the grants combined with targeted technical assistance to support rapid scale up and sustained implementation of mass drug administration (MDA). The project will support the NTD programs of national governments. At the country level, data will be used to improve the reach, quality and integration of national NTD programs.

As a general NTD country program rollout approach, "MOH-led meetings" are organized on an annual basis to enable the development of USAID-funded Annual Work Plans based on progress made to-date, constraints, identification of all potential partners and delivery platforms for PCT, and any additional donors and partners. Sub grantees and the FHI360-led team will support the conveyance of these MOH-led meetings and utilize the platform to spell out the roles and responsibilities of the various USAID partners. We will also use this opportunity to explain to the MOHs our intended implementation methodology in providing health strengthening technical assistance per their requests.

Increasing the ability of the MOHs/NTDCPs to effectively and efficiently manage the scale up of integrated PCT is a key goal of USAID's overall NTD Control Program and responsibility for achieving this goal will be shared by FHI360, USAID, and sub-grantees. The FHI360-led team will use a practical, needs-based approach to support sub grantees to provide technical assistant to the MOH that makes the execution of Mass Drugs Administration (MDA) more efficient. Grants Agreements are built to ensure that the funded activities are aligned with each country's specific plans and needs. Technical assistance and capacity building will be coordinated with the USAID AOTR.

The implementation of transparent financial management systems and controls will allow both FHI360 and the sub-recipients to effectively and efficiently monitor program costs. The development and implementation of this control system not only assures that the MOHs and sub-recipients remain involved in the day-to-day decisions regarding the expenditure of funds in support of the implementation of END in Africa activities, but also builds local financial and administrative capacity. Specifically, as cooperating country staff work with FHI360/Deloitte financial management staff, they will gain a better understanding of the allowability and allocability requirements of the U.S. government with regard to costs incurred under USG funded awards. The skills and increased capacity developed through these mechanisms will help to strengthen systems and enhance sustainability, even after the current END program has reached its duration.

Pursuant to the specifications of USAID's Automated Directives System (ADS) 302.3.3, Family Health International (FHI360) submitted information supporting the requisite justification and approval (J&A) to allow first-tier sub recipients to enter into second-tier sub agreements with the MOH of selected countries. As a component of the J&A and pursuant to ADS 303.3.4, FHI360 also requested approval to deviate from the flow-down of 22 CFR 226 Administration of Assistance Awards to US Nongovernmental Organizations. The deviation was granted to FHI360 though the time and effort invested in the process delay the implementation for several months.

The OAA approved FHI360 to enter into first-tier sub agreements with selected grantees to support the implementation of the NTD project in Burkina Faso, Niger, Ghana, Togo and Sierra Leone.

## **FHI 360 Approach for Project Implementation**

END in Africa is implemented by FHI360 through the execution of first-tier sub agreements with competitively selected NGOs to support MOH/NTDCP on completing the major activities and tasks outlined below. Selected sub grantees are:

- Helen Keller International (HKI) for Burkina, Niger and Sierra Leone.
- Health & Development International (HDI) for Togo.
- Catholic Relief Service (CRS) for Ghana.

Second-tier sub agreements are then signed between FHI360's sub grantees and MOHs in order to flow down resources and technical support to ensure a sound implementation of NTD country plans and MDAs. Approval has been granted for first-tier NGO sub recipients managed by FHI360 to enter into second-tier sub agreements with the MOH in all selected countries. The approved deviation will allow FHI's first-tier sub recipients to provide financial resources and financial management capacity for the activities undertaken by the MOH National NTD Program in each country.

Sub grantees will partner with the MOHs to provide the service required by the National NTD program to support safe and effective mass drug treatment nationwide. The scale of the National NTD program is significant and justifies the utilization of existing government networks for implementation of the program. Partnering with MOHs is also consistent with the vision of USAID Forward to use assistance to build sustainable capacity in countries and to use host country systems where it makes sense. This partnership will promote country ownership, build local capacity, foster sustainability, uses well-established channels to implement NTD control programs, and provides an efficient and cost-effective approach to implementing a large, national-scale mass drug treatment program that requires the active participation of local government.

A sub agreement tracking and compliance monitoring mechanism has been implemented for strengthening national NTD programs within the term of the deviation. The graphic below illustrate the overall process and the role of FHI as a facilitator for supporting efficient implementation and monitoring compliance with USAID regulations. FHI360 support and monitoring of sub agreements is provided through our technical specialist in the area of financial management, supply chain and M&E base in the hub office in Ghana, to make it more cost efficient.

All countries phased into END in Africa have been implementing MDAs for several years with USAID support, thus all diseases have been mapped and a data baseline is established. The sequence for implementing projects at the country level begins by developing Country Annual Work Plans in processes led by the MOH and in consultation with other key stakeholders. The workplan should define the targets and outline the actions that will be taken for a successful execution of forthcoming MDAs. Based on these targets, drug needs are projected and the procurement process is executed in parallel to other components such as: training of MOH personnel, training of trainers,

recruitment and training of Community Drug Distributors (CDDs) and social mobilization. With all these pieces in place, MDAs are implemented in selected regions and drugs distributed to the target population. MDA execution is monitored by the MOH and data is collected using standardized forms and analyzed for project improvement.

Table 1 below summarizes the type of support that sub grantees shall provide to the MOH for a successful implementation of USAID-funded activities at the national level. No implementation actions will be taken until a country workplan is developed and approved. The Scope of Work contained in the sub agreements shall be considered illustrative until the country workplan is developed and targets are defined.

<b>Table 1. Illustrative list of major activities and tasks supported by Sub Grantees</b>	
<b>Activity</b>	<b>Key Tasks</b>
<b>Support MOH/NTDCP Planning Process</b>	<ul style="list-style-type: none"> <li>• Support the implementation and/or update of a detailed analysis for NTDs in the specified country including: <ul style="list-style-type: none"> <li>○ The country's achievements in NTD control to date</li> <li>○ Description for national strategy for integrated NTD control</li> <li>○ An analysis of key stakeholders and partners</li> </ul> </li> <li>• Work with government to update 5-year National Strategic Plan</li> <li>• Support development of the NTDCP Annual Work Plan</li> </ul>
<b>Mass Drug Administration (MDA)</b>	<ul style="list-style-type: none"> <li>• Support MOH on defining plan for MDA campaign that identifies challenges and provides solutions</li> <li>• Provide technical and financial assistance to MOH for training, community mobilization, logistical support, implementation, and supervision of MDAs</li> <li>• Foster coordination between MOH and MOE for school based distribution strategy</li> </ul>
<b>Support Scale-Up PCT</b>	<ul style="list-style-type: none"> <li>• Support the national NTDCP to identify and coordinate technical inputs for disease mapping</li> <li>• Work with National NTDCP to review existing processes, determine any gaps, and address any issues in order to scale up</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>• Provide support to MOH at all levels (national, regional, district, health center) to ensure adherence to WHO and MOH regulations and early warning systems are in place</li> <li>• Address any issues relating to insufficient drug treatment supplies or inaccurate treatment register use</li> <li>• Support the treatment and drug distribution over course of the campaign</li> </ul>
<b>Short-term Technical Assistance</b>	<ul style="list-style-type: none"> <li>• Identify technical assistant in collaboration with MOH, National NTDCP program managers, and other stakeholders</li> <li>• Coordinate provision of TA needs with FHI360.</li> </ul>
<b>Management of SAE</b>	<ul style="list-style-type: none"> <li>• Report any SAEs to FHI360 within 24 hours</li> <li>• Provide technical assistance to the government for monitoring and management of SAEs, as needed</li> </ul>
<b>Transition and Post-Elimination Monitoring and Evaluation</b>	<ul style="list-style-type: none"> <li>• Work with MOH and National NTDCP to develop a strategy to conduct disease specific assessments to capture changes in disease burden and progress toward control and elimination</li> </ul>
<b>Facilitate Collaboration and Coordination</b>	<ul style="list-style-type: none"> <li>• Provide support to the MOH to advocate for increased government commitment to NTD control</li> <li>• Strengthen NTD coordinating body in country</li> <li>• Support the National NTD Committee to: <ul style="list-style-type: none"> <li>○ Improve coordination of NTD planning, resource allocation, management, and monitoring</li> <li>○ Improve coordination of donor support with domestic resources under national strategic and annual work plans</li> </ul> </li> </ul>

## Main Activities

### Issuance and Management of Grants

FHI360 will be proactive in ensuring all activities supported by the project are closely aligned with each government's NTD needs and schedules in implementing integrated NTD control activities to increase government ownership and build upon existing platforms. Of the USAID funding allocated to END in Africa, at least 80 percent will support in-country activities to assist scale up of integrated PCT in Burkina Faso, Ghana, Niger, Sierra Leone and Togo in 2012.

In FY2011 sub agreements were signed with HKI to support the implementation of the NTD programs in **Burkina** and **Niger**. A summary of the HKI scopes of work are presented in Attachments 1 and 2. The second round of MDA for both countries will occur in the first quarter of FY2012. The 2012 work plan for USAID funded activities is scheduled for development in November and December 2011. Both countries normally execute MDAs in the spring and fall of each year.

Sub grantees were competitively selected for Ghana, Togo and Sierra Leone during 2011. HDI will continue supporting the implementation of the NTD program in **Togo** for the next two years. A work planning session with the MOH/Togo is scheduled for November 2011. It is anticipated that the forthcoming MDAs in Togo may be scheduled for May and November of 2012. CRS and HKI were also selected to support the NTD programs in **Ghana** and **Sierra Leone**, respectively. The work planning of USAID funded activities is anticipated for the last week of October for **Ghana** and the next MDA should be executed with CRS support in January 2012. Ghana normally executes two MDAs in April and November each year.

In order to secure the continuity of the implementation of HKI supported program in **Sierra Leone**, RTI funded and produced an annual work plan while the sub agreement was reviewed by OAA. Once the Sierra Leone sub agreement was approved by OAA, FHI360 took over the funding for the implementation of activities. END in Africa will continue supporting the implementation of activities scheduled for the part of the first, and all of the second, third and fourth quarter of FY2012 in Sierra Leone. A summary of the scope of work for CRS, HDI and HKI for each one of these countries is included for reference in the Attachments 3, 4 and 5.

FHI360 will implement, in coordination with USAID, a cross-organizational compliance-monitoring plan for the deviation. Monitoring and field support should be provided through the hub office established in Ghana and HQ when necessary. The project team will use the scheduled country visits for capturing firsthand information regarding project performance, which will be coupled with the desk review of project reports and documentation following FHI360 internal protocols. Monitoring may vary according to

the performance, completeness, and quality of reports submitted by the sub grantees. We anticipate that quarterly field visits will be conducted by the FHI 360 Ghana team as part of the fiduciaries responsibilities of FHI360 and capacity building effort. Such monitoring visits will be scheduled together with other events agreed upon with the MOH and USAID to the extent possible, to avoid costs redundancies.

For FY2012, FHI360-led team will execute the following major activities in support of sub grantees and MOHs:

- Enter into first-tier sub agreements with CRS, HDI and HKI to support project implementation in Ghana, Togo and Sierra Leone respectively.
- Support the MOH-led process for developing the USAID funded Annual Work Plans with the participation of the sub grantees and USAID. Ensure that grantees' annual work plans and budgets schedules support the MOH plans and MDA cycles. Country work planning sessions are scheduled as follows:
  - October 2011 – Ghana
  - November 2011 – Togo and Burkina
  - December 2011 – Niger
  - January/February 2012 – Sierra Leone
- Complete quantification and procurement for the NTD drugs for 2012. This activity is conducted in each country under the leadership of the Ministry of Health. Quantifications for PZQ needs for 2012 are currently being conducted in Burkina and Niger, and plans are being made for Ghana, Togo and Sierra Leone in collaboration with sub grantees. Procurement needs for PZQ should be completed in October 2011 and the procurement will be executed once USAID provides concurrence.
- Coordinate commodity donation program inputs with procurements and MDA plans, including scale-up. Ensure that grantees' logistics support of the MDA follows the donors' drugs grant cycle and other program implementation elements. An initial consultation with the Task Force in Atlanta is scheduled to occur in first quarter of FY2012. Information will be gathered at the country level during the work planning sessions and during the quantification of PZQ process, in the first and fourth quarter of FY2012.
- Report validated NTD data to USAID. FHI360 will work with sub grantees and MOHs to ensure that MDA data are reported to USAID as expected. Any barriers to adequate data flow should be identified and be addressed to allow prompt submission of complete, consistent and correct data to USAID. MDA data for Burkina and Niger will be furnished by HKI to FHI360 for review at the end of December, once information is validated it shall be forwarded to USAID in the second quarter of FY2012. FY2011 MDA data for Sierra Leone, Togo and Ghana

will be furnished by HKI, HDI and World Vision respectively to RTI directly since these projects were in effect before FHI360 project began.

- Conduct basic MDA data analysis to report on program performances including longitudinal analysis to depict trends over time. In addition, FHI360 will develop a program to generate a data quality check, cross-cutting analysis of MDA data, financial and logistics data to estimate the cost per NTD treatment given and to check the consistency of the reported MDA data. FHI360 will produce a number of tables and graphics necessary to support the semi-annual reporting.
- Foster the adoption of management instruments that meet existing USAID regulations. Such instruments include: standardized reporting formats for semiannual reporting, annual work plans, monthly and quarterly financial reporting and grants administration guidelines.
- Complete rapid situation appraisals in order to support the MOH in identifying their capacity building and technical assistance needs in supply chain management during the development of the country's work plans. FHI360 will work to refine the M&E rapid appraisal tool; once approved by USAID, this tool may be used following the work planning process. FHI360, Deloitte, and USAID will also further develop and refine the financial management rapid appraisal tool. Upon USAID approval, FHI360 will initiate discussions regarding in which country to potentially pilot the financial management tool. USAID will have final approval of the instruments.
- Oversee the execution of 1<sup>st</sup> and 2<sup>nd</sup> tier sub agreements with NGOs and MOHs according to terms of the deviation approved by USAID. While activities occur throughout the year, each country will experience an intensive 4-6 months of expenditure around the actual MDA campaign. Monitoring will occur through quarterly financial reviews of project expenditures and programmatic advances toward established goals. The financial reviews is a two steps process that include first a desk review of expenditures and a subsequent field visit when appropriate. A report with finding and recommendations will be issued after each country visit.
- Monitor compliance with the project environmental management and mitigation plan (EMMP) incorporated into each sub agreement, and support sub grantees on meeting all reporting requirements.
- Conduct semi-annual performance review and reporting with sub grantees and USAID. The Semi-annual performance review will assess progress toward reaching the targets and progress in building managerial capacity. Ghana's office together with the M&E focal points for the Sub-grantees and the NTDCPs will be responsible for following up during the next semester.

- The following set of indicators will be used track the project performance regarding sub agreements execution:

**Table 2: Proposed Project Performance Indicators**

Indicator	Disaggregation	Source	Year Two Target	Responsible Party
<b>Grant Issuance and Management - Grant Monitoring</b>				
Number of Sub agreements signed	By country	program records	5	FHI 360
Number of grantees/MOH that received support on developing national Annual Workplans	By country	Country workplan	5	
Number of grantees submitting timely implementation reports	By country	program records	5	
Number of grantees submitting MDA coverage data using standard reporting format	By country	program records	5	
Number of people trained	By country, type and gender	Implementation Reports	TBD	
Number of FHI financial reviews successfully completed (Desk review: one per month per country)	By country	program records	12 per country	
Number of FHI organized and led monitoring visits to activities	By country	program records	2 per country	
Number semi-annual program reviews	By country	program records	10	
Proportion of grantees that are implementing according to the timelines established in their workplans	By country	country reports	100%	

### **Coordination of Technical Assistance and Capacity Building**

FHI360 will be responsible for coordinating the team's capacity building efforts and take the lead in assistance related to compliance with USAID requirements, NTDCP and sub-grantees capacity to manage projects, work planning, monitoring and evaluation, data management, supply chain management, and quality assessment. Deloitte is the lead partner in financial management systems and reporting, including budgeting. JSI will provide technical assistance related to planning for procurement and supply chain management for essential NTD medicines. LATH will support M&E, particularly MDA reporting, and work planning as it relates to M&E.

The FHI360-led team approach to coordination of technical assistance and capacity building is modeled on a straightforward process to deliver targeted, tailored capacity

building activities. However, as each country will have varying needs, the activities below reflect FHI360's approach to determining, providing, and measuring the needs.

If an area in need of capacity-building arises from initial meetings between the MOH, USAID, FHI360 and the Sub grantee, and completion of the rapid situation appraisal, then FHI360 will mobilize its partners to send in their expert from the regional hub to better understand the needs and develop a plan to address the capacity. When the identified needs are beyond the areas of SCM, Finance and M&E or are not included in the USAID supported activities annual work plan, FHI360 will propose a TA plan to USAID. USAID will decide the most appropriate way to address the requested assistance.

The main activities to be executed by FHI-led team are outlined below.

- **Supply Chain Management:** The JSI logistic specialist will conduct country specific rapid situation appraisals in all five countries to identify the SCM strengths and weaknesses of current national NTD control programs and assess MOH managerial capacity building needs. After identification of priority needs in each country, FHI360 will discuss with USAID what types of technical assistance are needed to ensure that drugs arrive and are distributed on time for MDA. SCM rapid appraisals will be completed during field visits to Burkina and Niger in October 2011 and in Ghana, Togo, and Sierra Leone in quarter 1 or 2 of FY2012. A work plan to address SCM technical assistance needs will be developed for Ghana. Country visits during the execution of MDA will be scheduled to observe the process directly if requested by the country and/or implementing partner.
- **Monitoring and Evaluation:** Establish and implement capacity-building plans for M&E if requested by the MOH. LATH M&E Specialist based in Ghana will work with the MOH and sub grantees of selected countries to develop an M&E capacity building plan that responds to the needs identified for the national program for controlling NTDs. The technical assistance that could be needed to strengthen the MOH's M&E system will be designed in a participatory manner by engaging the sub-grantee, and stakeholders at central and district levels. The plan will also define the roles of the team and the sub-grantee in M&E capacity building.
- **Financial Management:** Build financial management capacity within the MOH/NTDCP within the terms of the 2<sup>nd</sup> tier sub agreements with the MOHs. With a goal of examining the direction and priorities for financial governance and leadership support for the NTD activities workflows, processes, and staff capabilities; Deloitte will work with FHI360 to refine a financial management rapid appraisal tool using data and knowledge gained after the first round of financial sampling. For each country, USAID will first approve the strategy and tools to be used. Once approved, Deloitte and FHI360 may propose an initial

country in which to pilot the tool. FHI360 and Deloitte will ensure that financial sampling of vouchers held by the sub grantee following an MDA will occur in-person in each country in accordance with USAID requirements.

- Support MOH financial staff to increase their understanding of financial management systems and practices consistent with the financial management and reporting requirements of programs funded by the U.S. government. Throughout the period of performance of the proposed sub agreement, **FHI360** and **Deloitte** will providing training and support to develop MOH finance and accounting staff, as needed.

### **Data Management, Documentation and Dissemination of Best Practices**

The NTD program approach to data management, documentation and dissemination of best practices will be based on:

- 1) Prioritizing data integrity and knowledge generation with host country leadership;
- 2) Recognizing country ownership of national NTDCP data while also reinforcing the need of donors to monitor program performance;
- 3) Ensure use of indicators is in line with USAID requirements;
- 4) Encouraging data use for country-level planning and resource allocation; and
- 5) Tailoring documentation to the priorities of key audiences, including national NTDCP program managers, national and international policy makers, and donors.
- 6) Involve LATH M&E in-house specialist in the definition of methodologies for M&E activities and in the review and analysis of data generated through these activities.

For all countries, monitoring and evaluation activities will be planned following methods and timing recommended by WHO guidelines to validate reported treatment coverage and to do disease-specific assessments (sentinel sites, transmission assessment survey, impact surveys, etc.). More country-specific details are summarized in the following paragraphs:

In **Burkina, Niger and Sierra Leone**, HKI will continue to enact the activities listed below:

- Monitoring and supervision post MDA to ensure that if SAEs are present, they are managed properly, as well as to ensure that all data are collected and compiled at district, regional, and central level.
- After the completion of the 2011 and 2012 MDAs, impact studies will be conducted in the districts that have received at least three consecutive rounds of treatment with azithromycin and tetracycline.
- Meetings will be held within two to three months of the end of each annual MDA at district, regional, and national levels with the data from each previous

meeting being consolidated for reporting at the next level.

In **Ghana** CRS M&E specialist working with Ghana Health Services NTDCP team will coordinate the compilation analysis and generation of MDA data at the national level with data collected from the field. Additionally, CRS will carry out post MDA coverage survey to verify administrative data collected from the field.

Data integration and use are discussed further in the **Monitoring and Evaluation** section.

The main activities related to Knowledge Management that the FHI 360-led team will execute are:

- Develop and maintain a joint website for both END in Africa and END in Asia to maximize the use of resources and provide a single stop for gathering information regarding projects implementation, in coordination with USAID's communication strategy;
- Establish and maintain the project's knowledge management and marking and branding standards and processes;
- Coordinate that MOH key project staff attend appropriate international forums to optimize opportunities of sharing program information;
- Maximize opportunities to capture, produce and disseminate all communications/documentation relating to the NTD control programs, project outcomes, methods, strategies guidelines, progress, lessons learned and best practices both internally and externally;
- Coordinate field activities with sub grantees to capture images in real time when the MDA are executed and reference success stories or items of special interest; and,
- Promote low-cost, accessible ways of sharing information among sub-grantees and selected countries NTDCP and other stakeholders. These include:
  - Update the project website periodically for managing the grant process and disseminating information about the program;
  - Maintain the project SharePoint site to facilitate the exchange of information amongst all parties easily and inexpensively;
  - Use social media, such as Twitter and Facebook to disseminate and capture current and live information;
  - Develop and disseminate an electronic semi-annual newsletter highlighting progress and success stories;
  - Development of a mailing list and alert system where interested parties can receive program information, news and updates;
  - Regular communication through bi-weekly meeting with USAID AOTR designated officials to track project implementation and identify early signs of areas that require special attention;
  - Arrange calls between the Ghana Hub staff and various stakeholders and

partners, as needed, in order to share information and program updates.

## **Collaboration and Coordination**

Collaboration and coordination with national government entities are central to successful implementation of the END in Africa goals and they are built into activities throughout the rest of the program components. All program activities support country-led scale up of integrated NTD control through implementation of national NTD strategic and annual work plans.

The characteristics of the nature and level of collaboration and coordination varies by country following the policies established by the MOHs. For detailed breakdown of such activities please refer to the countries SoW in Attachments 1 to 5. In summary, sub grantees will execute the following activities by country.

**Burkina Faso:** HKI will support :

- A Stakeholders Meeting with all interested parties.
- Once per year, a programme review workshop The organization of biannual Inter Country Coordinating Committee meetings.

**Ghana:** CRS will facilitate:

- The establishment and funding of the ICCC meetings twice annually
- Review meetings at all levels led by the CRS M&E specialist to analyze current and previous MDA data to establish a baseline for which to plan for improved MDA coverage in support of a strategy to sustain gains made in program implementation, note success stories, and document lessons learned.

**Niger:** HKI will work on strengthening the coordination capacity of the MOH including the appointment of a full-time national NTD coordinator within the MOH. The activities to assist in building the government's capacity and supporting the NRDCP office include:

- Regular Stakeholders Meetings
- Quarterly meetings of the NTD Coordination Committee
- Semiannual meetings of the National NTD Task Force chaired by General Director of the Ministry of Health.

**Togo:** HDI will support an Annual stakeholder meeting at the central, regional and district levels (~80 people). Monthly National NTD Coordinating Mechanism and Committee (NCO) meetings.

**Sierra Leone:** HKI will work to ensure coordination of planning through a series of proposed meetings including:

- Annual meeting with Ministries of Health and partners within the Mano River

Union Countries (Sierra Leone, Liberia, Guinea and Cote Ivoire). NTDCP, HKI and Sightsavers Assisting the NTDCP to organize annual NTD meetings to review the targets achieved, discuss lessons-learned and develop work plans for the following year.

- Assisting NTDCP with coordinating meetings with tertiary education institutions to integrate NTDs into the curricula for health workers training in the six Schools of Nursing, College of Medicine and Allied Health Sciences.

The main activities to be executed by the FHI360-led team during the year in support to sub grantees and MOH are outlined below.

- Coordinate with USAID any necessary interaction with ENVISION to ensure consistency, exchange lessons learned and promote efficiency.
- Coordinate with USAID, MOHs and existing USG-funded NTD programs to ensure an efficient transition process in the five selected countries: Burkina, Ghana, Niger, Togo and Sierra Leone.
- Participate in introductory meetings and work planning meetings with Ministries of Health, USAID, sub-grantees, and local non-governmental organizations involved in NTD control activities.
- Support sub grantees strengthening plans for NTD coordinating bodies in focus countries to improve coordination of national NTD planning, resource allocation, management, and monitoring as needed. Improved functioning and effectiveness of existing committees will provide a mechanism for stronger coordination of NTD planning, management and monitoring, as well as coordination of donor support with domestic resources under national strategic and annual work plans.
- Support sub grantees and MOH to establish NTD coordinating committees in countries where they do not exist, when the MOH identify this as a need for a successful implementation of the country strategy for controlling NTDs. This process should be headed by the MOH with support from the sub-grantee. Establishing and strengthening coordinating bodies will be included in the sub-grantee's annual work plan.
- Coordinate drug needs with existing drugs donation programs when appropriate.

## **Monitoring and Evaluation (M&E)**

For 2012, the LATH M&E Specialist embedded in the END in Africa hub office in Ghana will execute the following activities:

- 1. Provide technical assistance (TA) as needed to grantees and MOHs to develop and implement quality M&E systems**

- **M&E assessment at baseline.** During the first half of 2011, FHI360 and USAID received several proposals in response to the Request for Application (RFA) to support the scaling up of NTD treatment in Africa through the END in Africa program. All of the proposals highlighted the M&E systems as being one of the weakest links of the programs. Factors contributing to the weak M&E system were sparse and not systematically addressed in the proposals. This initial review will put attention to concerns regarding quality assurance/quality control of NTD data. The introductory and consultative work planning visit upon sub-grantee award will review the following:
  - The organizational structure of the M&E system in the NTDCP, including roles and responsibilities;
  - The extent to which NTDCPs have M&E plans and a program monitoring framework within the M&E plans, with objectives, results, indicators, data collection plan, data flow and data use and dissemination plan;
  - Obstacles to the implementation of the M&E plan, including any challenges vis-à-vis integration with host country M&E plans and budget constraints to implementing the NTD M&E system;
  - Develop and refine a rapid situation appraisal tool, which once approved by USAID, may be used to gather information on MOH capacity building needs.

**Support sub grantees and NTDCPs by developing an internal data tracking system to allow early identification of problems and minimize late and incomplete data.**

Illustrative indicators for internal tracking are 1), the number of sites (geographic area providing frontline health NTD services) reporting data to districts in time, 2) number of sites reporting complete data to districts, 3), number of sites that received supervision during the MDA and, 4) the number of sites conducting routine data audits. The expectation is to monitor the reporting from the frontline providers in order to promptly develop corrective measures.

- **Execute semiannual program data review including the review of the quality of data collected during MDA and the review of the grantee's program reporting over the year.** The LATH M&E specialist based in Ghana will check the consistency and the accuracy of the reported MDA data and reports. Any inconsistency in data quality will be shared with sub-grantees and NTDCPs which in turn are expected to provide feedback within the following week.

## **2. Foster increased data use for program improvement**

- **Assist NTDCPs to increase data use and management at national and district levels.** Although the collecting, processing and reporting of data are important functions of M&E systems, the ultimate goal of M&E systems is to utilize the data collected in order to assess the effectiveness of our programs and to make decision on the ground that ultimately lead to better service provision, decision-making and

program planning. The Sr. M&E Officer will support grantees' efforts to identify constraints to data use and dissemination in countries and address appropriate corrective measures. FHI360 efforts will seek to address constraints for data use and dissemination at the district level specifically in areas of computer skills (Excel, Word, PowerPoint), data quality assurance, descriptive analysis of data, data reporting and dissemination.

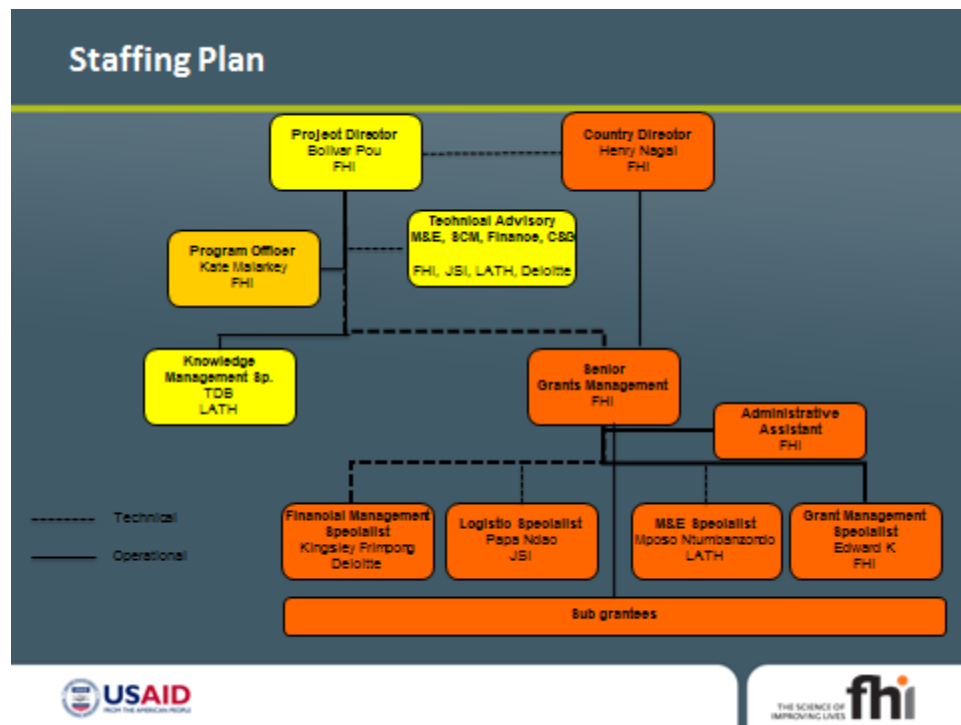
- **Disseminate results, best practices and lessons learned.** Translating best practices and lessons learned from M&E will allow for more effective program implementation. The M&E hub will play a vital role in documenting lessons learned and best practices. Data generated from the M&E system will be disseminated and used to strengthen the program. National coordinating body meetings provide an opportunity to report on M&E of the national NTD control program and to share achievements, best practices and lessons learned at existing task forces and NTD committee meetings. The M&E activities, including dissemination of data, will be coordinated and harmonized with END in Asia. Tools and guidelines will be shared, existing standardized tools and indicators will be used to ensure comparison of across projects; furthermore, regular virtual meetings will be convened to share best practices and lessons learned.
- **Provide support as needed to strengthen the reporting for SAEs.** Prevention of SAEs requires rigorous application of the inclusion criteria for treatment and prudence when expanding treatment in some areas like treatment-naïve areas. SAEs should be investigated and feedback provided to drugs donors and the affected communities. Consequently, a safety surveillance system should be put in place to address SAEs and thus to prevent a misperception of the NTD program. FHI360 will work with grantees and NTDCPs to ensure that such a system is in place and that the CDDs received adequate training to minimize errors during MDA and to promptly report SAEs when they occur.

## Staffing

We will introduce the following two changes in the composition of the team in FY2012:

- **Reduce one expat position in Ghana.** Given the fact that no new countries will be incorporated into END in Africa for the next fiscal year, we believe that an expat Associate Director/Grants Manager is no longer necessary. This position will be replaced by a locally hired Senior Grants Manager who will focus on USAID regulations compliance and financial monitoring. This change will generate significant savings for the project during the next four years. The new GM will begin in October 2011.
- **Incorporate a Knowledge Management Specialist.** The incorporation of the KMS was delayed to begin in the second fiscal year of the project since, as result of the delayed implementation of sub agreements, lessons learned and success stories are just beginning to emerge. This position will be based in Washington, DC.

The FHI360-led team structure for supporting the implementation of END in Africa is shown below:



## Level of Effort

A summary of the level of effort (LOE) approved under the cooperative agreement for the Control of Neglected Tropical Diseases in Africa is presented below. LOE for short term positions are indicative and will be finalized after the capacity building plans for

each focus country is finalized.

#### Long Term Positions

Position	Affiliation	Location
Project Director	FHI360	USA
Program Officer	FHI360	USA
Knowledge Management Specialist (75%)	LATH	USA
Senior Grant Management Specialist	FHI360	Ghana
M&E Specialist	LATH	Ghana
Financial Management Specialist	Deloitte	Ghana
SCM Specialist	JSI	Ghana

#### Short Term Positions

Position	LOE (days) <sup>1</sup>
US Based Technical Support	
- Program and grants management	75
- Financial management	70
- Supply chain management	65
- M&E and knowledge management	20
ST Consultants Ex-pat	
- Capacity Building specialists	30
- Procurement and SCM Specialists	20

## Travel Plans

Anticipated travel needs during the start-up phase and kick-off of project implementation in Burkina, Ghana, Niger, Sierra Leone and Togo. A breakdown by country is presented at the end of each country scope of work in the attachments 1 to 5.

**Table 3 - Travel Plans for 2012**

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana	5	1 week each	TBD	Country work planning sessions with key stakeholders.
Paula Nersesian, Commodity	W/DC	Atlanta	2	2 days	TBD 2011 Spring of 2012	Introduce project to commodity donation program staff, identify

<sup>1</sup> LOE represents multiple positions. LOE does not include management/administration support staff.

Program Liaison						areas of collaboration, and in later part of Y2 hold follow-up and planning meeting. We anticipate that a follow on meeting will be necessary given the insignificance of the donation program for the project.
Pape Ndao, Logistics Advisor SCM	Ghana	Burkina Niger Togo SLeone	4	1 week in each country	TBD	Conduct quantification and procurement planning for NTD drugs. Perform rapid capacity building needs assessment for SCM in collaboration with MOH and sub grantees
Mposo Ntumbansondo, M&E Specialist	Ghana	Burkina Niger Togo	2	1 week	TBD	Participate as NTD technical resource in country work plan. Perform rapid capacity building needs assessment for M&E in collaboration with MOH and sub grantees
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	April 2012	Project performance semiannual review. Project semiannual report.
Kingsley Frimpong -Financial Management (Deloitte)	Ghana	Burkina Niger Togo SLeone	8	1 week each	TBD According to MDA schedule	MDA reviews of 2 <sup>nd</sup> tier sub agreements. Capacity building on USAID regulations and deviation compliance.
Isaac Asante Grants Manager	Ghana	Burkina Niger Togo SLeone	12	1 week each	Quarterly	Sub agreement implementation monitoring. Review of compliance with USAID regulations and 2 tier sub agreements execution.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	August 2012	Workplan 2013
TBD USA-based Short term technical assistance	W/DC	TBD	2	TDB	TBD	Short-term technical assistance according to specific countries needs per MOH requests.
TBD Ghana-based Short term technical assistance	Ghana	TBD	5	TDB	TBD	Short-term technical assistance according to specific countries needs per MOH requests.

## Reporting

The project will deliver the following reports to USAID:

Report	Due
2012 Annual work plan	September 2011
Semiannual progress report	October 2011 March 2012
Quarterly financial reports	December 2011 March 2012 June 2012 September 2012
2013 Annual work plan	September 2012

# Timeline

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
<b>Issuance and Management of Grants</b>												
Enter into first-tier sub agreements with CRS, HDI and HKI to support project implementation in Ghana, Togo and Sierra Leone respectively.	X	X										
Support the MOH-led process for developing USAID funded activities Annual Work Plans	X	X	X	X	X							
Complete quantification and procurement for the NTD drugs for 2012.	X	X			X							
Coordinate commodity donation program inputs with procurements and MDA plans, including scale-up.		X		X			X			X		
Report validated NTD data to USAID.		X	X					X	X			
Conduct basic data analysis to report on program performances including longitudinal analysis to depict trends over time.			X	X					X	X		
Foster the adoption of management instruments that that meets existing USAID regulations.	X	X	X	X	X	X	X	X	X	X	X	X
Complete rapid situation appraisal in order to support the MOH in identifying their capacity building and technical assistance needs during the development of the countries work plans.	X	X	X				X					X
Oversight execution of 1 <sup>st</sup> and 2 <sup>nd</sup> tier sub agreements with NGOs and MOHs according to term of the deviation approved by USAID.		X			X			X			X	
Monitor compliance with the project environmental management and mitigation plan (EMMP)		X			X			X			X	X
Conduct semi-annual performance review and reporting with sub grantees and USAID.				X						X		
<b>Coordination of Technical Assistance and Capacity Building</b>												
Develop USAID Approved Tools		X	X									
Supply chain management. Conduct country specific rapid situation appraisals JSI logistic specialist to identify the SCM strengths and weaknesses	X	X	X	X								
Monitoring and Evaluation. Establish and implement capacity-building plans for M&E if requested by the MOH.	X	X	X	X			X			X		
Financial Management. Build financial management capacity within the MOH/NTDCP within the terms of the 2 <sup>nd</sup> tier sub agreements with the MOHs.	X	X	X	X								
Support MOH financial staff to increase their understanding of financial management systems and practices consistent with the financial management and reporting requirements of programs funded by the U.S. government.	X	X	X	X	X	X	X	X	X	X	X	X
<b>Data Management, Documentation and Dissemination of Best Practices</b>												
Develop and maintain a joint website for both End in Africa and End in Asia	X	X	X	X	X	X	X	X	X	X	X	X
Establish and maintain the project's knowledge management and marketing standards and processes	X	X	X	X	X	X	X	X	X	X	X	X
Coordinate MOH project staff to attend appropriate international forums	X			X			X			X		
Maximize opportunities to capture, produce and disseminate all communications/ documentation relating to the NTD control programs, project outcomes, methods, strategies guidelines, progress, lessons learned and best practices both internally and externally	X			X			X			X		
Coordinate field activities with sub grantees to capture images in real time when the MDA are executed and reference success stories				X		X				X		
Promote low-cost, accessible ways of sharing information among sub-grantees and selected countries NTDCP and other stakeholders.	X	X	X	X	X	X	X	X	X	X	X	X
<b>Collaboration and Coordination</b>												
Coordinate with USAID, MOHs and existing USG-funded NTD programs to ensure an efficient transition	X	X	X	X	X							
Participate in introductory meetings and workplanning meetings	X	X	X	X								
Strengthen NTD coordinating bodies in focus countries			X			X			X			X
Coordinate drugs needs with existing drugs donation programs when appropriate.		X	X					X	X			



## **Attachments**

# Attachment 1 – HKI SoW for Burkina

## **OBJECTIVES:**

The proposed program will consolidate past achievements and build the capacity of the MoH to:

1. Further integrate the control of the targeted neglected tropical diseases and enhance the quality of MDA;
2. Prepare the country for post-endemic disease surveillance;
3. Build the country's capacity in program management and implementation;
4. Strengthen the national system for program supervision, monitoring and evaluation;
5. Develop strategic and targeted communication programs aimed at enhancing social mobilization

## **ACTIVITIES:**

### **Stakeholders Meeting**

The proposed program will begin with a stakeholders meeting with all interested parties including MoH, MoE, Health regions, health districts, universities, national and regional government entities, USAID/BF as well as potential partners such as WHO (including APOC), UNICEF, Liverpool Center for Control of NTDs (LCNTD), SCI, RISEAL, Sightsavers, Foundation for Community Development (FDC-Save the Children), Handicap International (HI) and local NGOs. The stakeholders meeting will emphasize the need for country ownership and a national coordination mechanism, create awareness about the achievements and current status of control/elimination of NTDs in Burkina Faso, and serve to gain the political and financial support of other potential partners. Specific policy advocacy objectives will be established during the meeting and a plan to achieve them developed.

### **Strategic planning workshop & annual planning Year 1 + annual planning workshop year 2**

HKI will assist the MoH to hold a strategic planning workshop with key stakeholders to conduct a detailed situation analysis of NTD control in the country, including review and documentation of the achievements in NTD control to date, and a landscape analysis of stakeholders and partners involved in NTD control activities in Burkina Faso. The National Strategic Master Plan for Integrated Control of NTDs will be updated and finalized for the next five years (2011-2015). Under the national master plan, detailed annual work plans and budgets according to the current disease status for each region and district will be updated. This will be done on an annual basis considering the progress and current status of NTD control activities at regional and district level according to the WHO recommended PCT guidelines and disease-specific guidelines. Efforts will be made to build capacity at national, regional and district levels in terms of understanding the national master plan, the program strategies, and the disease-specific guidelines and endpoint objectives.

### **Programme review workshop (once a year)**

HKI will assist the MoH to conduct annual program review workshops with government stakeholders, MoH NTDCP and MoE staff, regional NTD staff and NGO representatives to identify the gaps, unmet needs, and weaknesses in the NTD program. These will include leadership and coordination of the program, quality and process of program operations, human resource capacity at each level, financial resources and management, program supervision, monitoring and evaluation, data management and feedback, supply chain management, reporting, benchmarks achieved in advocacy, and other areas. This will provide critical information about

the program. HKI and partners will assist the MoH to develop strategies to fill in the gaps. This will lay a foundation for a sustainable country-owned NTD control program.

#### **Support the organization of biannual ICCCC meetings**

This committee meets every 6 months with the objective of coordinating all NTD related activities, identifying obstacles and challenges, making recommendations as to the way forward and identifying technical assistance needs. The committee chaired by the MoH will be composed of representatives from the MoH (central, regional and district levels), from HKI-Burkina and from other partners (WHO, FDC, HI, etc).

#### **Support quarterly coordination meetings**

These coordination meetings will be organized every quarter and will gather the technicians of the different stakeholders to discuss technical issues related to NTDs. It will encompass MoH NTDs programme coordinators, the HKI project coordinator, and other technical partners. It will be an opportunity to identify bottlenecks and find solutions on concrete issues raised by the implementation of this project.

#### **Preventive Chemotherapy**

##### **Training of trainers at central level and cascade trainings for health regions, districts & health center staff and for CDDs on national NTD plan, NTDs strategy, health education and MDA**

Annual trainings will be fundamental at all levels of the health system, but particularly for the CDDs, to accurately follow the program protocols and to safely and correctly distribute the various drug packages. The existing training protocol, materials, and schedule will be reviewed to assure they are still appropriate and revised as needed. A training of trainers will be organized once a year at central level and then cascade trainings will be conducted for regions, districts and health centers' staff and for community distributors before each MDA with a primary focus on the roles and responsibilities of the various stakeholders and the necessary capacities they will need. These trainings will also ensure a common understanding throughout the system of the overall objectives of the NTD plan and strategy for achieving these objectives.

##### **Transport of materials and drugs for MDA to the distribution sites**

This activity is to ensure the timely delivery of drugs and other materials to the regions and to the districts in preparation for the MDA. The transport of all medicines is overseen by the DLM (Direction de Lutte contre la Maladie). A pharmacist is posted at the DLM and he coordinates the transport of the drugs into the various regions and districts in collaboration with the NTDs programme coordinators and HKI.

##### **MDA supervisions at central, health region and health district levels**

Supervision will be strengthened and organized in the existing way with teams at national, regional, district and health center levels overseen and managed by the MoH and assisted by HKI. The national level supervision teams will comprise MoH officials (drawing from the staff of NTDs control programs) who will liaise with the regional health officials, who in turn will liaise with district health officials. The districts will oversee the health centers whose staff will directly supervise the CDDs. The supervision teams will coordinate and manage any potential issues arising during the implementation and supervision activities, and will report back to the national program. Their findings in the field will also be used to provide feedback to the supervisees and will shape future training to assure and enhance quality. The feedback will form the basis of the move towards formative supervision as described in the proposal.

##### **Support to the annual post-MDA review meetings at regional level**

These meetings to be held within 2 weeks after the end of each MDA will be held at regional level and will be an opportunity to present the data of the current MDA. These meetings will also be important for the identification of bottlenecks at each level and finding solutions to these problems. Following these meetings, HKI and government counterparts will look closely at the quality of the reported data and ways that it can be validated at community level. The first year of reporting will help inform any capacity strengthening that may be necessary to ensure a higher quality of reporting in ensuing years.

#### **Distribution of drugs by the CDDs**

Community distributors must accurately and safely distribute the drugs to the communities and follow the national protocol of drugs distribution. This is a key-step in the MDA process. The beneficiaries of these distributions are the communities in the targeted population.

#### **IEC/community mobilization**

##### **Community mobilization (information in the villages, radio spots and broadcasts etc...) before MDA**

Due to the abbreviated time frame prior to when the 2011 distribution needs to start, the program will use the currently available social mobilization strategies and materials. Multiple communication channels will be used, including public, private, and community radios, local traditional or religious leaders, town criers and printed materials. An integrated NTDs communication plan will be designed and implemented during the MDA activities (see following point).

##### **Information sessions at district level with political, religious and traditional authorities to prepare the MDA**

To support the community mobilization activities, information sessions will be conducted at district level bringing together various political/religious or traditional leaders. These leaders are seen as critical for community mobilization and it is necessary that they understand the objectives of the program to effectively promote it among their constituents. These information sessions will be led by district health staff.

##### **Design of an integrated NTDs communication plan**

Community mobilization that is currently used needs to be revised and improved to be able to significantly increase coverage rates and reduce refusals in certain communities. An integrated NTD communication plan will be prepared during a workshop with the assistance of a consultant who has an extensive experience in designing such plans. This workshop will gather technical experts from various stakeholders under the leadership of the MoH.

##### **Implementation of the designed NTDs communication plan**

Following the design of the NTDs communication plan, the activities that have been included in the plan will be implemented. It will definitely include commonly used communication means such as town criers in the villages, radio spots and other printed materials but will also present new types of communications tools that are more appropriate to the type of targets and to the messages.

##### **National launch of the MDA**

Every year, before the first MDA, a national launch will be organized. It will gather all the stakeholders including representatives from the central directorates of the MoH, the NTDs coordination programmes, the health regions and all the major partners. This launch will be

chaired by the Minister of Health. It will also serve as a communication tool to inform the population and the authorities of the forthcoming MDA campaigns.

### **Monitoring and evaluation**

#### **Data collection in sentinel sites**

Sentinel sites have been identified and prevalence rates are regularly measured in a sample of sentinel sites according to internationally accepted protocols to monitor the situation and measure the impact of the MDAs on the global population. At least 13 integrated sentinel sites (1/region) are surveyed every two years for all the NTDs.

#### **Post-PCT validation surveys (LF, trachoma and oncho)**

After each MDA, a certain number of districts are sampled to be surveyed (the number of districts may vary according to the priority of each NTD national programme) and in each selected district, 30 clusters are sampled. In every cluster, the treatment status of the community is measured. These post-PCT validation surveys provide the figures for the measurement of the reality-based epidemiological coverage which will be compared to the program coverage provided by the districts.

#### **Stopping MDA surveys (LF)**

Every district which has its sentinel site and one control site whose prevalence is inferior to 1% is eligible for the stopping MDA survey for LF. An internationally used survey protocol is applied in several villages of this district where the prevalence of LF is measured with ICT cards among school-aged children. This survey aims at evaluating the interruption of transmission of the disease in the area and at planning whether or not the MDA shall be stopped in the future. 7 districts are eligible in 2011 and 8 will be eligible in 2012.

#### **Stopping MDA survey (Trachoma) in the health districts**

Each endemic district which has conducted three consecutive rounds of treatment against trachoma (azithromycin + Tetracycline) is eligible for an impact study to stopping MDA. If the prevalence rate is inferior to 10%, the district-level MDA is stopped in this district; if the prevalence rate is inferior to 5%, community-level MDA is stopped in this district. 11 districts are eligible following the 2011 distribution and 12 districts will be eligible in 2012/13 for impact studies.

#### **FHI-led Team Travel Plan**

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Burkina	1	1 week	TBD	Country work planning sessions with key stakeholders.
Pape Ndao, Logistics Advisor	Ghana	Burkina-	1	1 week	TBD	Conduct quantification and procurement planning for NTD drugs. Perform rapid capacity building needs assessment for SCM in collaboration with MOH and sub grantees
Mposo Ntumbansondo, M&E Specialist	Ghana	Burkina	1	1 week	TBD	Participate as NTD technical resource in country work plan. Perform rapid capacity building needs assessment for M&E in collaboration with MOH and sub

						grantees
Kingsley Frimpong -Financial Management (Deloitte)	Ghana	Burkina	2	1 week each	Semi annual	MDA reviews of 2 <sup>nd</sup> tier sub agreements. Capacity building on USAID regulations and financial management with MOH.
TBD Grants Manager	Ghana	Burkina	4	1 week each	Quarterly	Sub agreement implementation monitoring. Review of compliance with USAID regulations and 2 tier sub agreements execution.

## Attachment 2 – HKI SoW for Niger

### OBJECTIVES:

The proposed program will consolidate past achievements and build the capacity of the MoH to:

1. Further integrate the control of the targeted neglected tropical diseases and enhance the quality of MDA;
2. Prepare the country for post-endemic disease surveillance;
3. Build the country's capacity in program management and implementation;
4. Strengthen the national system for program supervision, drug management, monitoring and evaluation;
5. Develop strategic and targeted communication programs to enhance social mobilization; and,
6. Mobilize domestic and partner resources to further address the non-MDA aspects of the control of these diseases.

### ACTIVITIES:

**Strengthen National Coordination;** Critical to the success of the program will be a strengthened coordination capacity of the MOH including the appointment of a full-time national NTD coordinator. The activities to assist in building the government's capacity and thus ownership are:

**Stakeholders Meeting:** As noted in our proposal, the initial activity of the program will be to hold a stakeholders meeting with all interested parties including the MOH (ensuring broad representation to include the different disease control programs, National Pharmaceutical and Chemical Products Office (ONPPC), National Health Information System, Finance Directorate, Planning Directorate), the Ministry of Education (MOE), regional health directorates and district health teams, the USAID representation in Niamey, the Schistosomiasis Control Initiative, RISEAL, The Carter Center, UNICEF, and WHO.

**Support for NTDCP Office:** This activity is to provide support to the operational costs of the NTD program office with the objective of ensuring they have a fully functioning office. These costs will include utilities and particularly telephone and internet to facilitate communications with the regions and districts.

**NTD Coordination Committee Meetings:** This committee meets three times a year with the objective of coordinating all NTD related activities, identifying obstacles and challenges, making recommendations as to the way forward, and identifying technical assistance needs. The committee is chaired by the NTD focal person and is comprised of the NTD program managers, regional and district health directors, and representatives from the MOE.

**National NTD Task Force:** This body which meets twice a year (July and December) is chaired by General Director of the Ministry of health, and comprises representatives from NTDCP, HKI, representative from Education, National Pharmaceutical and Chemical Products Office, The Carter Center, and other key technical partners. The purpose of the Task Force is to bring the level of funding and number of donors for NTD Control to a higher level in Niger. HKI will work with the MOH to expand this group much in the same way as the Coordination Committee to be more representative of the control program's needs.

**Strategic Plan (2011-2015) Workshop:** Niger's first strategic plan for integrated control covered the years 2007-2010. This workshop is designed to strategically plan ahead for the next 5 years building on the gains made thus far, incorporating lessons learned, and begin planning for post-endemic surveillance. The workshop will be held in Niamey and include representatives from all regions in Niger. The expected outcome of this workshop is a draft of the National NTD Strategic Plan 2011-2015. This activity is planned June 2011.

#### **Mass Drug Administration**

In addition to providing technical assistance to the MoH for forecasting drug needs and submitting drug applications to the respective drug donation programs at the times required by each individual donation program, the following activities will be undertaken to ensure that the drugs are delivered as safely and efficiently as possible to achieve the highest level of programmatic, epidemiologic, and geographic coverage.

**Annual Workplan Workshop:** This will bring together key stakeholders from international, national and regional levels to plan for the MDA and associated activities for the following year. The expected outcome will be a detailed workplan and accompanying budget for all activities. This is tentatively scheduled for January 2012.

**Technical Meeting for 2011 MDA:** This meeting is to plan for the MDA in 2011 and will involve the NTD point person, the directors of the various disease programs, other key stakeholders including NGOs, and representatives from the regions. This meeting is scheduled to take place at the end of April recognizing the need for immediate action due to the delay in implementation and the approaching rainy season. The outcome of this meeting will be a detailed distribution plan. This activity differs from the Microplanning Workshop below, since it does not involve the districts. The Technical Meeting will be held in 2011 in lieu of the Microplanning Workshop, given the immediate need for program activities to begin, but in 2012, the Microplanning Workshop will be held in lieu of the Technical Meeting. Once the plan is developed, a written document will be prepared for the districts summarizing the timeline, financial resources available, and administrative procedures. The districts have not been involved before and HKI's commitment to transparency is for them to have as much information as possible this first MDA without creating further delays and then for subsequent years ensure they are involved.

**Microplanning Workshop for 2012:** This meeting is planned to create detailed district-level plans for MDA in 2012 and will involve the NTD point person, the directors of the disease programs, key stakeholders, representatives from the regions, and representatives from the districts. This activity differs from the Technical Meeting above, since it does involve the districts in the planning activities. The Microplanning Meeting will be held in 2012 in lieu of the Technical Meeting.

**Transport of Materials and Drugs:** This activity is to ensure the timely delivery of drugs and other materials such as dose poles to the regions and on to the districts in preparation for the MDA. The transport of all medicines is overseen by NTDCP and HKI. For 2011 MDA, HKI is in process of verifying with the MOH that all the drugs have arrived in country and have already been transported under the previous management.

**Training, Support Scale-up of PCT:** Annual training will be important at all levels of the health system particularly for the CDDs to accurately follow the program protocols and to safely and

correctly distribute the various drug packages. The existing training protocol, materials, and schedule will be reviewed to assure they are still appropriate and revised as needed. Changes may be required at appropriate levels given the expanded list of indicators that will be required going forward, and in that case, additional materials will be produced as needed. From the distribution plan, as described above as an outcome of the Technical Meeting in 2011 and Microplanning Meeting in 2012, the training and refresher training needs for staff at each level will be identified, beginning with a training of trainers at central level, and a cascade training for regions, districts, health center staff and for community drug distributors. This cascade training will be conducted with the primary focus on the roles and responsibilities of the various cadres and the necessary capacities they will need. Also the training will ensure a common understanding throughout the system of the overall objectives of the NTD strategic plan and the strategy for achieving these objectives. Trainers will be national staff who have a long experience in MDA training.

**IEC/Community Mobilization:** Due to the abbreviated time frame prior to when the 2011 distribution needs to start, the program will use the currently available social mobilization strategies and materials. Multiple communication channels will be used, including public, private, and community radios, local traditional or religious leaders, town criers and print materials. To support the community mobilization, information sessions will be conducted at the district level bringing together the various community/religious leaders. These leaders are seen as critical for community mobilization and it is necessary they understand the objectives of the program to effectively promote it among their constituents. Following the 2011 distribution, a review of the strategy and materials will be conducted to determine what if anything can be improved.

**Drug Distribution by CDDs:** The community distributors are the ones who must accurately and safely distribute the drugs to the communities. The support that they require that will be covered by this project includes: training (including the monitoring of SAEs) and per diem.

### **Mass Drug Administration Supervision**

Supervision will be strengthened and organized in the existing tiered fashion with teams at the national, regional, district, and health center levels overseen and managed by the MOH and assisted by HKI and partners (in particular TCC, SCI and RISEAL). The national level supervision teams will be comprised of MOH officials (drawing from the staff of control programs and other units as appropriate) who will liaise with the regional health officials, who in turn will liaise with district health officials. The districts will oversee the health centers and health posts whose staff will directly supervise the CDDs. The supervision teams will coordinate and manage any potential issues arising during the implementation and supervision activities, and will report back to the national program. Their findings in the field will also be used to provide feedback to the supervisees and will shape future training to assure and enhance quality. The feedback will form the basis of the move towards formative supervision as described in the proposal. Following the 2011 MDA, HKI will conduct an assessment of the allocation of funds for supervision during the first five years of the integrated NTD program adjusting the supervision strategy as necessary to ensure that supervision becomes a program priority.

### **Program Monitoring and Evaluation**

**Post-MDA Monitoring:** Monitoring and supervision will continue for several months post MDA to ensure that if SAEs are present, they are managed properly, as well as to ensure that all data are collected and compiled at district, regional, and central level. Drug inventory will also be conducted as part of this activity to determine remaining stock and the needs for the following year.

### Stop MDA - LF

With the completion of the 2011 and 2012 MDAs, those districts with less than 1% microfilaremia and that are eligible for stopping LF MDA will be identified and a stop LF MDA study will be administered in accordance with WHO guidelines to determine if future rounds will be warranted. This will take place at least six months after the 5<sup>th</sup> round of distribution with ivermectin and albendazole has been completed and the lead in this activity will be the LF program coordinator. In districts not yet eligible for stop LF MDA surveys, LF surveillance will continue in the established sentinel sites.

### Trachoma Impact Surveys

With the completion of the 2011 and 2012 MDAs, impact studies will be conducted in the districts that have received at least three consecutive rounds of treatment with azithromycin and tetracycline. Impact studies will be conducted at least eight months after the MDA so that results show the cumulative effect of multi-year treatment and not the results of the most recent distribution.

**Annual Post-MDA Review Meetings:** These meeting will be held within two to three months of the end of each annual MDA at district, regional, and national levels with the data from each previous meeting being consolidated for reporting at the next level. Following the 2011 review meetings, HKI and government counterparts will look closely at the quality of reported data making sure that what is reported at each level is consistent with the previous level's data. This first year of reporting will help inform any capacity strengthening that may be necessary to ensure a higher quality of reporting in 2012 and ensuing years. These meetings will also be important for the identification of bottlenecks at each level and finding solutions to these problems.

**Short term Technical Assistance:** Though unbudgeted for with the expectation that technical assistance will be funded by FHI core funding, HKI and partners will work together with the MOH through the national NTD Focal Point and the three control programs to identify specific technical assistance needs that will be necessary to bring the national program closer to being sustainable and government owned. Technical assistance may include compliance with USAID regulations on grants management, improved financial management of the national program, understanding of and adherence to WHO guidelines on MDA, impact survey protocols and post endemic surveillance. Additional areas of technical assistance may include strengthening of the drug management system, advocacy for increasing government financial commitments to NTD control, improved social mobilization, and formative supervision.

### FHI-led Team Travel Plan

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger	1	1 week	TBD	Country work planning sessions with key stakeholders.
Pape Ndao, Logistics Advisor	Ghana	Niger	1	1 week	TBD	Conduct quantification and procurement planning for NTD drugs. Perform rapid capacity building needs assessment for SCM in collaboration with MOH and sub grantees
Mposo Ntumbansondo,	Ghana	Niger	1	1 week	TBD	Participate as NTD technical resource in country work plan.

M&E Specialist						Perform rapid capacity building needs assessment for M&E in collaboration with MOH and sub grantees
Kingsley Frimpong -Financial Management (Deloitte)	Ghana	Niger	2	1 week each	Semi annual	MDA reviews of 2 <sup>nd</sup> tier sub agreements. Capacity building on USAID regulations and financial management with MOH.
TBD Grants Manager	Ghana	Niger	4	1 week each	Quarterly	Sub agreement implementation monitoring. Review of compliance with USAID regulations and 2 tier sub agreements execution.

## Attachment 3 – HDI SoW for Togo

### OBJECTIVES:

HDI Inc, in collaboration with the Togolese Ministry of Health, aims to improve the health of the Togolese people through the prevention and treatment of soil-transmitted helminthes, schistosomiasis and onchocerciasis, and the management of morbidity associated with lymphatic filariasis.

### ACTIVITIES:

#### Support for NTD Planning Process

**Annual stakeholder meeting** – An annual stakeholder meeting will be held for all of the key stakeholders at the central, regional and district levels (~80 people), as well as external partners (eg, UNICEF, Global Fund, etc.). Evaluation of previous MDAs will be presented, and plans for expanding NTD control activities and transition to Ministry of Health funding and control will be discussed.

**Monthly National NTD Coordinating Mechanism and Committee (NCO) meetings** – **Meetings** will be held at least monthly in order to allow for on-going discussions about opportunities to improve and expand the national program to prevent and treat NTDs. The NCO is led by the national Coordinator for NTD Control and consists of representatives from the Ministry of Health programs to control onchocerciasis, schistosomiasis, lymphatic filariasis and trachoma.

#### Mass Drug Administration

MDAs will be implemented at the village level by Community Drug Distributors twice each year.

- Autumn MDA – Ivermectin (donated by Onchocerciasis Control Program (OCP)) and albendazole (donated by Children Without Worms) will be distributed in high prevalence areas according to WHO recommendations.
  - Ivermectin will be distributed to the entire population (excluding ineligible population) in those districts with prevalence >40%.
  - Albendazole will be distributed to school-aged children, preschool children and women of child-bearing age in those districts with soil-transmitted helminthiasis prevalence >50%. UNICEF will provide the albendazole for the preschool children.
- Spring MDA - Ivermectin (donated by OCP), albendazole, and praziquantel will be distributed nationwide according to WHO recommendations.
  - Ivermectin will be distributed to the entire population (excluding ineligible population) in those districts with prevalence >40%.
  - Albendazole will be distributed to school-aged children, preschool children and women of child-bearing age in those districts with soil-transmitted helminthiasis prevalence >20%. UNICEF will provide the albendazole, as well as vitamin A, for the preschool children.
  - Praziquantel will be distributed to all school-aged children once a year in high-risk communities (prevalence >50%), once every two years in moderate-risk communities (prevalence >10% and <50%), and twice during primary schooling age in low-risk communities (<10%).

#### Training

**Cascade training** – Togo utilizes a train-the-trainers model.

- Central level personnel (Ministry of Health) train central, regional and district supervisors

- Regional and district supervisors train peripheral health unit (USP) nurses
- USP nurses train the community drug distributors (CDD)

## **Supervision**

### **Supervision is an on-going process and will take place at different levels**

HDI-Togo and the National NTD coordinator will supervise the central-level training and will monitor training sessions at the district and USP levels as needed. In addition, they will review all coverage data, identify areas for improvement, and work with those areas or individuals to improve coverage rates, drug accountability or understanding of target population.

Each trainer is responsible for supervising his or her trainees, and will review all reports submitted by the trainees for completeness and accuracy before submitting them to the next level.

### **Management of serious adverse events**

All Serious Adverse Events (SAE) will be reported immediately by the government of Togo to HDI, and HDI will notify a senior NTD specialist at FHI 360/NTD Control Program Headquarters within 24 hours of receipt of the information. Mectizan SAE will be immediately reported to the Mectizan Donation Program (MDP) and albendazole side effects will be reported to Glaxo-Smith-Kline (GSK) through MDP. Identification and management of SAE will be taught at the trainings. Reporting of adverse events will be through established channels. The CDD will refer the patient immediately to the USP dispensary. Serious cases will be hospitalized at the district hospital. From the dispensary, the case will be reported to the district supervisor and regional supervisor and details of the case will be sent by email or fax. The regional supervisor will report to the HDI office in Lomé.

### **Transition and post-elimination strategies**

Impact surveys will be conducted to guide the transition from MDA to post-elimination strategies. Evidence from data collected in Togo following cessation of treatment for lymphatic filariasis in certain areas indicates that there is significant rebound of STH after MDA is stopped. HDI will plan future assessments to monitor for resurgence of NTDs after cessation of MDAs.

## **Lymphatic filariasis activities**

**Surveillance:** The lymphatic filariasis surveillance program is an active, multifaceted surveillance program developed in consultation with CDC, and any positive cases are investigated.

**Morbidity management:** Ministry of Health care staff provides education about morbidity management to individuals afflicted with lymphedema.

### **FHI-led Team Travel Plan**

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Togo	1	1 week	TBD	Country work planning sessions with key stakeholders.
Mposo Ntumbansondo, M&E Specialist	Ghana	Togo	1	1 week	TBD	Participate as NTD technical resource in country work plan. Perform rapid capacity building needs assessment for M&E in collaboration with MOH and sub

						grantees
Kingsley Frimpong -Financial Management (Deloitte)	Ghana	Togo	2	1 week each	Semi annual	MDA reviews of 2 <sup>nd</sup> tier sub agreements. Capacity building on USAID regulations and financial management with MOH.
TBD Grants Manager	Ghana	Togo	4	1 week each	Quarterly	Sub agreement implementation monitoring. Review of compliance with USAID regulations and 2 tier sub agreements execution.

## Attachment 4 – CRS SoW for Ghana

### OBJECTIVES:

1. CRS will support the Ghana Health Service (GHS)<sup>2</sup> to eliminate and control NTDs by increasing coverage of ‘at risk’ and ‘eligible’ populations and increasing government capacity, commitment, coordination and leadership of the national-scale coverage of MDAs.
2. Through the proposed management structure, the project will ensure government ownership, leadership, management and administration of the grant to accelerate the elimination and control of NTDs in Ghana.
3. The project goal is to improve the health and wellbeing of Ghanaians through the strengthening of the National NTD Control Program to eliminate and control five key NTDs (Schistosomiasis, LF, trachoma, STH and onchocerciasis).
4. The five key NTDs will be reduced and controlled through the achievement of two intermediate results (increase treatment and coverage of ‘at-risk’ and ‘eligible’ populations, and improved environment for NTD control and elimination).

### ACTIVITIES:

CRS and GHS will achieve the following outputs through the implementation of the activities below:

#### **IR 1: Increase treatment coverage of ‘at-risk’ & ‘eligible’ population.**

Output 1.1: 100% geographic coverage and at least 80% treatment of at risk and affected population

- Support for NTDCP planning process, to develop annual work plans and annual MDA plans. The National NTD team and regional focal persons will be facilitated to develop work plans annually for submission to FHI 360 through annual planning meetings.
- Program launch: Though the NTDCP is established and ongoing in Ghana, a startup meeting will be held to bring together stakeholders to introduce the new grantee and sub grantee as well as outline new innovations to be implemented. This meeting will bring together GHS, GES, CRS, FHI 360 (country office), WHO, Sight Savers, Plan Ghana and other partners working in NTD control in Ghana.
- Plan and support integrated MDA campaigns: CRS will support at the national level, the planning of logistics, transfer of funds, coordination of supervisory teams for regions etc. This will be done through meetings by the NTDCP team to assign roles and coordinate efforts of various team members in ensuring MDA campaigns are implemented.

Output 1.2: Integration of all NTDCP is implemented by well-trained health staff, teachers and community health volunteers achieved.

- Train health agents, teachers and CHVs: CRS will support the NTDCP team to organize cascaded trainings (about one month before MDAs begin). These trainings will be refresher trainings using the GHS NTD training manual by the project team at the national, regional and district levels focusing on reinforcing positive activities that will ensure improved MDA coverage. Targets will be health workers, teachers and

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<sup>2</sup> GHS is the health implementing body of the government

community health volunteers. Details of numbers to be trained annually will be specified in the annual work plans.

- Carry out social mobilization and IEC: Social mobilization and IEC will be carried out at the district and community levels by health workers and community volunteers using existing IEC materials developed and produced by the NTDCP under the previous USAID grant. Social mobilization will target endemic communities and populations.

**Output 1.3: NTDCP Monitoring and Evaluation system strengthened.**

- Compile, analyze and report on MDA data: CRS M&E specialist working with GHS NTDCP team will coordinate the compilation analysis and generation of MDA data at the national level with data collected from the field.
- Gather financial justification and reports: CRS Accounts Officers will support the GHS Finance team to gather financial justification and reports from all implementing districts to ensure adequate accountability while building the capacity of district finance officers to comply with donor financial requirements.
- Carry out post MDA survey. A post MDA coverage survey will be conducted to verify administrative data collected from the field. NTDCP will depend on the donor to provide guidelines for this activity.
- Work with GHS to coordinate drug applications, drug forecasting, inventory and stock management: Whilst it is the responsibility of the country program manager to apply for drugs for the country program, CRS will support in this process by helping to estimate drug balances and forecasting drug requirements up to the community level. This will be done in consultation with the donor.
- Write and submit reports to all donors: CRS coordinator will support the National NTD Program manager to compile reports for donor specific requirements. CRS Coordinator will be specifically responsible for reporting on USAID funding as per FHI 360 guidelines.
- Coordinate SAE reports: M&E specialist will collect reports of SAEs from field and coordinate their reporting to Drug companies, WHO and FHI 360.

**Output 1.4: Operations research carried out by CRS as part of cost-share agreement.**

- Carry out research on the use of mobile phone technology in reporting MDA coverage. This will target one district with consistently low coverage in year one. The strategy will be expanded to cover an additional region in year two if found to be useful.
- Carry out research on acceptability of co treatment for LF, Oncho, STH and Schisto in two districts. Two districts that are endemic for all NTDs apart from Trachoma will be piloted with the concurrent administration of drug packages for LF, Oncho, STH and SCH. If found to be acceptable, this strategy will be taken to scale in one region in year two.

**Output 1.5: Impact and evaluation studies carried out.**

- Support surveillance and surveys: CRS will support epidemiological and entomological surveys planned by the NTDCP annually.

**IR 2: Improved environment for NTD control and elimination.**

**Output 2.1: NTDCP and partners communicate and coordinate activities on a regular basis**

- Facilitate planning and review meetings through decentralized structures: CRS will provide funding and support the organization by the NTDCP of review meetings at the regional and district levels for MDAs.

- Support training of GHS officials in drug management M&E strengthening and report writing. On the job training of NTDCP team members on M&E and drug management will be done by the M&E specialist while working with GHS at the national and regional levels.

**Output 2.2: Resources are mobilized**

- Support mobilization of resources for NTD control. CRS will work with NTDCP to implement the NTDCP advocacy strategy to create awareness of NTD control in country and mobilize resources for its activities. CRS will also carry out formal and informal advocacy meetings with targeted stakeholders such as Ministry of Local Government and Rural Development, Volta River Authority, Bui Power Authority, Financial and Telecommunication institutions. .
- Carry out formal and informal advocacy meetings with targeted stakeholders.
- Develop new and maintain current partnerships to mobilize resources. CRS will support the GHS identify new potential sources of additional funding to support NTD activities both in country and externally. This will be facilitated through the use of information sheets developed to highlight project activities.

**Output 2.3: Intra Country Coordinating Committee led by GHS organized and functioning**

- Meet regularly with ICCC: CRS will facilitate the establishment of the ICCC and fund their meetings twice annually.
- Expand political commitment: CRS will support the NTDCP to continue to dialogue with District Assemblies in endemic districts to acquire more local government commitment to support NTD activities.

**Output 2.4: Sustainability strategy drafted with active involvement of key stakeholders**

**Activities:**

- Carry out situational analysis and final review. CRS M&E specialist will review current and previous MDA data to establish a baseline on which to plan for improved MDA coverage.
- Support NTDCP to develop a sustainability strategy. CRS will work with the NTDCP to develop a strategy to sustain gains made in program implementation. This will be done through review meetings at all levels noting what success stories can be documented and shared, what works and what doesn't.

**FHI-led Team Travel Plan**

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Ghana	1	1 week	October 2011	Country work planning sessions with key stakeholders.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	April 2012	Project performance semiannual review. Project semiannual report.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	August 2012	Workplan 2013

## **Attachment 5 – HKI SoW for Sierra Leone**

### **OBJECTIVES:**

1. Promote the government's ownership and leadership of the Neglected Tropical Disease Control Program (NTDCP);
2. Enhance capacity and all levels of the NTDCP and District Health Management Teams (DHMT) including the drug supply management chain by regular in-service training and supportive supervision;
3. Work with other partners to advocate for an increase of Neglected Tropical Disease (NTD) control budget without shifting funding from other health priorities;
4. Ensure a maturing, effective communication strategy with the re-testing of Information Education Communication (IEC) materials to determine if they remain effective and tailored for the hard to reach, non-compliant communities and under-performing locations by formative research and refining materials;
5. Establish surveillance systems for disease control and elimination through regular meetings of the NTD Task Force to discuss up-to-date WHO guidelines;
6. Track progress effectively by strengthening the existing monitoring, evaluation and surveillance mechanisms;
7. Strengthen mobilization of additional resources from current and future NTD partners through advocacy to create a Soil Transmitted Helminthiasis (STH) control program for school aged children that will be sustainable following the cessation of Mass Drug Administration (MDA) for Lymphatic Filariasis (LF);
8. Mobilize domestic and partner resources to further address the non-MDA aspects of the control of these diseases.

### **ACTIVITIES:**

#### **Workshops**

##### **Mano River Union NTD Meetings**

To ensure coordination of planning within Ministries of Health and partners within the Mano River Union Countries (Sierra Leone, Liberia, Guinea and Cote Ivoire), NTDCP, HKI and Sightsavers will participate in the annual meeting which is held in a rotational location. The risk of cross border recrudescence of diseases will be addressed in the next phase developing regional strategies, defining roles and responsibilities.

##### **Annual NTD Review Meetings**

HKI will assist the NTDCP organize annual NTD meetings to review the targets achieved, discuss lessons-learned and develop work plans for the following year. These annual reviews will include budget preparation and will be attended by all program partners to ensure that the results of monitoring, evaluation and the lessons-learned are fed back into the planning process for program improvement with verifiable, objective indicators to identify under-performing districts or chiefdoms and propose recommendations.

##### **Curriculum Development: NTD**

HKI will assist NTDCP and the tertiary education institutions integrate NTDs into the curricula for health workers training in the six Schools of Nursing, College of Medicine and Allied Health Sciences, School of Community Health and Clinical Sciences and

Northern and Eastern Polytechnics. The large selection of training materials already developed, pre-tested, revised and produced, including manuals, fact sheets and PowerPoint presentations will be adapted for use in pre-service training in the next phase.

### **Preventive Chemotherapy**

#### **NTD Training**

Annual cascade training/refresher training will begin with the NTDCP, district health management teams (DHMTs), health center (PHU) staff and finally Community Drug Distributors (CDD) on integrated management of NTDs, social mobilization, health education and MDA, to ensure exclusion criteria are understood and drug packages are appropriately and safely distributed by directly observed treatment. Although all levels of cadres of the MOH have already received in-service training in the integrated management of NTDs, training/refresher training will continue to be necessary to compensate for attrition and to communicate lessons learnt. Training will be extended to private health care professionals through their associations, encourage them to participate in appropriate health education and social mobilization and facilitate MDA during the urban/non-rural campaigns in the next phase.

#### **Drug clearing, storage and management chain**

Drugs will be promptly cleared from the port of entry, taken to the Makeni NTD central stores where they will be checked for quantity and expiry dates. Bin cards, electronic and hard copy ledgers are updated and distribution to DHMT store keepers performed prior to MDA based upon the District Medical Officers (DMO) written requests. The district NTD focal point will distribute MDA drugs to each Peripheral Health Unit (PHU), signed for by a PHU staff member who in turn allocates to the CDDs according to the village census calculation of need. The CDDs (or Community Health Workers) in the Western Area (WA) and Mother Child Health Agencies (MCHA) in provincial urban towns) will then be responsible for distribution to all eligible individuals during MDA and recording the number of tablets utilized or damaged. At the end of a campaign, a PHU staff member will return all un-used drugs to the DHMT who will return them to the NTDCP signed for at each stage. The NTD Store Manager will then update the bin cards and electronic voucher accordingly. HKI will continue to provide computer training for the NTD Store Manager so that the management chain and electronic record keeping is sustained and robust.

#### **Logistics & Provision of Materials needed for MDA**

HKI will assist the NTDCP to make sure all the necessary materials required for MDA are available and distributed to all the communities prior to MDA and special provision made to reach the hard to reach including additional fuel and cost of boat hire for riverine villages.

#### **Supervision of NTD activities including MDA**

Supervision of NTD activities is conducted at all levels: the NTD Task Force oversees national planning; DHMTs trainings are supervised by the NTDCP, the PHU staff training are supervised by the DHMTs; the CDD training, social mobilization, village census taking, drug control and mass drug administration are supervised by the PHU staff. All activities are monitored and evaluated by the NTDCP and supported by HKI.

### **Collection, Analysis & Reporting**

Following MDA results of drug distribution are collected by the NTDCP from the DHMTs. HKI will assist the NTDCP to ensure collection of results from especially the hard to reach communities, analyze and interpret results. HKI will ensure that these results are circulated to the MOHS, DHMTs and partners.

### **CDDs Motivation**

This activity is to ensure that the CDDs are motivated to continue to provide voluntary services to their communities. Whilst the motivation of CDDs continue to be part of the of community social mobilization for communities to provide in kind service to their CDDs such as exemption from communal work, HKI will work with the NTDCP to provide additional motivational items such as T-Shirts to all active CDDs.

### **IEC/community mobilization**

#### **Advocacy Meeting**

- Advocacy will be conducted annually at national and district levels. During stakeholder meetings information and proposals will be shared with decision-makers within the MOHS, parliamentarians, UN agencies, medical professionals, researchers (national and international) and NGOs. At district level, the council chairmen and the city mayors will participate in NTD planning and increasingly integrate NTD activities into their budgets and annual work plans. In the next two years HKI as part of the NTD task force, will strategically advocate for political and financial support from within the Government, parliamentary budget oversight committee for health, office of the President, and Ministers from Health, Education, Finance, and Economic Development. To raise awareness on the huge contribution the drugs companies are making towards NTD control drugs arriving will be formally presented to the Minister of Health and Sanitation and reported nationally in the media.
- Private health care professionals will be targeted with special advocacy events through their associations, encourage them to participate in appropriate health education and social mobilization and to facilitate MDA during the urban campaigns.

### **IEC/Social Mobilization**

- Social Mobilization will be conducted annually at chiefdom and community levels. Community meetings will serve to sensitize the traditional leaders and the rest of the community members about their support and commitments to NTD control in their communities. The communities will be sensitized to monitor the drug distribution by CDDs and motivate them. It is hoped that such role will ensure sustainability and community ownership.
- IEC materials will be reviewed, updated, produced including posters, leaflets, jingles and spot messages in the 4 main local languages: Krio, Mende, Themne and Loko. These materials will be to take into account new events in NTD control. In the non rural and urban settings IEC materials will be augmented with an extensive mass media campaign involving the radio, television, newspapers and the internet. The frequently asked questions (FAQs) developed in 2010 will be updated and disseminated by government, commercial and independent community radio networks with interactive public participation. The communication strategy in the new phase will be adapted and tailored to the needs of hard to reach communities and non-compliant groups.

### FHI-led Team Travel Plan

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	SLeone	1	1 week	TBD	Country work planning sessions with key stakeholders.
Mposo Ntumbansondo, M&E Specialist	Ghana	SLeone	1	1 week	TBD	Participate as NTD technical resource in country work plan. Perform rapid capacity building needs assessment for M&E in collaboration with MOH and sub grantees
Kingsley Frimpong -Financial Management (Deloitte)	Ghana	SLeone	2	1 week each	Semi annual	MDA reviews of 2 <sup>nd</sup> tier sub agreements. Capacity building on USAID regulations and financial management with MOH.
TBD Grants Manager	Ghana	SLeone	4	1 week each	Quarterly	Sub agreement implementation monitoring. Review of compliance with USAID regulations and 2 tier sub agreements execution.

## **Attachment 6- Partners Contribution**

The FHI360-lead team, which includes Deloitte, JSI and LATH, build upon a dynamic and flexible approach that supports the implementation with the project through a lean technical structure based in Ghana to reduce the operational costs. FHI360 and its partners will act as appropriate to support national government in the implementation of their program for controlling NTDs. In general, all partners will contribute the program according the framework described below.

### ***Deloitte***

The purpose of Deloitte's participation is to provide technical assistance and capacity building support in financial management systems and budgeting to MOH and sub-grantees, for an effective and efficient implementation of the program that meet USAID requirements and regulations. Specific objectives include:

1. Provide technical assistance for capacity building in areas of financial management, budgeting, project costing and financial gap analysis as appropriate, in respond to requests by the MOH; and
2. Analyze grantees implementation cost efficiency to keep the project within the financial parameters agreed upon with USAID.
3. Support the grantees in the application of financial and costing tools for successful project implementation.
4. Perform financial sampling based on grantee's vouchers following the completion of MDA activities in Burkina Faso, Niger, Ghana, Sierra Leone, and Togo

As part of the FHI360-led team, Deloitte will lead financial management technical assistance and capacity building activities. Activities will include:

- Conduct consultations with the MOH at the onset of working in country, to take into account current initiatives that are intended to address the capacity needs of the national program.
- Refine a financial management rapid appraisal tool. Once approved, Deloitte, FHI360 and USAID will discuss the possibility of piloting the tool in one country.
- Based on these consultations with the MOH, propose the more appropriate approach to address the bottlenecks that exist within the counterpart organization to address the needs.
- Implement capacity building activities in partnership with the MOH team such as training, mentoring, coaching, twinning, etc. as needed.

As part of the FHI360-led team, Deloitte will meet these objectives through a seconded staff person to the Ghana-based project team and short-term technical assistance (both US- and regionally-based).

### ***JSI***

The purpose of JSI participation is to support quantification and procurement planning for NTD drugs, and to provide training, capacity building, and technical assistance for MOH/NTDCPs and USAID NTD sub-grantees in drug forecasting, ordering, and other supply chain management (SCM) functions. Specific objectives for JSI within the FHI360-led team are:

1. Conduct SCM rapid capacity needs assessments in collaboration with MOHs and subgrantees in all five End in Africa countries to identify strengths and weaknesses, along with technical assistance and capacity building needs of the national NTD programs and the sub-grantees supporting the implementation of their programs. JSI will develop TA plans to address those needs based on requests from the MOH to the sub-grantee; the TA plans will then be authorized by USAID prior to the provision of any technical assistance by JSI.
2. Support, conduct, and develop project staff capacity in forecasting/quantification; procurement planning; inventory control, drug management, product quality assurance, customs clearance procedures, storage, distribution, transport, waste management (disposal), or other essential logistics functions based on approved TA plans.
3. Support the MOH in coordination with the sub-grantee to meet recordkeeping, reporting, and logistics management information system (MIS) needs
4. Develop and disseminate SCM resources to support access to commodity donations and to define the program's SCM system and procurement services
5. Coordinate project inputs with commodity donation program commitments and timing of donations
6. Develop a SCM work plan to address technical assistance needs in Ghana

As part of the FHI360-led team, JSI will meet these objectives through a seconded staff person to the Ghana-based project team, part-time staff working at the JSI/Washington office, and short-term technical assistance (both US- and regionally-based).

## **LATH**

The purpose of LATH is to provide training and technical assistance for MOH capacity building in M&E, identification of technical constraints and knowledge management (KM). Specific objectives for LATH within the FHI360-led team are:

1. Provides TA in M&E systems design, planning, implementation and capacity building within the MOH/NTDCP and sub-grantees as needed;
2. Assists sub-grantees and countries in data collection, verification, analysis and report writing and implementing data quality systems;
3. As needed, conducts analysis of program implementation to identify areas of weakness or opportunity vis-a-vis the appropriate M&E strategy and guidelines;

As part of the FHI360-led team, LATH will have a substantial involvement in execution of the following tasks:

- As needed, conduct country specific situation analysis to support national NTD control programs to identify their needs in M&E
- Refine an M&E rapid appraisal tool which may be used upon USAID approval
- Identifying in a participatory fashion STTA and training requirements for MOH and sub-grantees based in the results of country specific consultations.
  - Monitoring and Evaluation
  - Quality Assessment
  - Knowledge Management

- Provide TA and training workshops training sections in areas/needs according to the plan as directed by FHI360
- As needed, participate in meetings with national NTDCP to review progress
- Develop and regularly update END in Africa website data. Development of, and interaction in, a Discussion Forum will be encouraged;
- Project outcomes, methods, strategies, guidelines, progress, lessons learned and best practices will be captured for dissemination via the most appropriate channel/s. FHI360 will coordinate how its partners feed into and populate the END in Africa website.

As part of the FHI360-led team, LATH will meet these objectives through a seconded M&E Specialist in the Ghana-based project team, and part-time seconded Knowledge Management Specialist working at the FHI360/Washington office.