End Neglected Tropical Diseases in Africa

END in Africa

Annual Work Plan

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End Neglected Tropical Diseases in Africa Work Plan FY2013

Contents

Acronyms and Abbreviations

AOTR	Agreement Officer's Technical Representative
CAT	Country Capacity Assessment and Transition Team
CHW	Community Health Worker
DIST	District
GIS	Geographic Information System
GHS	Ghana Health Service
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
ONPPC	National pharmaceutical and chemical office (acronym is in French)
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
TAF	Technical Assistance Facility
TIPAC	Tool for Integrated Planning and Costing
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). FHI360 awards and manages grants to organizations working in targeted countries with high technical capacity to implement programs that support national NTD control strategies. 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 support the conveyance of these MOH-led meetings and utilize the platform to spell out the roles and responsibilities of the various USAID partners.

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. New USAID guidance provides directions for 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 through Fixed Obligation Grants (FOG).

Sub grantees 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, use 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.

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 FY2013.

In FY2011 sub agreements were signed with competitively selected Non-Governmental Organizations HKI, CRS and HDI to support the implementation of the NTD programs in Burkina Faso, Ghana, Niger, Sierra Leone and Togo. The work planning of USAID funded activities was completed between June and September 2012 for all countries.

InFY2013, FHI360-led team will execute the following major activities in support of sub grantees and MOHs:

- Support MOHs and sub grantees in the implementation of FY2013 work plans in all countries. A summary of drafted work plans by country is presented in attachments 1 to 5.

- Develop in a collaborative fashion with the sub grantees and MOH, revised scopes of work and budgets for extending the existing sub agreements up to the life of the project for End in Africa. The new budgets will be structured according to the requirements of Fixed Obligation Grants (FOG) mechanism to manage the second tier sub agreements between sub grantees and the MOHs. The anticipated schedule for submitting these modifications is as follows:
    - A request for extending the HKI sub agreement for Burkina Faso to September 30th, 2013 will be submitted in November 2012. This request will include additional funds to cover project execution and the FOG package that will be signed with the MOH.
    - For Niger, a request for extension will be submitted in January 2013 to extend the execution of the existing sub agreement with HKI to September 30th 2015. The time frame should allow a three month period for close out operations in advance of the end of END in Africa sub agreement at the end of the Fiscal Year 2015.[1]
    - Requests for extending the existing sub agreements with CRS, HKI and HDI for Ghana, Burkina Faso, Sierra Leone and Togo respectively, will be submitted in June and July 2013 after the in-country sessions for developing the FY2014 work plans. We will request that these sub

[1] Extending existing sub agreements up to September 30th, 2015 is contingent to whether the LOP for END in Africa will be extended.

agreements be extended up to September 30th, 2015 if the LOP is extended.

- Support the MOH-led process for developing USAID-funded Annual Work Plans with the participation of the sub grantees, USAID and FHI360. Ensure that grantees' annual work plans and budget schedules support the MOH plans and MDA cycles. Country work planning sessions are scheduled as follows:
    - May 2013 – Togo, Sierra Leone, Ghana
    - June 2013 – Burkina Faso, Niger

- Follow-up with ENVISION and sub-grantees to ensure that the requested TA is provided and recommendations that come out from TA workshops are adequately implemented.

- Continue fostering 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.

- Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs according to the terms in the guidance provided by USAID. While activities occur throughout the year, each country will experience an intensive 4-6 months of expenditures around the MDA campaigns. Monitoring will occur through the monthly desk review of the sub grantee financial report of project expenditures and programmatic advances toward established goals. The desk review consists of checking that expenditures are eligible, necessary and reasonable per USAID regulations and in line with the approved budget in the sub agreement. When appropriate, a field visit may be conducted for a better understanding of project expenditures and progress. A report with findings and recommendations will be issued after each country visit, which is shared with USAID.

- Monitor compliance with the project's environmental management and mitigation plan (EMMP) incorporated into each sub agreement, and support sub grantees on meeting all reporting requirements. The results of the monitoring process will be provided to USAID through the semiannual reports and annual EMMP reports.

- Conduct a mid-term performance review with sub grantees and USAID. The mid-term performance review will assess progress toward reaching targets and building managerial capacity. The review will bring together MOH NTD focal points, sub grantees, USAID and FHI360 representatives for a three day meeting in Accra. The format and schedule of the meeting will be developed by FHI360

and submitted to USAID for input and approval. Appropriate technical experts will be invited to participate to advise the countries on key technical challenges/issues.

- The following set of indicators will be used to track project performance in regard to sub-agreement execution:

Table 1: Proposed Project Performance Indicators

Indicator	Disaggre-gation	Source	Year Three Target	Responsi-ble Party
Grant Issuance and Management - Grant Monitoring				
Number of Sub agreements modifications signed.	By country	program records	5	FHI 360
Number of grantees/MOH that received support on developing national Annual Work plans.	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 FHI360 financial reviews successfully completed (Desk review: one per month per country).	By country	program records	12 per country	
Number of FHI360 organized and led monitoring visits to activities.	By country	program records	2 per country	
Number of semiannual program reviews.	By country	program records	1	

Indicator	Disaggre-gation	Source	Year Three Target	Responsi-ble Party
Number of TA requests that have been provided	By country	Program records	at least 80%	
Proportion of impact assessments conducted amongst those approved	By country	Program records	100%	

Technical Assistance and Capacity Building

FHI360 will be responsible for coordinating capacity building effort and will take the lead in assistance related to compliance with USAID requirements, NTDCP, and sub-grantee 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. TA and CB for M&E are included in the M&E section of this plan.

The main activities to be executed by the FHI 360-led team are outlined below by competence area.

Supply Chain Management

The following SCM TA requests and capacity building needs were identified in each country work plan for FY2013 based on the SCM rapid assessment completed by JSI in our five countries and MSH's SCM report commissioned by USAID in selected countries. JSI will work in coordination with the MOH and sub grantees in implementation of the following tasks.

- Facilitate provision of required documentation for customs clearance such as certificates of donation and drug registration waivers for FY2013 consignments. Support national NTD programs and implementing partners as they prepare to receive 2013 consignments by tracking orders to ensure they are sent on time, are received, cleared through customs, and stored at the central level according to plan.

- Complete quantification and procurement of the NTD drugs for FY2014. This activity is conducted in each country under the leadership of the Ministry of Health. Quantification for PZQ needs for FY2013 has already been completed and procurement has been executed by RTI under ENVISION. Projected needs will be shared with USAID and transmitted to ENVISION for execution.

- Support MOH and sub grantees in forecasting and submitting FY2014 orders for other donated commodities such as albendazole (from GlaxoSmithKline and facilitated by WHO). Regular communication with the donation programs managed by the Task Force for Global Health and WHO will continue as needed in order to ensure that drugs are available in countries according to their MDA schedules.

- Adapt standard operating procedures (SOP) and complementary training materials in French and English to effectively manage NTD medicines and support the country programs in adapting them to their country-specific situation. Adapting these SOP is the first step for supporting the execution of the country work plans, as described below. The SOP identified include: reverse logistics, storing and inventory control, waste management, medicine handling during and after MDAs (maintain quality and ensuring ability to track and consolidate), physical inspection of drug packaging, distribution planning (includes reverse logistics and redistribution), forecasting, customs clearance, and documenting SAE.

- **BURKINA FASO**: Technical assistance activities respond to recommendations from the SCM rapid appraisal conducted in October 2011, which are included in the country work plan for FY2013. Such activities include: addressing storage constraints at the central level, involving pharmacists in the management of NTD medicines at all levels, developing transportation and distribution plans by region and district, and developing data collection and reporting tools. TA will be provided based on a schedule that should be developed in collaboration with HKI and the MOH. In Burkina Faso's FY 2013 work plan, they did not provide a specific request for TA. If the HKI and MOH staff determine that they need support or assistance in implementing these supply chain improvements, JSI's SCM Specialist is available to provide TA as requested.

- **GHANA**: JSI will support the implementation of activities identified in Ghana's approved work plan: "To ensure an effectively integrated MDA, three cadres of people will be trained. These are health (GHS) and education (GES) staff at the regional, district, and sub-district levels; teachers at the district level and in schools; and community volunteers at the community level. To be able to bring to the forefront specific issues in SCM, the training manual will be updated with an addendum on supply chain management (SCM), and standard operating procedures (SOPs) for drug management will be developed for all levels."

Ghana's approved work plan proposes to develop the SCM SOPs and training materials in December 2012-February 2013. The activities are consistent with report recommendations as well as the requests made by the Ghana team in their FY 2013 work plan. We currently have two performance improvement advisors working as a team to develop SOPs and training materials for Ghana that can be adapted by other countries, such as Sierra Leone.

- **NIGER**: During discussions at the work planning meeting held in Niamey in July 2012, HKI and the MOH representatives proposed the following supply chain-related activities for FY2013, which will be supported by JSI:
    - The Niger office will be monitoring the implementation of the MOU between ONPPC/MOH and HKI on an ongoing basis to determine if the desired outcomes are being achieved. We anticipate that by the end of year 2012 the Niger team will decide whether to continue the partnership or dissolve the MOU. If requested by HKI or the MOH, JSI will provide input on linking vertical supply chains, considering prior experience in this area.
    - According to the MOU, the ONPPC is in charge of storing the products after customs clearance, updating the logistics management forms, packaging orders for each region or district (both destinations are used depending on the region), and transporting the medicines to their destination.
    - Ensure that a distribution plan is prepared in advance of arrival of the medical consignments by the NTD program managers and HKI (and is signed and approved by the national NTD focal point) in order to ensure that required quantities can be transported to the regions and districts by ONPPC in a timely manner after receipt and well in advance of the MDAs.
    - Train pharmacy warehouse managers with technical support from JSI.

- **SIERRA LEONE**: JSI will support the execution of the approved work plan for Sierra Leone which states that the topic of supply chain management and standard operating procedures will be integrated into training curricula, and that the TOT training will be given to district health management team members. The SCM training will also cover waste management of NTD drugs and logistics with emphasis on burying empty drug tins as described in the WHO guidelines. JSI will:
    - Develop Sierra Leone-specific SOPs and complementary training materials with the MOH and sub grantee for supply chain procedures.
    - Conduct on-the-job training at the Makeni Warehouse for the warehouse manager.

- **TOGO**: HDI will assist the MOH in implementing the recommendations for Togo obtained through the supply chain management rapid assessment led by END in Africa's logistics advisor. This may include developing standard operating

procedures (SOPs) for handling drugs before and after the MDA. Additionally, short term technical assistance regarding supply chain management was requested in 2012 to train the HDI logistician and NTDCP/MOH staff on supply chain management strategies. Although this request was made in 2012, the MOH and HDI were not ready to receive the TA since the in-country partners who would receive TA were not yet identified by the in-country team. Therefore, this activity has been shifted from last year to this year. The MOH and HDI are now prepared to receive the TA. In response to this TA request and the proposed supply chain related activities described in Togo's work plan, JSI will:

- Develop Togo-specific SOPs and complementary training materials with the MOH and sub grantee for supply chain procedures if the MOH determines that SOPs are required.
- Develop training materials and train MOH and HDI personnel on supply chain management strategies.
- Train central, regional, district trainers, PHU nurses and CDDs in April 2013.

- Stock-out is the only SCM indicator incorporated in the list of WHO NTD indicators. If needed, clarify the parameters of the indicator with Envision and WHO. To ensure that the END in Africa countries can monitor this new stock out indicator, we will obtain copies of the current MDA reporting forms from the country programs and will review them to determine if essential stock out data is collected. For countries that need to amend their forms to include stock out data into their own data collection process, JSI will provide them with support in developing a standard operating procedure to capture stock out data. This support can be provided to countries remotely, or it could be added to an existing country visit scope of work. We do not envision that a purpose-built trip would be required to provide this support.

Financial Management

To build on the activities from FY2012, including the financial sampling and capacity building work, we plan to continue emphasizing country ownership, collaboration, transparency, accountability and sustainability. Our approach and strategy specifically builds on the findings from the financial sampling exercises, which identified specific challenges in the financial management system in each country that compromise the NTDCPs. In Ghana, we have the added inputs from the capacity building workshop, which enabled the GHS and NTDCP to identify specific areas they would like to focus on to improve performance of the NTDCP.

Therefore, our approach is demand-driven and empowers NTDCPs, as the proposed work plan below is based on what each NTDCP has identified to help them strengthen MDAs and achieve their NTD objectives. Deloitte will support the following proposed activities in all countries:

1) **Continue working with Ghana's NTDCP on helping them build their capacity in financial systems and management**.

Deloitte will continue working with the GHS to implement the roadmap defined during the initial capacity building workshop. Deloitte will help guide the GHS through the activities and interventions that they self-selected, and will revisit the maturity model after 6 months to gauge their progress. This work will be conducted in collaboration with CRS. The main activities are as follows:

- With the GHS, finalize the activity work plan and roadmap that resulted from the capacity workshop.
- Work with the GHS to develop clear action plans, roles and responsibilities, timelines, and performance targets/indicators of completion.
- Revisit the maturity model within 6-months to gauge progress, and identify new priority areas of the GHS.
- Provide consistent mentoring and guidance to help the GHS work through activities and improve financial management performance.

Further details of planned activities are shown in Attachment 6.

2) Support country programs on TIPAC implementation.

The Tool for Integrated Planning and Costing (TIPAC) aims to estimate the costs and funding gaps of public health programs. To work effectively together to improve resource planning and strategic plans, we will support the individual country teams in the review and completion of the TIPAC modules: base data, activity costing, drug acquisitions, funders, and outputs. By way of approach, we intend to have introductory and debriefing meetings with a wider audience from the NTDCP – thus, involve different people from the NTDCP to help complete data entry for the TIPAC. Those with solid knowledge of each NTD program plan and any related unit costs will be engaged for the TIPAC; this generally includes financial and program managers associated with each NTD program, along with the NTD focal person. An introductory meeting will help communicate the TIPAC objectives, methodology, and scope of work for all parties invested in the results, even if those people are not needed to complete the tool itself. Similarly, a debriefing meeting will provide an opportunity to present the TIPAC results and promote discussion within the larger group. The Deloitte finance specialist will lead the training in Anglophone countries (Ghana and Sierra Leone) while support to the Francophone countries (Burkina Faso, Niger, Togo) will be led by the LATH M&E specialist coupled with a francophone financial consultant from Deloitte.

3) Expand capacity building efforts to other END in Africa countries and provide continuous follow-up to facilitate the execution of their action plans.

Through the financial sampling exercises, the Project Team has had an opportunity to discuss with country counterparts ways to support the NTDCPs and improve efficiency of their systems. The capacity building approach designed by Deloitte can

be used to help address the main points that country teams have identified. Therefore, we will expand the capacity model to other countries to help them strengthen their internal processes and financial management systems, enhancing country ownership and sustainability. The maturity model, the predominant tool used in the capacity building approach, would build on the experiences from Ghana and be slightly revised to incorporate specific elements around the TIPAC. This will enable countries to routinely align their national plan of action (program budget) with the cost of implementing an integrated NTD Control program.

The capacity building workshop output is an action plan and roadmap for improving NTDCP performance. We will provide follow-up TA to the countries to execute their action plans, making sure that the capacity building action plans are consistent with the financial sampling findings (in most cases the financial sampling findings form the basis for the maturity model tool, so they are inherently aligned). Recommendations from the financial sampling include that we are finding consistent across countries include:

- Stronger internal processes are needed to strengthen expenditure documentation and monitoring, specifically around the MDA activities;
- A stronger system is needed to minimize the possibility of fraudulent payments to unknown persons, particularly given the large number of volunteers with the MDA activities;
- Improved recording and reporting mechanisms are needed to keep the NTD expenses separate from other health-related expenses;
- Training is needed to ensure staff understands processes, roles and responsibilities related to fiduciary management within the MOH.

Therefore, the project will be leveraging the financial sampling results to guide capacity building efforts, thereby addressing the issues identified.

The objective of the financial sampling work is to ensure that proper processes are being employed to manage the USG funds related to the MDAs. The final sampling based on FY 2012 MDA expenditures will be conducted in **Togo** in January 2013. This will give added visibility to the financial processes within the Ministries of Health and HDI.

4) Expand Platform for Refresher Finance Training for Managing FOGs.

Given the new USAID guidance to use FOGs for implementing 2nd tier sub agreements with the MOHs, it is necessary to reinforce partners capacity (both Ministries of Health and grantees) for developing, managing and implementing this new assistance instrument. NTDCPs and sub- grantees need support on activity-based costing, focusing on MDAs and other related activities and taking into account geographic dynamics – by region and district. To address this, the END in Africa Project will develop trainings specific to budgeting and costing around the FOG model. The training program would introduce tools and methods such as milestone-

based budgeting. To the extent possible, we will combine trainings with other program trainings to maximize efficiencies in-country.

5) **Examine return on investment (ROI) of the NTD program and institutionalize systems for routine monitoring of ROI.**[2]

There are significant USAID resources being obligated to achieve NTD goals and objectives. We will use an existing methodology to measure the return on investment (ROI) of the END in Africa program. This methodology would be used to determine the immediate ROI.

The first step of the ROI methodology is to define the key objectives of the ROI (i.e. what is the "return" we are hoping to observe). This is done through consultation with the key stakeholders, in this case USAID, NTDCPs, Ministries of Health, etc. There are different types of gains we would likely want to measure: savings and costs to donors/governments and savings and costs to households. Quantitative outputs (i.e. number of people served, number of MDAs, DALYs saved, etc.) would be measured, as well as efficiency gains (i.e. how has the NTDCP improved systems and processes to make MDAs more efficient, etc.). In addition, there are externalities that the project would like to measure, such as the effects of NTD treatment/prevention on economics (lost wages, transport costs to a facility, etc.).

The specific "return" indicators to measure ROI would be finalized with USAID and the project team to determine which would be of most value to USAID. Further details are included in Attachment 7 to facilitate a discussion and define a course of action with USAID.

Knowledge Management

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

- Develop, launch, maintain and update a new, more robust END in Africa website focused on disseminating program results, highlighting success stories, work plans and reports, and sharing accumulated knowledge and lessons learned, with donors, NTD country programs, END in Africa partners and the wider NTD prevention community.
- Produce and disseminate two semiannual END in Africa newsletters January and July 2013 containing a summary of the program's achievements and progress to date, articles on specific aspects of the program, and a summary of the peer-reviewed literature that has come out of the program. It will be disseminated to USAID and appropriate US government agencies, NTDCP staff in the END in Africa countries, donors, END in Africa sub grantees and partners, international agencies, and in the

[2] Execution of this task will require USAID separated approval of the methodological approach.

public arena, such as the END in Africa website. Each newsletter will be circulated to USAID for comments before dissemination.[3]

- Develop, write, produce and disseminate fact sheets and other printed materials (as needed) showcasing the END in Africa program.
- Research, document, write and disseminate success stories and other articles on various unique and noteworthy elements of the END in Africa program. END in Africa will support the production and publishing, either as peer-reviewed or gray literature, best practices/ experiences on certain topics in consultation with USAID.
- Develop and administer the END in Africa newsletter distribution and contact lists.
- Promote the END in Africa program and its activities on FHI360's corporate web site, Twitter, Facebook and blog.
- Develop and administer a repository of END program photos (to be received from the photographers hired in the END in Africa countries), following FHI360 usage guidelines.
- Administer the END in Africa SharePoint knowledge sharing intranet site.
- Provide editorial and quality control services to FHI360, END in Africa partners and sub grantees on various END in Africa reports and publications to ensure compliance with USAID publication guidelines and the END in Africa Branding and Marking Plan.
- Write up supply chain and financial sampling findings over the past year. The documents will be produce for USAID review and posterior publication in the project web site.

Collaboration and Coordination

Collaboration and coordination with national government entities are central to the successful implementation of the END in Africa goals as they are built into all program activities throughout the rest of the program components. These program activities support country-led scale up of integrated NTD control through implementation of the 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 a detailed breakdown of such activities, please refer to the full countries' Work Plan Summaries in Attachments 1 to 5. In summary, sub grantees will execute the following activities by country. In general, sub grantees will support some overarching and common activities in all countries, such as:

- Advocacy for the maintenance and increase of budget lines allocated to the fight against NTDs in the government budget.
- Developing partnerships and improving coordination of the NTD program.
- Support the operationalization of national coordination committees against NTDs

[3] All documents will be shared for review with USAID before dissemination.

with the participation of key local stakeholders.
- Dissemination of the approved work plan to the MOHs at regional and district levels and to stakeholders through the ICCC, translation if needed.
- Ensuring periods for mass distribution activities are chosen so that they do not conflict with other activities.

HKI in Burkina Faso will:
- Take steps with WHO and officials from the MOH to convene the first consultation meeting of the country Coordination Committee in the first half of FY2013. This meeting will help to establish the committee's framework and improve collaboration on NTDs. The following parties will be invited to this meeting: the central directorates of the MOH, the Ministry of Education, WHO, NGOs involved in the control of NTDs (HKI, Sightsavers, Fondation pour le développement communautaire (FDC), Handicap International (HI), Light for the World, Better Life Foundation, Orbis, etc.). A Steering Committee was previously created, but is still not functional. The Committee will meet once every six months under the chairmanship of the Ministry of Health.

CRS in Ghana will:
- Coordinate with GHS at the district level to ensure that program activities do not conflict with other GHS activities that cannot be co-implemented, though the project seeks to promote cohesion to save resources.
- Support for quarterly ICCC meetings under the leadership of the MOH, including the work of sub committees on resource mobilization and communication and advocacy.

HKI in Niger will:
- Continue HKI's advocacy towards the government in 2013 for the allocation of a national budget line to be devoted to NTD activities. The government of Niger has allocated in the year 2012 budget a dedicated CFA 9,000,000 line that the program is planning to use to purchase drugs for side effects.
- Continue advocacy with the MOH for the appointment of a nation-wide, full-time NTD program coordinator instead of a national focal point who is involved in NTD activities on a part-time basis. HKI will also advocate that the coordinator be assigned an office with appropriate support personnel to properly cope with expectations.
- In addition to meetings regularly held between HKI and program coordinators, quarterly coordination meetings involving program coordinators, MOH and other partners involved in NTDs will be organized by WHO, which aims to play a more involved role in NTDs at the national level.

HDI in Togo will:
- Support engagement of the NTD program with other partners and programs. MDAs typically involve the Nutrition Program/UNICEF, and in the future may again involve

the Malaria Program or other programs. Coordination of these activities is achieved through weekly or biweekly meetings with all partners who plan to implement field activities at the same time through a shared platform.

- Support a stakeholder meeting will be held in early 2013. Attendees will include the Director General for health, the coordinator of each NTD program, the focal point for the Integrated NTD program, the regional director for all six regions in Togo, district directors, representatives from the Nutrition Program, the Ministry of Education, and the Ministry of Social Action, and other partners. The goals of the meeting are to inform participants about the objectives, targets, and process of the MDA, outline a general action plan for the campaign, develop detailed work plans for principle activities, and review and refine the budget based on contributions from all partners.

HKI in Sierra Leone will:

- The NTDCP will continue to collaborate with other health intervention programs that have direct links with the success of the program. Although integration of MDA within broader health campaigns such as mother and child health week (MCHW) has not been feasible, efforts have been made to synchronize the activities for maximum benefit of all beneficiaries. The commencement of indoor residual spraying (IRS) of mosquitoes in the WA, Bombali, Kono, Kenema districts by the National Malaria Control Program, and the universal distribution of bed nets are in line with the NTDCP goal to eliminate LF. The NTDCP will continue to collaborate with NMCP and other partners to extend IRS to the other districts.
- The NTD coordinating body will continue to be strengthened under the leadership of MOH by supporting the execution of an agenda that promote collaboration with other NTD programs operating in country, such as APOC and Sightsavers. These key players will be invited to participate in the budgeting and planning meetings hold by the MOH and will be encourage to provide inputs in the planning and implementation process of the national NTD control activities. This is particularly important during budget preparation and implementation to maximize resource allocation.
- As part of the strategy to achieve sustainability, HKI will continue to work with our local and international partners, including Sightsavers, USAID, APOC, to hold advocacy events with the Government of Sierra Leone for the inclusion of NTDs into its new agenda for prosperity executed by the Government of Sierra Leone with the support of the World Bank and other funding agencies, after ending the civil war. Envisioned advocacy include invitation of parliamentarians to MDAs activities, presentation of progress reports to decision makers, opening ceremonies for MDAs kickoff, etc. We will also utilize social mobilization within the communities to increase support among local, religious and traditional leaders. This will serve to motivate CDDs and strengthen disease monitoring at sentinel sites.

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

below.

- Coordinate with USAID on any necessary interaction with ENVISION to ensure consistency, exchange lessons learned and promote efficiency.
- Support sub grantees strengthening plans for country NTD coordinating bodies to improve coordination of national NTD planning, resource allocation, management, and monitoring, as needed, among a wide array of interested stakeholders. Improved functioning and effectiveness of existing committees will also provide a mechanism for stronger 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 identifies 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 and the USAID-funded drug procurement mechanism through ENVISION when appropriate.

Monitoring and Evaluation (M&E)

Monitoring and Evaluation (M&E) is the routine process of systematic data collection and use of data to measure performance toward program objectives and to fine-tune the program. This requires strong strategic information systems and a monitoring and evaluation strategy that facilitates real-time, evidence-based decision making, which will inform and facilitate the rapid launch of program interventions and provide evidence for best practices and lessons learned moving forward. To that end, FHI360 has implemented a Monitoring and Evaluation system to provide timely, reliable data for program planning, decision-making, and refinement, and for assessing the health impact. The FHI360 M&E system was built upon the existing USAID M&E framework and makes use of the tools developed under the USAID agreement with RTI, to avoid duplication and placing additional burdens on the countries, sub-grantees and front line data collectors. The USAID M&E framework and tools have been updated and the USAID NTD portfolio has been expanded to measure the public health impact associated with NTD interventions. In addition, all USAID NTD partners have strengthened collaboration to better share program data, strengthen assessments and technical assistance, and feed a global NTD database. Tools have been developed in this regard, including program- and disease-specific workbooks.

NTD Track 2 countries are currently transitioning to the assessment of MDA impacts through the implementation of impact surveys for NTD in eligible implementation units. Consequently, both the routine monitoring of ongoing MDA activities and the

implementation of impact surveys as well as post MDA surveillance activities are of great importance. The main activities for FY2103 are detailed in country work plans. The key deliverables associated with the routine monitoring of MDA activities will be reported through the disease and program workbooks as well as the semi-annual reports. Results of impact surveys and post-MDA surveillance activities are partially reported in the workbooks but RTI will provide additional tools for the detailing of impact surveys and surveillance activities.

Key M&E activities for FY2013 are detailed below:

1) **Technical assistance (TA) as needed to grantees and MOHs to develop and implement quality M&E systems**.
   Since last year (FY2011), countries have shown increasing demand for TA for better program management and implementation of sound impact surveys. Approximately half of the TA requested in FY2012 has been provided and additional TA requests for FY2013 were added to the 2012 list if TA was not provided. The table below provides the status of key TA that was requested in FY2012 by country.

Country	TA requested	Status
Burkina Faso	Training new staff on diagnosis of LF; diagnosis of SCH	FY2013
	WHO training on M&E of NTDs (Francophone countries)	Provided
	Review of SCH program	Provided
	STOP MDA for Trachoma (Impact survey)	FY2013
	TIPAC	FY2013
	Workbook training	Provided
Ghana	WHO M&E for NTDs (For Anglophone countries)	FY2013
	Implementing communication and advocacy strategies for NTDs	FY2013
	Training lab tech on NTDs	FY2013
	Review SCH/STH program	Provided
	TIPAC	FY2013
	Workbook training	Provided
Niger	Review of SCH program	Provided
	LF impact survey	FY2013
	TIPAC	FY2013
	WHO training on M&E of NTDs (Francophone countries)	Provided
	Workbook training	Provided
Sierra Leone	WHO training on M&E (Anglophone countries)	FY2013
	TIPAC	FY2013
	Workbook training	Provided

Country	TA requested	Status
Togo	Oncho review	Ongoing
	WHO training on M&E of NTDs (Francophone countries)	Provided
	Coverage validation	Provided
	Peer-review publications	FY2013
	TIPAC	FY2013
	EMMR	FY2013
	Workbook training	Provided

- In FY2013, the LATH M&E Specialist will work with the MOH and sub grantees of selected countries to validate that the requests for TA are relevant and seek to strengthen the existing capacity of the MOH and national NTD program. When appropriate, TA requests will be managed by FHI360 or may be channeled through the ENVISION TAF. The project M&E Specialist will follow up to ensure that TAs are provided and the recommendations are implemented.

- In addition, the LATH M&E specialist will follow up on the implementation of recommendations issued during the workshop on SCH in Burkina Faso. WHO published new guidelines for NTDs in 2011. Although the guidelines are very helpful in guiding implementers toward the control/elimination of NTDs, many users agree that further support is needed for a sound implementation. To that extent, Burkina Faso and Niger received TA through the TAF to re-align the existing in-country protocols for SCH with current WHO guidelines. The M&E specialist will follow up on the recommendations of the panel of experts for SCH activities in Burkina Faso and Niger. Ghana is expecting TA to re-align current SCH protocols with WHO guidelines. FHI360 will liaise with RTI to follow up on that request. For the remaining two countries (Sierra Leone and Togo), the M&E specialist will monitor that implementation of SCH activities are in line with WHO guidelines.

- The LATH M&E specialist will provide workbook refresher training. RTI has developed new disease and program workbooks and FHI360 provided training to country program managers and M&E staff between June and August 2012. During the training, the M&E officer at the regional FHI360 office in Ghana, in collaboration with participants, detected issues which are now being addressed by RTI via workbook updates, and are expected to be completed by mid-December 2012. The LATH M&E specialist will provide refresher training and implementation support to M&E officers in the five END in Africa countries from mid-January to end of March.

- The WHO in collaboration with RTI and FHI360 launched an assessment of the

M&E systems for all END in Africa-supported countries. The result was a one week workshop aimed at strengthening the capacities of NTD program managers and M&E technical officers, held in Ouagadougou in August 2012. At this juncture, the M&E specialist will follow-up on the WHO M&E training and encourage that key recommendations from that workshop are implemented:

- Hire data managers for NTD Control Programs
- Train data managers to use the database
- Clearly define numerators and denominators in indicators used to calculate coverage (program-, epidemiologic- and national- coverage), at the country level
- Advocate for the integration of NTD indicators into the national Health information and management system (HIMS).
- Seek partners interested in supporting xenomonitoring
- Better integrate pharmacovigilance into the M&E systems
- Finalize country M&E plans

The LATH M&E specialist will work closely with the countries to: 1) ensure technically sound implementation of the above recommendations, and 2) identify any gaps in country M&E for NTDs following the training with WHO.

- Define the key NTD indicators in the revised workbooks: There are discrepancies across countries in the definition of some key NTD indicators. For example, the use of therapeutic and national coverage prompted a lot of discussion and controversy during the WHO M&E workshop. Similarly, during TA support to the Ghanaian NTDCP, there were discrepancies in the reporting of at-risk and target populations. The at-risk population is collected either through the national census or enumeration data. The target population is either estimated from the total population or provided through the registers. In most cases, program managers applied a factor of 0.8 to calculate the target population, but sometimes they used 0.85 or 0.9, depending on the observed coverage. To address these discrepancies, we will work with each country to get: 1) a clear definition of each indicator; 2) the data source; 3) data compiled at all levels, from the district data manager to the central level; and 4) clarity on the numerator and denominator, when applicable.

- Execute semiannual program data review of the quality of data collected during MDA and the sub-grantee's reporting over the year. LATH will check the consistency and accuracy of the MDA data reported through the USAID workbooks and semiannual reports. Any inconsistencies in data quality will be shared with sub-grantees and NTDCPs, which in turn will be expected to provide feedback within one week.

- Support implementation of SCH recommendations. WHO published new guidelines for NTDs in 2011. Although the guidelines are very helpful in guiding

implementers toward the control/elimination of NTDs, many users agree that further support is needed for a sound implementation. To that extent, Burkina Faso and Niger received TA through the TAF to re-align the existing in-country protocols for SCH with current WHO guidelines. The M&E specialist will follow up on the recommendations of the panel of experts for SCH activities in Burkina Faso and Niger. Ghana is expecting TA to re-align current SCH protocols with WHO guidelines. FHI360 will liaise with RTI to follow up on that request. For the remaining two countries (Sierra Leone and Togo), the M&E specialist and NTD Technical Advisor will monitor that implementation of SCH activities are in line with WHO guidelines.

Country-specific TA needs are:

Ghana

- Similar to the review of SCH strategy that was held in Ouagadougou August 27-31, Ghana plans to host a panel to review its SCH/STH strategy. Based on the experience from the Ouagadougou meeting, the LATH M&E specialist and the NTD Technical Advisor will represent FHI360 in that meeting to facilitate compliance with the recommendations.

- Improve reporting timeliness: In FY 2012, Ghana NTDCP completed MDA in April, but FHI360 did not receive the final MDA report until almost five months after the MDA, instead of 3 months as anticipated. The first set of MDA data reported to FHI360 was of poor quality and approximately 20% of the districts did not report data on time. The CRS M&E technical officer and LATH M&E Officer will accompany the program managers in districts known for late reporting in order to provide the necessary TA. The LATH M&E officer at the hub in Ghana will identify the causes of poor data quality and possible barriers to reporting MDA data on time. A sample of districts (number to be determined) with very poor data quality will be visited. A final report detailing the outcomes of the investigations and strategies to improve the reporting system in those districts will be submitted to FHI360 and USAID.

Niger

- Based on the reports of the 2011 MDA, which was presented during the work planning session for FY2012, FHI360 determined the need to build data management capacity for the Niger NTD program. Indeed, many participants at the FY 2013 work planning session showed a lack of understanding of data and NTD indicators. For example, some district managers came up with MDA reports showing coverage rates of 150% or more without questioning the quality of data they have. Definition of coverage indicators was confusing to all. In October 2012, WHO conducted M&E training in Burkina Faso. FHI360, as part of technical assistance, will liaise with HKI to ensure that key training concepts (provided in the WHO M&E training) are transferred to the NTDCP, from the central to the district health- and/or data- managers. In

conjunction with first tier sub-grantees, we intend to develop a MDA data quality checklist that will be disseminated during program review meetings to improve the quality of MDA data. Check lists will be distributed to the remaining countries, as well.

Togo

- Currently, the Togolese NTD program is conducting a systematic review of the existing onchocerciasis program data to confirm and identify geographic areas of persistent elevated prevalence of onchocerciasis (three areas currently spotted) and next steps for control in these areas. FHI360 will follow up with the Togolese NTD country program on the outcomes of that evaluation and will discuss the next steps with all stakeholders.

In **Burkina** and **Sierra Leone** the LATH M&E specialist will provide workbook refresher training.

2) Data Management, Documentation and Dissemination of Best Practices

For all countries, data management 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.). The results of the TAS conducted in 2011-2012 have established that 16 health districts in Burkina Faso and 4 health districts in Ghana have stopped MDA for LF. TAS post endemic surveillance in 7 LF endemic health districts in Togo shows that prevalence remains below 1%. Additionally, 18 health districts have stopped district-level treatment for Trachoma in Burkina Faso. In Ghana, impact surveys conducted in 29 districts (that are currently in post endemic surveillance phase) indicated a prevalence rate below 5%.

The following paragraphs summarize the main activities related to data management and documentation of lessons learned:

- Report validated NTD data to USAID. FHI360 will work with sub grantees and MOHs to ensure that MDA data reported through the workbooks (program and disease workbooks) are submitted to USAID as expected. Any barriers to adequate data flow will be addressed to allow prompt submission of complete, consistent and correct data to USAID. The table below presents the targeted number of persons and health districts (DIST) projected to be treated for the FY2013 MDA by disease and by country, per the country work plans:

Table 2: Projected Number of people and health districts to be treated in FY2013

Country	LF		Oncho		SCH		Trachoma		STH	
	Persons	DIST	Persons	DIST	Persons	DIST	Persons	DIST	Persons	DIST

Country	LF		Oncho		SCH		Trachoma		STH	
Burkina Faso	10,515,082	47	1,026,899	6	4,396,381	20	2,536,628	12*	4,562,653	52
Ghana	7,559,578	70	2,386,078	51	5,066,184	170	NA	NA	6,859,637	170
Niger	9,931,544	30	NA	NA	1,830,852	11	8,319,387	18	13,244,426	34
Sierra Leone	5,776,290	14	2,564,958	12	1,709,510	7	NA	NA	5,776,290	14
Togo	NA	NA	2,628,726	32	1,933,315	33	NA	NA	1,713,484	28
Total	**33,782,494**	**161**	**8,606,661**	**101**	**14,936,242**	**241**	**10,856,015**	**30**	**32,156,490**	**298**

* Provision of PCT drugs for trachoma is contingent upon the implementation of the SAFE strategy in addition to the existing "A" (antibiotics) component in 4 districts.

- Conduct basic analysis of MDA data submitted to FHI360 through the workbooks in order to report on program performance, including longitudinal analysis to depict trends over time, data quality check, and cross-cutting analysis of MDA, financial and logistics data to estimate the cost per NTD treatment and to check the consistency of the reported MDA data. Accordingly, we will produce a number of tables and graphics to support the semi-annual reporting.

- Disseminate results, best practices and lessons learned. The M&E specialist will play a vital role in documenting lessons learned and best practices to ensure effective program implementation. With regards to data utilization for program improvement, this will be achieved through the provision of program results by implementing partners (country programs) to the various stakeholders including the communities that received MDA. FHI360 will continue to play an advocacy role in this direction to encourage data sharing. In addition, FHI360 will capture the lessons learned and best practices reported by countries through country semiannual reports. Key events such as the SAEs that recently occurred in course of the SCH MDA in Ghana or results of the onchocerciasis assessment in Togo will be shared with all countries funded under END in Africa and appropriate corrective measures will be taken in collaboration with sub-grantees and national NTD programs to improve the management and reporting system. Data generated by the M&E system will be disseminated and used to strengthen countries NTD programs. National coordinating body meetings provide an opportunity to report on national NTD control program M&E and to share achievements, best practices and lessons learned with existing task forces and NTD committees. Tools and guidelines will be shared and standardized indicators will be used to ensure comparability across projects. Furthermore, regular phone calls will be convened to update sub-grantees when specific aspects in the current tools or guidelines have been updated or upon country request.

- Meetings will be held within two to three months after each annual MDA at the

district, regional, and national levels, to consolidate the MDA data for reporting to each subsequent level. Following the 2013 review meetings, sub-grantees 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. At this stage, FHI360 works with sub-grantees and possibly country NTD managers to monitor the flow of MDA data from districts to the central level to ensure that data arrives on time.

3) **Provide support as needed to strengthen the reporting of SAEs**

Prevention of SAEs requires rigorous application of the inclusion criteria for treatment, especially when expanding to new treatment areas. SAEs should be investigated and feedback provided to drug donors and the affected communities. To date, one SAE has occurred as a result of the NTD MDA program in Ghana and there was a suspected case in Togo. However, we found during the work planning session that Togo had had rumors of one case of a SAE in 2011. Unfortunately, no partner (HKI or FHI360) was timely notified about that case except the district and regional health officials. Although it was later determined that the case was not associated with the NTD drugs, the partners should have been informed immediately after the case was detected. Subsequently, a safety surveillance system should have been put in place to address SAEs, keep partners informed, and prevent misperceptions about the NTD program. LATH will liaise with sub-grantees and NTDCPs to conduct an in-depth analysis of the current SAE management and reporting systems. In countries where the system is proven to be weak, FHI360 will ensure that such a system is put in place and that the CDDs receive adequate training to minimize errors during MDA and to promptly report SAEs when they occur.

Our sub-grantees (HKI, HDI and CRS) will continue monitoring and supervision for several months post MDA to ensure that any SAEs, should they occur, are properly managed, and that all data are collected and compiled at the district, regional, and central levels.

4) Impact assessments

As country programs mature after years of PCT, many programs are expanding towards program assessments. Therefore, close attention should be paid in the implementation of impact surveys to make sure that the sampling methodology of the target population and the implementation of surveys do not harm the integrity of the survey results. In FY2013, a total of 35 districts in the five countries supported through END in Africa will undertake pre-TAS, and a maximum of 23 districts (contingent upon the results of the 2012 pre-TAS in 9 districts in Niger) will undergo TAS for LF. The prevalence of SCH will be assessed in 43 sites/districts and the prevalence of trachoma will be assessed in 4 districts across the five END in Africa countries. STH assessment may be coupled with SCH assessment, where appropriate. In districts not yet eligible to stop MDA for LF, surveillance will

continue in the established sentinel sites. The M&E specialist at the regional hub in Accra will follow up on the implementation of these surveys, and may travel to the countries to participate in the implementation of at least one survey per disease category.

The table below details the assessments expected to occur in END in Africa countries in FY2013:

Table 3: Program impact assessments by country and disease in FY2013

Country	LF		Oncho	SCH/STH	Trachoma	Stopped/ Surveillance
	Pre-TAS	TAS				
Burkina Faso	9	6	Epidemiological assessment.	22 Sentinel sites	1	LF: 16 districts (stopped) Trachoma: 18 have stopped district level treatment
Ghana	5	8	0(Treatment ongoing)	Review of protocols	NA	LF: 4 districts (stopped) Trachoma: 29 districts (Surveillance)
Nigr	9	9 (depending on 2012 Pre-TAs results)	NA	21	3 (1 at sub-district level)	Trachoma: 14 districts (Stopped)
Sierra Leone	12	0	0 (Ongoing treatment)	0	NA	NA
Togo	NA	0	0 (Ongoing treatment)	0	NA	LF: 7 HD (Surveillance)

* Some TAS are post-MDA (after stopping PCT)

5) Represent END in Africa in country technical workshops and appropriate international forums in coordination with USAID

- Our experience from the SCH workshop that was held in Ouagadougou in August 30-31, 2012, indicates that such workshops are excellent for learning and supporting the country NTD programs. They can also be useful for sharing

lessons learned with other countries. Consequently, we propose that an END in Africa representative should be invited when TA workshops are held, related to countries that FHI360 supports. Among others, key personnel to attend such TA workshops include the LATH M&E Specialist and/or the NTD Technical Advisor. In 2013, the following TA workshops are planned: 1) the Onchocerchiasis review and coverage validation in Togo; 2) the LF impact survey and SCH mapping in Niger; 3) a review of the SCH/STH program and TA for implementing communication and advocacy strategies for NTDs in Ghana; and 4) TA regarding stopping MDA for trachoma in Burkina Faso. Other relevant workshops may also arise throughout the year.

- Attend international forums: In order to continue to build staff in M&E and epidemiology , the M&E specialist will attend appropriate meetings with RTI and USAID, WHO-led meetings on M&E of NTDs, and possibly other relevant NTD meetings in coordination with USAID.

6) Ad hoc activities

- Respond to END in Africa specific M&E requests for information. The M&E specialist will promptly respond to daily requests for information from USAID, sub-grantees and FHI360 headquarters.
- Clearly articulate END in Africa program accomplishments through rigorous application of M&E in each country in semi-annual reports to USAID.

Staffing

We will introduce the following two changes in the composition of the team in FY2013:

- **NTD Technical Advisor**

The technical advisor will provide support and leadership to End in Africa Project sub grantees and NTD Control Programs. This includes technical support for design, development, planning, implementation, execution, capacity-building, and evaluation of NTD projects and programs operating at country and regional levels. The incumbent will be placed in Accra. The list below illustrates some of the activities that the incumbent will be executing:

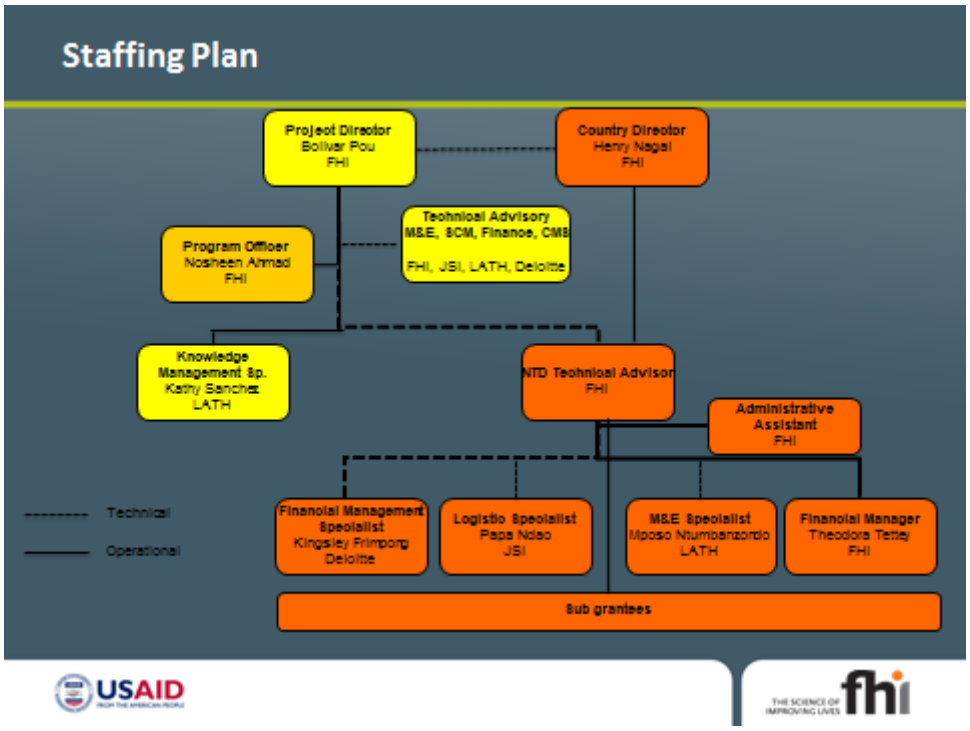
- Provide technical advice/direction and supervision in the implementation of monitoring and evaluation and surveillance activities.
- Participate in the development and review of country level work plans to ensure country level programs are complying with NTD programming guidelines and best practices.
- Build capacity to streamline compliance with published WHO guidelines and promote conformity of best practices.

- Work with sub grantees and USAID team to document best practices and lessons learned.

Recruitment efforts are currently under way and we expect to make a selection in the first quarter of FY2013.

- **Re-shift the Senior Grants Manager's duties.** The current incumbent for this position, Mr. Isaac Asante, will assume new responsibilities within FHI360 and no longer will be supporting END in Africa. Based on the fact the HQs of all our sub grantees are located in the United States, we are shifting some of the tasks to Washington's office of Contracts Management Services and realigning responsibilities within Ghana's hub. The FHI360 Senior Finance Manager in Ghana will assume oversight responsibilities for the financial component of the sub agreements with support from Mr. Kingsley Frimpong of Deloitte. Some contractual administrations functions will be shifted to FHI360's Contract Management Service in Washington, DC. This arrangement will result in a cost reduction for the project.

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
NTD Technical Advisor	FHI360	Ghana
Chief Financial Manager	FHI360	Ghana
M&E Specialist	LATH	Ghana
Financial Management Specialist	Deloitte	Ghana
SCM Specialist	JSI	Ghana

Short Term Positions

Position	LOE (days)[4]
US Based Technical Support	
Program and grants management (FHI)	75
Financial management (FHI/Deloitte)	70
Supply chain management (JSI)	70
M&E and knowledge management (FHI)	20
ST Consultants Ex-pat[5]	
Capacity Building specialists	30
Procurement and SCM Specialists	75
Financial Management/FOG	30

[4] LOE represents multiple positions. LOE does not include management/administration support staff.

[5] Short term consultants are only hired as necessary by FHI360 or through the existing sub agreements with Deloitte, JSI and LATH.

Travel Plans

Table 4: Travel Plans for FY2013

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana	5	1 week each	TBD	FY2014 Country work planning sessions with key stakeholders.
Pape Ndao, Logistics Advisor	Ghana	Burkina Faso, Niger	2	One week in each country	Burkina Faso: May (following March-April MDA) Niger: June (following April-May MDA)	Support quantification (forecasting and procurement planning) for NTD drugs, especially PZQ, with MOH, HKI regional NTD Advisor and other stakeholders. (Pape will support Ghana from home-base in Accra, and Pape and Paula will support Togo and Sierra Leone via email).
Mposo Ntumbansondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD M&E technical resource in the development of country work plans.
Bolivar Pou, Project Director	W/DC	Ghana	1	1 week	January 2013	Travel together with USAID AOR for a workshop with Ghana's team and introduction of USAID NTDs policies to the new NTD Technical Advisor.
NTD Technical Advisor TBD	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD technical resource in the development of country work plans.
Paula Nersesian, Senior SCM Advisor	W/DC	Sierra Leone	1	One week in country	TBD	Support SCM component of the TOT training and provide on-the-job training to Makeni warehouse manager. Training materials and SOPs will be developed remotely.
Bolivar Pou, Project Director Nosheen Ahmad Program Officer	W/DC	Ghana	2	2 weeks	April 2013	Project performance mid-term review. Project semiannual report.
Kingsley Frimpong Financial Management (Deloitte)	Ghana	Burkina Niger Togo SLeone	4	1 week each	TBD According to MDA schedule	Capacity building on USAID FOG regulations and compliance. Sampling of 2nd tier sub agreements in Togo (as specified in the previous USAID Deviation)

Traveler	From	To	# Trips	Duration	Month	Purpose
Kingsley Frimpong Financial Management Deloitte	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	TIPAC implementation. The only outstanding financial sampling is that of FY 2012 Togo MDA. We will plan the activities in a much more efficient manner to make savings. However, in cases where the challenge lies with the timing of the respective activities , we can only but provide individual services per trip. We work according to the respective work plans.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	September 2013	END in Africa Work plan 2014
TBD Ghana-based Short term technical assistance	Ghana	TBD	10	TDB	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests.
Pape Ndao, Logistics Advisor	Ghana	Togo, Niger Burkina	3	One week in each country	Togo: April Niger: TBD Burkina: TBD	Co-facilitate workshop on SOP and training materials development.
US-based STTA provider	W/DC	Togo, Niger Burkina	3	One week in each country	Togo: April Niger: TBD Burkina: TBD	Co-facilitate workshop on SOP and training materials development upon USAID approval of each individual trip. Deloitte's ROI methodology technical expert.
Paula Nersesian, Senior SCM Advisor	W/DC	Ghana	1	One week in country	TBD	The adaptation and adoption of the SOPs have not been worked out. If a two person team is required, we would like Paula to travel to Ghana to assist Pape. If a two person team is not required, Pape will undertake it independently. Individual approval will be requested to USAID.
NTD Technical Advisor TBD	Ghana	W/DC Niger Burkina Togo SLeone	10	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.
NTD Focal Points TBD/Ghana hub Specialists	Ghana Burkina Niger Togo S Leone	TBD	10	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops as agreed upon with USAID.

Reporting

The project will deliver the following reports to USAID:

Report	Due
FY2013 END in Africa Annual Work Plan A brief document outlining the project activities that are envisioned to be executed in FY2013.	September 2012
END in Africa Semiannual Progress Report A report summarizing the main activities executed during the previous semester organized according to the scope of work of the sub agreement between USAID and FHI360.	October 2012 March 2013
Quarterly financial reports Copy of the SF425 report will be shared with the AOR.	December 2012 March 2013 June 2013 September 2013
FY2014 END In Africa Annual Work Plan A brief document outlining the project activities that are envisioned to be executed in FY2014.	September 2013

Timeline

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Issuance and Management of Grants												
Support MOHs and sub grantees in the implementation of FY2013 work plans in all countries.	X	X	X	X	X	X	X	X	X	X	X	X
Develop in a collaborative fashion with the sub grantees and MOH, revised scopes of work and budgets for extending the existing sub agreements up to the life of the project for End in Africa.	X	X	x	x	x			x	x	x		
Support the MOH-led process for developing the USAID funded Annual Work Plans with the participation of the sub grantees, USAID and FHI360.	X	X						x	x	x	x	
Facilitate provision of required documentation for customs clearance such as certificates of donation and drug registration waivers for FY2013 consignments.	X	X				x	X	X	X	X		
Complete quantification and procurement for the NTD drugs for FY2014.		X		X			X			X		
Support MOH and sub grantees in forecasting and submitting FY2014 orders for other donated commodities such as albendazole donations from GlaxoSmithKline facilitated by WHO.						X	X	X	X			
Report validated NTD data to USAID.	X	X	X				X	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				X
Follow-up with ENVISION and sub-grantees to ensure that TA requested are provided	X	X	X	X	X	X	X	X	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
Support sub grantees and MOHs in the development and implementation of FOG for managing 2nd tier sub agreements	X	X	X				X	X	X			
Oversee the execution of 1st sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs according to terms of the guidance provided by USAID.		X			X			X			X	
Monitor compliance with the project environmental management and mitigation plan (EMMP)		X			X			X			X	X
Conduct a mid-term performance review with sub grantees and USAID.							X					
Coordination of Technical Assistance and Capacity Building												
Supply chain management: Develop SOPs and provide TA to countries according to their work plans.	X	X	X	X	X	X	X	X	X	X	X	X
Monitoring and Evaluation: TA on work books, work plans and TIPAC. TA specific by country according to their work plans.	X	X	X			X	X			X	X	
Financial Management: build financial management capacity within the MOH/NTDCP within the terms of the 2nd tier sub agreements with the MOHs.	X	X	X	X	X	X	X	X	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	
Data Management, Documentation and Dissemination of Best Practices												
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
Produce and disseminate two semi-annual END in Africa newsletters	X	X					X	X			X	X
Develop, write, produce and disseminate fact sheets and other printed materials (as needed)	X	X	X	X	X	X	X	X	X	X	X	X

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Issuance and Management of Grants												
showcasing the END in Africa program.												
Research, document, write and disseminate success stories and other articles on various unique and noteworthy elements of the END in Africa program	X			X			X			X		
Develop and administer the END in Africa newsletter distribution and contact lists	X					X						X
Provide editorial and quality control services to FHI360, END in Africa partners and sub grantees on various END in Africa reports and publications	X	X	X	X	X	X	X	X	X	X	X	X
Develop and administer a repository of END program photos (to be received from the photographers hired in the END in Africa countries), following FHI360 usage guidelines	X	X	X	X	X	X	X	X	X	X	X	X
Collaboration and Coordination												
Coordinate with USAID, MOHs and existing USG-funded NTD programs to ensure an efficient transition	X	X	X	X	X	X	X	X	X	X	X	X
Participate in introductory meetings and work planning 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 2013 Work Plan for Burkina

Summary

The FY 2013 work plan supports the implementation of the national NTD control program in Burkina Faso to achieve program objectives in the country's fight against lymphatic filariasis (LF), onchocerciasis, schistosomiasis, soil-transmitted helminthes (STH) and trachoma through the END in Africa cooperative agreement, supported by USAID through FHI360. The 2013 work plan takes into account the recommendations of the World Health Organization towards achieving high coverage through large-scale mass drug administration (MDA) campaigns, assessing the impact of MDA on disease prevalence, and instituting post-endemic surveillance for LF and trachoma in districts that have stopped MDA.

In FY 2013, four rounds of treatment are planned. The first campaign for LF, onchocerciasis and STH will reach 47 health districts (HDs), the second campaign will target 20 HDs for schistosomiasis in which 5 HDs will be targeted for both schistosomiasis and STH, the third campaign will reach 12 trachoma HDs, and the fourth campaign, supported by Sightsavers, will target the 4 LF/onchocerciasis HDs in the South West region that require two annual treatment rounds for LF and 2 HDs for onchocerciasis only. Monitoring and evaluation plans will be conducted in HDs that have reached disease-specific assessment criteria including pre-Transmission Assessment Surveys (pre-TAS) for lymphatic filariasis (9 sentinel/spot check sites), TAS for LF (6 HDs), schistosomiasis impact assessments (22 sentinel sites), trachoma impact assessment (4 HDs), and post-MDA coverage surveys in urban zones (4 HDs) to validate coverage for trachoma and better understand population movement in districts that have historically reported low coverage. Technical assistance will be requested to build the capacity of the national program to continue to monitor and evaluate program impact on disease epidemiology, specifically focusing on re-evaluating the schistosomiasis treatment strategy, strategically planning for post-endemic surveillance for trachoma, and enhancing overall monitoring and evaluation skills.

Alongside these activities, capacity building training sessions will target key program personnel at the regional, district, health center, and community level. Targeted information sharing, education, and communication and social mobilization strategies will be conducted at all levels of the health system and community.

Goals for the year 2013

- ✓ Strengthen coordination and partnership for NTD control through the establishment of a functional steering committee and a regular consultation framework.
- ✓ Achieve and maintain program coverage for each drug package: 80% for MDA of ivermectin + albendazole, 80% with praziquantel, and at least 90% with azithromycin + tetracycline ointment. Maintain 100% geographic coverage for LF, oncho, schistosomiasis

and STH, and maintain 90% geographical coverage for trachoma (achieve 100% geographical coverage depending on ITI granting drug approval for the remaining endemic districts).

- ✓ Implement monitoring/evaluation and/or surveillance activities for LF, onchocerciasis, schistosomiasis, STH and trachoma using WHO protocols.
- ✓ Conduct behavior change communication (BCC) activities with Information, Education and Communication (IEC) materials in the endemic areas to promote better compliance of MDA in the target populations.
- ✓ Draft a national strategy to address the morbidity associated with LF and trichiasis.

III-Main activities

1. Support NTD Country Program Planning Process

Over the course of FY 2013, support will be provided to the national program in the following areas:

- Elaboration and finalization of protocols and terms of reference for all work plan activities
- Implementation of the most current WHO guidelines and strategies at the operational level
- Planning and implementation of all monitoring, evaluation, and supervision activities at the operational level
- Drafting and validation of technical reports for activities
- Advocacy for the involvement of CAMEG for supporting the storage and distribution of the NTD medicines.

A workshop led by the MOH, HKI, and Handicap International will support the development of a national strategy to address morbidity associated with lymphatic filariasis (hydrocoele and lymphoedema). A similar workshop led by the MOH and HKI will be conducted to support the development of a national strategy to address the trichiasis surgical backlog. The development of these strategies will position Burkina Faso to strategically respond to the debilitating conditions associated with these two NTDs as well as advocate for increased funding for morbidity management.

Additionally, support will be provided to the Disease Control Directorate (DLM) for the workshop to validate the five- year NTD strategic plan 2011-2015, which will bring together participants from the Ministry of Health and other partners involved in the fight against NTDs in Burkina Faso.

2. Mapping

Mapping is completed for all PCT-targeted NTDs at the national level.

3. Scaling-up NTD National Program[6]

Burkina Faso has already achieved 100% geographical coverage for LF, onchocerciasis, schistosomiasis and STH, and 90% geographical coverage for trachoma. In 2013, the NTDCP seeks to:

- Maintain 100% geographical coverage for LF, oncho, schistosomiasis and STH, and maintain 90% geographical coverage for trachoma (depending on additional drug approval granted by ITI, the program will be able to reach 100% geographic coverage).
- Achieve and maintain program coverage for each drug package: 80% for MDA of ivermectin + albendazole, 80% with praziquantel, and at least 90% with azithromycin + tetracycline ointment.

LF, onchocerciasis and STH: For the elimination of LF, out of 63 HDs initially endemic, 16 have met criteria to stop treatment; therefore 47 will be treated in FY 2013 (4 of which will receive 2 rounds based on GAELF recommendations). In these 16 districts that have stopped treatment, the schistosomiasis program will take over the STH deworming of school aged children starting in 5 HDs in Hauts Bassins in FY 2013. The remaining 11 HDs may be covered through school deworming activities supported from the Ministry of Health; however, discussions between the Ministry of Health and the Ministry of Education are ongoing and no decision has been finalized, yet.

In FY 2013, 6 onchocerciasis endemic districts will be treated. USAID will support the distribution of IVM+ALB in 4 districts while Sightsavers will support IVM in 2 districts.

Schistosomiasis: For the control of schistosomiasis, the regimen adopted by the program is treatment every two years pending the review of the program. Districts with prevalence of SCH equal or above 30% (19 hyperendemic districts) are treated one year and districts with prevalence of SCH below 30% (44 hypoendemic districts) are treated the following year. In FY 2013, 20 health districts including the 19 hyper-endemic districts and the district of Manni (East region), which has shown a prevalence over 50% will be treated targeting school-aged children and at-risk adults Impact assessments on schistosomiasis in 22 sentinel sites in FY 2013 will provide updated data to better inform the treatment and assessment strategy moving forward.

Trachoma: Of the 30 districts originally endemic, 18 have stopped district-level treatment and 12 will be targeted for treatment in FY 2013 pending SAFE strategy activities in four districts in Hauts Bassins awaiting ITI approval. For four of the districts targeted in FY 2013, this will be their first MDA for trachoma.

[6] The Annual MDA Treatment Projections Form should be incorporated into this work plan as an annex.

4. Mass Drug Distribution

4.1. MDA Strategy

Strategies for MDAs to target populations vary according to the package of drugs. However, there are some similarities. For Burkina Faso, the following order of distribution is adopted:

- Treatment against LF, onchocerciasis, and STH: ivermectin + albendazole
- Treatment against schistosomiasis: praziquantel
- Treatment against trachoma: azithromycin + tetracycline ointment
- Second round of treatment against LF, onchocerciasis and STH in 4 HDs and treatment against onchocerciasis and STH in 2 HDs: ivermectin +/- albendazole

Target districts and estimated target population for 2013 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platforms	Number of districts	Number of people targeted [a]
Schistosomiasis	Children (5-15) years + adults	1	Door-to-door, fixed, advanced in schools and communities	20	4,396,381
Onchocerciasis	Children 5 years and more	2	Door-to-door, fixed, advanced in schools and communities	6	1,026,899[b]
Lymphatic filariasis	Children 5 years and more	1(2)[b]	Door-to-door, fixed, advanced in schools and communities, and specific groups	47	10,515,082
Soil-transmitted helminthes	Children (5-15) years[c]	1	Door-to-door, fixed, advanced in schools and communities	52 [e]	4,562,653
Trachoma	Total at-risk population	1	Door-to-door, fixed, advanced in schools and communities	12[f]	2,536,628

[a] Targeted population is derived from demography data based on the national census conducted in 2006 but projected to 2013

[b] This includes 602,162 in 4 HDs in the South West region covered by LF MDA, and 424,738 in 2 HDs in the Cascades region supported by Sightsavers.

[c] Twice per year for 4 HDs in the South West region

[d] Children under five years old are treated outside the NTD program during the Child Health Days with vitamin A supplementation. In total number targeted (4,562,653), 3,349,881 will be supported by USAID funds.

[e] MOH and MOE are discussing whether additional 11 districts that are not endemic for LF or SCH should be treated through School De-worming program.

[f] Pending ITI's approval of treatment for 4 of these districts based on increased SAFE strategy evidence. The targeted number shown here includes those in these 4 HDs.

4.2. Training

Training Events – New Personnel and Refresher

Level of implementation	Topics	Number of trainers	Number to be trained	Number training days	Location
			Total		
Central level	Training/ refresher training for trainers on MDA	7	46	2	Ouaga
	Training of Biomedical technicians on LF diagnostic techniques	2	30	6	Ouaga
	Training of Biomedical technicians on Schisto/STH diagnostic techniques	2	30	6	Ouaga
Regional level	Training of trainers on self-monitoring of CDTI	3	24	6	Gaoua
	Implementation of MDA	39	210	2	Administrative center of the 13 DRS
District level	Implementation of MDA	210	2 117	1	Administrative centers of HDs
Health center level (DC)	Training/refresher training on MDA implementation	2 117	**40,914** (LF, oncho, STH)	2	1800 health facilities
			12,702 (Schisto ; STH)	1	
			800* (oncho cascades)	2	
			4,782 (trachoma)	1	

* The 800 community distributors are CHWs that will receive training on CDTI in the Cascades region with support from Sightsavers

Attachment 2 – HKI 2013 Work Plan for Niger

Summary

Since 2007 to-date, five consecutive MDA campaigns have been conducted in Niger treating 6 million children and adults in 2007, 8 million in 2008, 10.4 million in 2009, 11 million in 2010, and 10.6 million in 2011.

Since 2007, almost 40 million treatments have been given through preventive chemotherapy. Between 2007 – 2011, the integrated national NTD control program was implemented with funding from the United States Agency for International Development (USAID) NTD Control Program managed by RTI International, the Carter Center (TCC), and the Schistosomiasis Control Initiative (SCI)/ Réseau International Schistosomiases Aménagement et Lutte (RISEAL). Since 2011, the integrated national NTD control program has been funded through USAID's END in Africa program managed by FHI360 and implemented by Helen Keller International (HKI). The program also receives financial support from SCI/RISEAL, TCC and other partners.

HKI will support the national program in FY 2013, implementing regional micro-planning workshops that will involve the participation of focal points, chief medical doctors, and managers of epidemiological surveillance centers at the district level. The purpose of these workshops is to fine-tune activity planning and budgeting in advance of the activities, ensuring the same level of understanding about implementation among those involved, and allowing quicker troubleshooting of problems later on. Following the workshops, funds will be allocated to health districts (HDs) for the preparation of the FY 2013 campaign. Upon receipt of funds, HDs will carry out training sessions from the regional level down to Integrated Health Centers (IHC) and schools. Simultaneously, the National Office of Pharmaceutical and Chemical Products (ONPPC) will organize the delivery of distribution tools and drugs to the HDs.

In FY 2013, 11 districts (1.8 million people) will be targeted for the treatment of schistosomiasis, 30 districts for lymphatic filariosis (9.9 million people), 18 districts for trachoma (8.3 million people), and 34 districts for STH (10.8 million people) with USAID support. In addition to the MDA, HKI will support the PNLBG in the baseline mapping of schistosomiasis in Bilma and the implementation of an impact evaluation in all districts in Tahoua, Agadez and Tchirozerine, which is in line with the country's schistosomiasis re-assessment strategy. LF transmission assessment surveys (TAS) are planned and will be conducted in 9 health districts in Tera, Say, Kollo, Birnin Konni, Tahoua, Keita, Bouza, Tchintabaradene and Illéla. LF sentinel site and spot check site assessments are planned in the 9 districts that will have completed 5 treatment rounds after the 2012 MDA. Additionally, the mapping of Arlit and Bilma for LF scheduled for FY'2012 will take place in FY'2013. The PNLCC is expected to conduct an impact survey in Diffa, N'guigmim, and a sub-district level survey in Tillaberi for trachoma to determine if treatment is necessary upon cessation of district-level treatment.

Supervision will take place at all levels in order to ensure quality of training and program implementation. The involvement of program coordinators in the development and implementation of monitoring programs will allow ownership of activities in accordance with Ministry of Public Health (MSP) regulations. Supervisors will be given the flexibility to address any potential issues and will discuss among the supervising team the most appropriate solutions. Supervisors will also ensure that serious adverse events (SAEs) are well monitored and reported during and after distribution.

To ensure that data collection indicators are in line with USAID/FHI360 requirements, HKI will ensure that the monitoring and evaluation framework and that program data (disease and program workbooks) are available to all NTD program implementation entities in Niger. Partners will be able to review and contribute to the data to allow for a complete data set.

HKI-Niger's FY 2013 work plan is in line with Niger's 2012-2016 NTD Strategic Plan and will move the country closer to control and elimination targets for the targeted NTDs.

Goals for the Year 2013

The overall goal of the program is to reduce morbidity due to schistosomiasis and STH, and to work towards the elimination of LF, onchocerciasis, and blinding trachoma through preventive chemotherapy and the SAFE strategy for trachoma. In order to achieve this goal, the program will conduct MDA campaigns for LF, schistosomiasis, STH, and trachoma in the regions of Agadez, Tahoua, Diffa, Zinder, Maradi, Dosso, Niamey, and Tillabéri in May 2013. Onchocerciasis is currently in the surveillance phase in Niger.

Specific objectives:
Specific objectives of the national program vary according to the disease targeted:

For schistomiasis:

- Treat 11 high and moderate risk districts. Additional 5 districts, including Fillingué, Tilabéri, Loga, Tera, Say and Kolo, will be treated for SCH by RISEAL through the SCORE study.
- Conduct impact evaluations in 6 districts in Zinder (SCI/RISEAL), 3 districts in Diffa (SCI/RISEAL), 7 districts in Maradi (SCI/RISEAL), 8 districts in Tahaoua (HKI), and two districts in Agadez (HKI). Evaluations planed by SCI/RISEAL will be conducted in April 2013. HKI plans to hold theirs in February 2013.
- Conduct a baseline prevalence study in the district of Bilma (HKI), the mapping will take place in February.

For trachoma

- Treat 18 districts for trachoma in 5 regions at the district level.
- Conduct trachoma impact surveys in the districts of N'guigmi and Diffa.

- Conduct a sub-district level assessment in the Tillaberi district.

For LF:

- Treat 30 districts for LF (and STHs) in 7 regions.
- Conduct pre-TAS (sentinel site and spot check site) surveys in 9 districts that will undergo their fifth treatment round in October 2012 (Boboye, Tillabéri, Madaoua, Aguié, Dakoro, Guidan Roumdji, Madarounfa, Tessaoua and Mayahi).
- Conduct TAS in 9 districts where pre-TAS surveys were conducted in September 2012 (Téra, Say, Kolo, Birni Koni, Tahoua, Keita, Bouza, Tchinta and Illéla)--this is conditional upon the districts meeting criteria for the TAS based on pre-TAS results.

For STH:

- Treat 34 districts in 7 regions for STHs; 30 will be targeted through the LF campaign (ivermectin and albendazole) and 4 will be targeted through the SCH campaign (praziquantel and albendazole).
- Map 11 districts for STH (along with SCH mapping) with support from HKI.
- 11 districts will be mapped for STH (along with SCH mapping) with support from HKI
- Conduct a national survey on STH in April (RISEAL), not including the 11 districts supported above.

Main activities

Supporting the planning process of the national program for the fight against NTDs

HKI will support planning activities, which will be implemented with the participation of program coordinators and the national focal point. The identification of districts eligible for praziquantel treatment and albendazole will be carried out as usual in coordination with the PNLBG program coordinator and in accordance with the national policy against bilharziasis. The coordinator will work with regional focal points on updating the list of endemic villages. Regarding trachoma and lymphatic filariasis, districts eligible for treatment have already been identified. HKI will support the program for the implementation of surveys that will continue to refine the strategies for these diseases.

In order to assist in the analysis of unmet NTD program needs, an evaluation and planning workshop is organized every year at the national level at the end of mass distribution campaigns. This workshop involves the participation of key stakeholders (health, educational sectors, and other partners) to identify strengths, areas for improvement, lessons learned and to articulate recommendations towards the improvement of the next campaign. This workshop will be held in December 2012 and the micro-planning workshop will follow in February 2013 in each of the eight regions of Niger. The workshops will identify the most appropriate implementation strategies, budgets and needs for each region. In the same period, audio materials will be developed to be broadcast by community-based radio stations for awareness raising and community mobilization. Dose poles and records keeping documents will be produced in the same period.

At the end of March the necessary drugs and tools for data collection and awareness-raising should be in place in order to begin the MDA on time. The transportation of drugs and key materials from the central or regional level to the district level will be carried out by ONPPC in April 2013.

The use of the Tool for Integrated Planning and Costing (TIPAC) will allow NTD program actors to enhance the assessment of unmet needs; therefore we plan to request technical assistance in its implementation so that key personnel of the NTD program in Niger can be properly trained to operate the tool.

Mapping

Bilma in the Agadez region will need mapping in 2013 for schistosomiasis and STH. Mapping did not occur in FY'12 due to insufficient funds for the overall schistosomiasis/STH assessment activity based on the need of the national program that came to light during the project year. A sub-district level survey for trachoma will be conducted in Tillaberi to determine if there are high prevalence pockets of trachoma in need of treatment at the sub-district level. Mapping in Arlit and Bilma for LF did not take place in FY'2012 due to issues in timing, this activity will be conducted in FY 2013.

Mass Drug Administration

Preparations for the 2013 MDA campaign will begin at the end of January 2013 with coordination meetings before key activities are implemented in the following phases:

MDA strategy

After completing their training, community drug distributors (CDDs) will start distributing medicines in May, or June at the latest. To ensure that the medication protocol will be correctly followed, checklists will be distributed at the end of training sessions for reference. The official national launch of the campaign is expected to be held in May.

The MDA strategy is community-based drug delivery with CDDs and school-based drug delivery by teachers in primary schools (over 10,000 schools). The drugs for LF and trachoma are distributed in accordance with the WHO-recommended strategies at district level, whereas the schistosomiasis disease risk is based on geography (village location in relation to the Niger river basin) with drugs delivered through CDDs and teachers. Although no baseline prevalence data exist for STHs, the entire country is considered to be at risk, thus treatments are conducted through the LF MDA (ivermectin and albandazole) and the schistosomiasis MDA in select districts. The first drug package is ivermectin and albendazole, following praziquantel and/or albendazole if LF is not endemic, and the third is Zithromax and tetracycline. There is typically a 7 day window between the distribution of the different drug packages due to how long it takes the CDD to distribute the first package and then begin the following package.

In FY'2013, ivermectin and albendazole will be distributed in 30 districts, praziquantel in 11 districts (4 of them will also receive albendazole), and Zithromax and tetracycline in 18 districts.

Districts and populations targeted for FY 2013 MDA

Disease	Age Group Targeted	Frequency of Distribution	Distribution Platform	Number of districts targeted in 2013	Number of persons targeted in 2013
Schistosomiasis*	≥5 years (at risk adults are uniquely identified in the endemic villages)	- One treatment per year for the 10 districts considered to be high risk* - One treatment every two years for the 31 districts considered to be moderate risk	Door-to-door distribution in communities; school-based distribution	16**	1,830,852
Onchocerciasis	N/A	N/A	N/A	0	0
Lymphatic Filariasis	≥5 years	One treatment per year for endemic districts	Door-to-door distribution in communities; school-based distribution	30	9,931,544
STHs	≥5 years	One treatment per year in the 30 districts treated for LF and in other SCH districts (PZQ + ALB) as determined by the national program	Door-to-door distribution in communities; school-based distribution	34	13,244,426
Trachoma	Total population	One treatment per year in districts where district-level prevalence of TF is >10%	Door-to-door distribution in communities; school-based distribution	18	8,319,387

*High risk is defined by the national program as those districts situated along the Niger River basin (Tillaberi, Kollo, Say, Tera, Niamey I, Niamey II, and Niamey III, Boboye, Gaya, and Dosso). Moderate risk is defined as all other districts. The risk categories given to the districts are not based on prevalence rates per se, but on geography.

** Five districts in FY'13 will be funded by the SCORE project; Tiliberi, the 6th district, will be on a treatment holiday in FY'13

Training

Training sessions for new personnel and refresher trainings

Training group	Training themes	Number of persons to train			Number of training days	Training location	Comments
		New	Refresher	Total			
MPH/MOE at central level	Reviewing the role and content for national trainers and supervisors	10	20	30	2	Niamey	
Medical doctors and nurses	Data collection, management of side effects and SAEs, disease facts, treatment dosages, how to report data and leftover drugs	304	1207	1511	2	In the 8 regions of Niger and 42 district	304 new doctors and nurses were posted to CSIs in 2012 and will be receiving the new personnel training in 2013
Supervisors	Data collection, management of side effects and SAEs, disease facts, treatment dosages	4	6	10	1	Niamey	
Supply chain managment staff	How to manage the movement of drugs, how to manage drug stock, how to fill out the drug management forms	100	0	100	4		The training planned in 2012 was not conducted and is rescheduled for 2013
Teachers and Community-directed distributors	Data collection, management of side effects and SAEs, disease facts, treatment dosages, how to report data and leftover drugs	12,778 (teachers)	26,898 (community directed distributors)	39,676	1	In all CSIs	It is estimated that 1/3 of the distributors previously trained will be replaced by new distributors each year
Others (NTD program staff and finance managers)	TIPAC	0	20	20	5	Niamey	

Attachment 3 – HDI 2013 Work Plan for Togo

Summary

FY 2013 is the fourth year that integrated control of neglected tropical diseases (NTDs) is being implemented in Togo with USAID funding through HDI. In FY 2013, the following activities are planned:

Support Togo's NTD Planning Process

- HDI will continue to cede leadership in the planning process to the Togo MOH

Mapping

- No additional mapping is needed

Nationwide MDA for schistosomiasis, onchocerciasis, and soil-transmitted helminths

- Community based distribution platform
- Schistosomiasis – Target 33 of Togo's 40 districts and more than 1.9 million people
    - Implementation unit is the peripheral health unit
    - School age children (SAC) in areas with prevalence <10% will be part of the target group in the southern half of the country (Maritime and Plateaux regions) in keeping with new WHO guidelines; this target group was treated in the north in 2012.
- Onchocerciasis – Target 32 districts and more than 2.5 million people
    - Implementation unit is the district
- Soil-transmitted helminths – Target 28 districts and more than 1.5 million school age children
    - Implementation unit is the district
- Praziquantel, ivermectin, and albendazole will be given simultaneously
- Goal is to coordinate training, implementation, and data collection with the distribution of albendazole and vitamin A by the Nutrition Program/UNICEF to children under five years of age

Training

- Cascade training of more than 10,000 people
- Emphasis on supply chain management and identification, management and reporting of severe adverse events

Community Mobilization and IEC

- Radio spots, town criers, national media, banners, meetings with leaders, and flip charts will be used

Supervision

- Joint effort by MOH and HDI
- Emphasis on ensuring appropriate treatment packages being delivered in each implementation unit, accurate treatment records at all levels, and careful tracking of drug inventories

Supply Chain Management

- Utilize Supply Chain Management Capacity Building Plan to strengthen SCM
- TA for training to improve SCM still desired

Management of severe adverse events

- Reporting is in accordance with Togo's pharmacovigilance policies, and includes reporting to FHI360 headquarters, GlaxoSmithKline, and Mectizan Donation Program

Goals for the year 2013

Goals for FY 2013 are as follows.

- A second round of MDA will be conducted for onchocerciasis and STH in high prevalence areas in Nov 2012.
- Togo will implement nationwide MDA for onchocerciasis, schistosomiasis, and STH in May 2013 (see Table 2).
- LF surveillance and morbidity management activities will continue (see Monitoring and Evaluation section).
- The situation analysis of the onchocerciasis control program will be conducted with technical assistance as requested in the FY 2012 Work Plan.
- There will be continued support of the MOH as it improves its capacity for data management, monitoring and evaluation, and supply chain management, all of which were strengthened in 2012.

Main Activities

HDI will support the Ministry of Health (MOH) with the following essential activities:

Support NTD Country Program Planning Process

Togo will be in year two of their five-year (2012-2016) Strategic Plan for NTD control. The MOH has led the planning, management, and implementation of the integrated MDAs in 2011 and 2012. HDI will support the MOH in continuing this leadership in FY 2013 in the following ways:

- The Togo MOH will determine the target geographic regions and populations for MDA and will develop the treatment projections for 2013 using Togo's five-year Strategic Plan, WHO treatment guidelines for NTDs, and population data from the Togo census as well as from enumerations conducted by the community drug distributors in 2011 and 2012. Rather than leading the MOH in this role, HDI will review the MOH's plans and calculations as the MOH takes the lead in all of these activities. HDI has worked with the MOH in FY 2012 to enhance their ability to generate target population estimates and medication needs.
- HDI will assist the MOH in developing the Annual Work Plan through an iterative process of discussing plans and reviewing Work Plan drafts, incorporating incoming data from the field and the most recent MDA in the process.
- Operational micro-planning begins in the months prior to the MDA at bi-weekly central-level meetings; an HDI representative is present at all of these meetings. HDI will continue to work with government on assuring appropriate planning and supply chain management.

Mapping

- There are no remaining gaps in disease mapping and no mapping is planned.

Scaling up NTD National Program[7]

- The integrated MDAs for Togo reached national scale in 2011 and will continue at national scale in 2013. All 35 districts where at least one of the target NTDs is prevalent will be treated.
- For schistosomiasis, the target population now includes school age children in areas with prevalence <10% to reach the WHO target of treating children in low prevalence areas twice during their primary school years. This target group was treated in the northern half of the country in 2012; in 2013 this target group will be treated in the southern half.
- For STH, there will be a second round of treatment (in November, 2012) for school age children in four districts where the prevalence of STH is ≥50%. This will be the first year of implementation of a second round of albendazole; although a second round had been scheduled for November 2011, it did not take place because the national MDA scheduled for May 2011 was delayed and November was too soon for a second round.

Mass Drug Administration

MDA Strategy

- Timeline: The national integrated MDA will take place in May 2013 and will occur over three weeks (including all re-visits to houses where residents are initially not home). Microplanning and production of necessary tools will occur in February, community mobilization and IEC will begin in March, and training of trainers and training of drug distributors will occur in April. The second round of treatment for calendar year 2012 is scheduled for November; four districts will receive a second round of treatment with albendazole and areas previously identified as having a high prevalence of onchocerciasis will receive a second round of ivermectin.
- Target populations: Details of the target populations are given in Table 2. The latest target population calculations use enumeration data from the 2011 and 2012 MDAs.

Target districts and estimated target populations for FY 2013 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platform(s)	Number of districts or sub-districts[a]	# of people targeted
Schistosomiasis	School age children and adults	Once per year (prev ≥50%)	Community-based	160 PHUs from 27 districts	1,416,308
Schistosomiasis	School age children only	Once every two years (prev 10-	Community-based	240 PHUs from 35 districts	335,013

[7] The Disease Workbook Form containing treatment projections for the 2013 MDA is incorporated into this work plan as an annex.

		49%)			
Schistosomiasis	School age children only	Once every two years (prev <10%)	Community-based	99 PHUs from 28 districts	181,994
Onchocerciasis	Entire population age 5 years and older	Once per year	Community-based	21 districts[b]	1,728,347
Onchocerciasis	Entire population age 5 years and older	Twice per year	Community-based	11 districts[b]	900,379
Soil-transmitted helminths	School age children	Once per year (prev 20-50%)	Community-based	24 districts	1,505,132
Soil-transmitted helminths	School age children	Twice per year (prev ≥50%)	Community-based	4 districts	208,352

[a] Schistosomiasis treatment is implemented at the peripheral health unit (PHU) level, based on the prevalence of schistosomiasis at the PHU level, so the estimated number of people to be treated is equal to the sum of the people in the targeted PHUs. Details on target populations can be found in the END in Africa Disease Workbook Togo 2012-2013, included with this work plan.

[b] In the 32 districts targeted to receive ivermectin, only villages with fewer than 2000 people are treated. Twice yearly treatment is conducted in areas with historically high prevalence of onchocerciasis.

Training

Togo utilizes a training-of-trainers approach to train personnel at all levels involved in the implementation of MDA. Including CDDs, more than 10,000 people will be trained (Table 3). Most personnel involved have participated in prior MDAs.

Training Events - New Personnel and Refresher

Training Group	Topics	Number to be Trained/Retrained			Number Training Days	Location of training(s)
		New trainees	Refresher trainees	Total		
MOH/MOE at Central Level	Supervision skills; how to train trainers	0	18	18	2	Lomé
Trainers	Supervision skills; how to train trainers	0	102	102	2	District Headquarters
Supervisors/PHU nurses	MDA procedures; training of community drug distributors	0	626	626	2	District Headquarters
Supply chain managers	Supply chain management skill	0	0			
Community drug distributors	IEC and drug distribution procedures	100*	10,000	10,100	2	Peripheral Health Units

* Approximate number of Peace Corps volunteers

Attachment 4 – CRS 2013 Work Plan for Ghana

Summary

Catholic Relief Services (CRS) – Ghana as sub grantee to Family Health International ("FHI 360") is working with the Ministry of Health (MOH)/Ghana Health Services (GHS) Neglected Tropical Diseases (NTD) Program to implement the End in Africa Project in Ghana. In November 2011, CRS started implementing this two year project with GHS. In this year 2 work plan, activities that will be implemented to achieve the overall goals of the project are outlined.

Specific project activities that will be implemented for FY 2013 are:

- Conduct one integrated round of school and community based mass drug administration (MDA) for Schistosomiasis (SCH) in 122 districts and Soil transmitted Helminthiasis (STH) in 122 districts in October 2012. This is an activity that has been delayed from June 2012 to October 2012.
- Conduct one integrated round of community-based MDA for Lymphatic Filariasis (LF), Onchocerchiasis and STH in 117 districts in January/February 2013.
- Conduct one integrated round of school and community based MDA for SCH in 82 districts and STH in 82 districts between May and June 2013.
- Hold one national post MDA review meeting in August 2013.
- Support Trachoma Follicle TF surveillance activities in 29 districts where blinding trachoma has been eliminated.
- Carry out night blood surveys in 5 LF districts that have completed more than 7 rounds of MDA.
- Carry out Transmission Assessment Survey (TAS) in 8 districts, which have attained an LF prevalence of less than one percent.
- Hold quarterly Intra Country Coordinating Committee (ICCC) for the NTD program meetings as decided by GHS.
- Implement selected activities in the Communication and Advocacy Strategic Plan.
- Strengthen monitoring and evaluation (M&E) of MDA data, including developing standardized reporting templates and deploying to all districts.
- Develop publications for country program best practices, success stories, lessons learned and impact surveys.
- Strengthen Supply Chain Management (SCM) by implementing recommendations of SCM assessment.
- Prepare and submit regular reports to donor on schedule.
- Prepare projections for all NTD drugs for 2014.
- In collaboration with FHI360 and its partners, strengthen the financial management systems of NTDP by supporting the implementation of the capacity building work plan developed in June 2012. In addition, observations from the MDA financial sampling will direct additional capacity building support to the NTDP.

Goals for the year 2013

The overall goal of the program is to reduce the prevalence of five Neglected Tropical Diseases (trachoma, lymphatic filariasis (LF), onchocerciasis (Oncho), schistosomiasis (SCH) and soil-transmitted helminthiasis (STH)) to levels that are no longer of public health significance in Ghana by 2015. The program has successfully integrated all five diseases and reached national scale in implementation with all at-risk districts receiving treatment for all diseases. The goal for the year is to implement Mass Drug Administration (MDA) for LF, Oncho, STH and SCH on a national scale, conduct surveillance for all diseases and undertake other activities towards achieving the overall control or elimination target for each of the diseases.

Main Activities

Support NTD Country Program Planning Process

TIPAC

CRS will work with GHS and FHI360 to update the Tool for Integrated Planning and Costing (TIPAC, previously known as FGAT) to identify gaps and unmet needs in the National NTD Program. The data collection for this activity will start in the last quarter of FY 2012 and will be completed in the first quarter of FY 2013.

Five Year Strategic Plan

The GHS NTD Program's five year strategic plan (NTD Master Plan) for 2012 to 2017 has been finalized and will be printed in the last quarter of FY 2012. In the first quarter of FY 2013, CRS will work with the program to disseminate the work plan to a wider audience of stakeholders including government ministries and potential local and international funding organizations. This will be done through dissemination workshops and scheduled briefing meetings.

Annual work plan for 2014

In the last quarter of 2013, CRS will work with GHS to develop a work plan for the NTD Program for FY 2014. This work plan will be based on the five year strategic plan and will be a composite that outlines all program activities for 2014, rather than focusing on a specific donor's requirements. Specific donor-focused work plans will be derived from this composite work plan, while gaps will be easily identified and flagged to stakeholders.

Mapping

No mapping will be done in 2013.

Scaling-up NTD National Program[8]

The Ghana program is currently being implemented at a national scale. Therefore districts targeted for treatment will not change from 2012 projections.

[8] The Annual MDA Treatment Projections Form incorporated in work book as annex I. (Work book)

The Government of Ghana (GOG) in FY 2012 showed its commitment to the implementation of NTD activities by providing a million dollars to all the NTDs. Most of this funding, however, went into Guinea Worm surveillance and Yaws treatment.

Liverpool CNTD support mainly goes to support urban treatment of Greater Accra and for routine night blood surveys and transmission assessments surveys in certain districts.

APOC has traditionally supported a second round of mass drug administration for onchocerciasis and onchocerciasis impact assessment activities together with the MDSC (Multidisease Surveillance Centre). However APOC has not been able to send any funding to Ghana for FY 2012 due to disagreements between Ghana and APOC on financial accounting issues. Sightsavers, Ghana supports onchocerciasis surveillance activities while the Volta River Authority supports schistosomiasis treatment of communities within the Volta River Basin.

Mass Drug Administration

MDA Strategy

The FY 2012 annual school and community based treatment for SCH and STH has been postponed to October 2012. This activity will cover 122 districts for SCH and STH. This MDA was planned for May/June in the 2012 work plan but had to be postponed due to unavailability of praziquantel[9] in time for distribution. Preparatory meetings with GES/School Health Education Program (SHEP), trainings, drugs and supplies distribution and community mobilization for this MDA will start in September 2012. Actual drug distribution at the school and community level is expected to last up to one week. In May/ June 2013, 82 districts will be treated for SCH.

Community based MDA for LF, Oncho and STH is planned to take place in January/February 2013. Preparatory meetings, training, drugs and supplies distribution and community mobilization for this MDA will begin in December 2012. Actual mass administration of drugs to at-risk populations is expected to last for 5 to7 days.

A school and community based MDA for SCH for FY 2013 will be conducted in May/June 2013 covering 82 districts (61 districts will do both school and community treatment) for SCH. These districts will also be treated for STH. The remaining 68 districts will be treated for STH only with funding from other donor sources.

[9] Praziquantel is the drug used by the program to treat SCH.

Target districts and estimated target populations for FY 2013 MDA

NTD	Age group targeted	Frequency of distribution per year	Distribution platform(s)	Number of districts	# of people Targeted
Schistosomiasis	School Aged Children and Selected community groups	1	School and Community based MDA	122 (2012 round) / 82 (2013 round)	5,517,577
Onchocerciasis	Height of 90cm and above (apart from exempt group)	1	Community based MDA	51[10]	2,386,078
Lymphatic Filariasis	Height of 90cm and above (apart from exempt group)	1	Community based MDA	70[11]	7,559,578
Soil-transmitted helminths	School Aged Children	1	School based MDA	100[12] (districts not receiving albendazole for LF)	6,859,637
Soil-transmitted helminths	5 years and above (apart from exempt group) including school aged children	2	Community based MDA	70* (districts receiving albendazole for LF)	2,063,765
Trachoma	-	-	-	-	-

* In those districts, SAC receive albendazole twice a year and adults once a year.

[10] Additional 22 districts will be treated for Oncho through APOC and Sightsavers.

[11] Liverpool CNTD is supporting the program in urban MDA and thus funds MDA in Greater Accra region (5 districts) For ease of programing, since APOC funding is used for districts in Brong Ahafo region, the three districts treating for LF in that region are funded from APOC.

[12] 120 districts receiving treatment for SCH also receive ALB for STH and the rest of 50 districts not receiving SCH treatment will be funded buy PCD for STH.

Training

Training Events - New Personnel and Refresher

Training Group	Topics	Number to be Trained			Number Training Days	Location of training(s)
		New	Refresher	Total		
MOH/MOE at Central Level	MDA supervision and monitoring MDA implementation SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA	10	20	30	1	National NTD Office
Supervisors	MDA supervision and monitoring SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA	0	3,600	3,600	1	Regional Health Administration Offices
Supply chain managers (Pharmacists)	MDA implementation SCM and SOP for MDA drug management Record keeping and reporting after MDA	20	0	20	1	Regional Health Administration Offices
Drug distributors	SCM and SOP for MDA drug management Record keeping and reporting after MDA	0	20,000	20,000	1	Sub district health centers
Other (School Teachers)	SCM and SOP for MDA drug management Record keeping and reporting after MDA	0	26,000	26,000	1	Ghana Education Service Circuit Offices

Attachment 5 – HKI 2013 Work Plan for Sierra Leone

Summary

The goal for fiscal year (FY) 13 is to maintain effective MDA coverage for Lymphatic filariasis (LF), soil transmitted helminthes (STH), onchocerciasis (Oncho), and schistosomiasis (SCH) in all areas of Sierra Leone that are endemic for each disease (14 health districts (HDs) for LF and STH, 12 HDs for Oncho, 64 chiefdoms in 7 HDs for Schisto).

MDA refresher training sessions will be conducted for supervisors, district health management team (DHMT) members, peripheral health unit (PHU) staff, community drugs distributors (CDDs) and community health volunteers (CHVs)/ community health worker (CHWs) to ensure that MDA is appropriately performed for approximately 5.8 million individuals for LF and STH , 2.6 million for Oncho, and 1.9 million people for schistosomiasis.

CDDs/CHVs/CHWs will be supportively supervised during MDA at all levels: national, district and community. Staff of the NTDCP, HKI, DHMTs and community leaders will supervise the MDA at community levels, identify constraints and challenges, and initiate remedial action to ensure effective coverage is achieved.

A set of monitoring and evaluation (M&E) tools, which include questionnaires, will be administered to community leaders, CDDs, DHMTs and community members to assess the extent and quality of activities performed. The data derived from M&E deliverables are cross checked and feedback to the DHMTs at the annual review meeting and will also be reported in semi-annual reports. All data on training and MDA are disaggregated by gender for all target NTDs. In addition to the routine M&E, an independent monitoring tool, which provides real-time performance indicators during MDA termed 'in-process monitoring' is utilized to help the DHMTs overcome problems with supplies, refusals, distribution or other issues. The 'end-process monitoring' will be used to obtain final MDA coverage figures to augment the NTDCP report, especially in hard-to-reach locations (HTR) and in urban settings such as the WA, where accurate population data is unavailable.

Following the recommendations from the supply chain management (SCM) assessment conducted in February 2012 by the END in Africa partner in charge of supply chain, John Snow Inc. (JSI), the neglected tropical disease control program (NTDCP) has requested technical assistance (TA) to help strengthen the program on SCM of NTD drugs and improve standard operating procedures, and how SCM of neglected tropical disease (NTD) drugs could be integrated into the existing system.

Another FY13 goal is to develop a strategic plan for the elimination of LF in 12 HDs. A national advocacy meeting, held annually to sustain the commitment of the MOHS and other stakeholders to NTD control in Sierra Leone, will be held in the first quarter of FY13 to ensure continued commitment from partners and stakeholders, support of human resource development and integration of activities to control/eliminate all NTDs into the primary

healthcare system and national health curricula for FY13 and beyond. Post-elimination strategies are underway and impact assessments completed for all NTDs show a reduction in disease prevalence in most sentinel sites examined, indicating progress towards control/elimination. This data has been captured in the program workbook. In a bid to meet elimination targets, plans to limit cross-border transmission have been proposed and DHMTs in districts bordering neighboring countries will hold regular cross border meetings with village or community leaders on both sides of the border. The NTDCP and their NGO partners will continue to be part of the MRU efforts to control cross border recrudescence of diseases, an essential component of the post-elimination strategy. As the NTDCP moves towards LF elimination, more emphasis will be put on strengthening the M&E in all areas of program implementation. Efforts are currently being made to include LF surveillance in the MOHS surveillance system. The surveillance data that will be collected include: the prevalence (the number of people carrying the microfilaria of the *Wuchereria bancrofti* worm, the microfilaria density (a measure of how heavy the infection is in a given community in terms of the number of mf detected on each positive slide), the community microfilaria load (measure of how heavy the infection is in a sentinel site), and the number of hydrocele and Lymphoedema cases in sentinel sites. These indicators will be included during the surveillance annual review meeting, organised by the Directorate of Disease Prevention and Control of the MOHS.

Goals for the year 2012-2013

The goal for FY13 is to maintain effective MDA in 14 HDs for LF and STH, in 12 HDs for onchocerciasis and in 7 HDs for moderately or highly endemic chiefdoms for SCH. A second round of MDA-STH will be implemented with additional funding from the World Bank Fast Track Initiative (FTI) through MEST, with drug donations targeting school aged children in 12 health districts.

MAIN ACTIVITIES

Support NTD Country Program Planning Process

Following the annual review meeting, the NTDCP and HKI will hold a series of macro planning meetings where both will agree on the target geographic coverage and the target population for each MDA. One hundred percent geographic coverage for LF was achieved in 2010, and this has been maintained for all NTDs to date. All MDAs are conducted as described by WHO guidelines.

Conduct or update the TIPAC

The FGAT (Financial Gap Analysis Tool) now called Tool for Integrated Planning and Costing (TIPAC), was developed with support from Research Triangle International (RTI) in 2010 and it has not been reviewed since. HKI would like to support the MOHS to update the TIPAC tool, but requires technical assistance (TA). At the end of TA it is hoped that both the NTDCP and HKI NTD staff will be able to update the TIPAC tool in the coming years.

Five-year Strategic Plan, 2011-15

The NTD Master Plan has been developed for the period 2011-2015, however the plan is still in the draft stage. HKI is currently working with NTDCP to reflect the change in the new WHO guidelines and to finalize the plan. The plan captured all the components of NTD control, including MDA, morbidity and vector control. It is hoped that the finalized plan will be disseminated by NTDCP to donors and partners by the first quarter of FY13.

Develop Annual Work Plan for National NTD Program, as requested.

The priority activity during the fourth quarter of each calendar year is the development of the annual work plan for the coming fiscal year. This starts with the macro planning immediately after the annual review meeting, where all the lessons learnt over the past implementing year and recommendations from the review meeting are combined into a working document. This document is expanded to include the goals and the targeted population for MDAs in the next FY. While HKI, as sub grantee, takes the lead in its preparation, the work plan is developed with full participation of the NTDCP and other NTD partners. The work plan is based on the NTD master plan.

Develop planning and micro-planning at national, regional, district and sub-district levels.

Micro planning is organized using a bottom-top approach. It takes the form of mini-stake holders meetings at district, chiefdom and community level prior to each MDA. During these meetings, stakeholders at various levels give opinions on how NTD activities can be better planned and implemented based on lessons learnt from previous years. This information is brought forward to the annual NTDs review meeting by the NTD FPs, and is subsequently incorporated into the work plan. In the past, HKI and NTDCP developed basic information kits on how these meetings are planned and conducted at each level. These information kits are currently being reviewed by HKI, and made into guidelines to be used at district, chiefdom and community levels.

In FY 12, APOC conducted independent participatory monitoring of NTDCP with emphasis on CDTI. Although draft reports from this appraisal described the NTDCP as working well and on track to control/eliminate onchocerciasis, it revealed that data management at all levels was a challenge, and an area that needs strengthening. To improve data management capacity among NTDCP and HKI M&E staff, the NTDCP and HKI are proposing that 4 staff (2 from NTDCP and 2 from HKI) attend an NTD M&E course organized by Center for NTDs (CNTDs) in Addis Ababa, Ethiopia.

MAPPING

Mapping has been completed for all NTDs and no further mapping is required.

Scaling up NTD National Program[13]

The 100% geographical coverage achieved since FY 10 will be maintained in FY13.

In FY 13 our target is to treat 5.8 million individuals for LF and STH in 14 HDs, 2.6 million for Oncho in 12 HDs, and 1.9 million people for schistosomiasis in 64 highly or moderately endemic chiefdoms in seven districts.

Treatment will continue to focus on the same target population for Oncho, LF and STH but for MDA SCH, it will be modified to include the at-risk adult population in chiefdoms that have prevalence of SCH infection between 10 and 50% (PCT once every two years) or above 50% (PCT once a year) as recommended per the current WHO guidelines. Consequently, at-risk adult population will be treated in FY13 in four chiefdoms (**Kalansongoia, Konike Barina, Konike Sande, and Sambaia Bendugu)** in Tonkolili district, two chiefdoms (Badjia and Komboya) in Bo district, and one cheifdom (Tombaka) in Bombali.

MASS DRUG ADMINISTRATION

MDA STRATEGY

WHO guidelines allow for IVM to be given to mothers one week after delivery, but due to Sierra Leones high maternal mortality rate, the NTDCP has extended this to 2 weeks after delivery. According WHO guidelines PZQ is administered to pregnant women in the 3rd trimester. However, due to the high maternal mortality rate, the NTDCP has also extended this exclusion criterion to include all pregnant women.

MDA LF-Oncho and STH

Community-based treatment for LF, Oncho, and STH will be repeated in 12 HDs according to WHO guidelines using the CDTI+ (Community Directed Treatment with Ivermectin plus Albendazole) approach, beginning in October 2012 for a period of 6-8 weeks. With the general elections slated for November 2012, it is possible that the MDA will be extended to cover whatever time might be lost during the election period to ensure effective coverage is obtained. Although the bulk of the funds will be coming from USAID, this activity is also co-funded by APOC and Sightsavers. The treatment will target all eligible populations in all villages and communities in the 12 HDs.

MDA LF Western Area

MDA for LF will be repeated in rural and urban WA using the National Immunization Day (NID) Strategy approach in September 2013, and is scheduled to take 5 days. Both community-based, and fixed distribution points will be utilized. The MDA will target everyone above the

age of five as described by WHO guidelines. All activities included in MDA will be fully funded by USAID.

MDA SCH in 7 Districts

In June 2013, four districts (Kono, Koinadugu, Kailahun, and Kenema) will participate in MDA for the treatment of SCH, **while 3 districts (**Bo, Bombali, and Tonkolili) will participate at **sub-district level** in accordance with the new WHO guidelines. Highly endemic chiefdoms in Bo, Bombali, and Tonkolili will be treated annually, and moderately endemic chiefdoms every 2 years. MDA for SCH will be performed in the same manner as in FY12, by trained PHU staff treating school children plus at-risk adults in their catchment area. This MDA is estimated to take 5-7 days, depending upon the terrain.

Hard- to- reach communities

Sierra Leone has many populations that are considered hard to reach (HTR). Some are in remote, sparsely populated areas of the country, while others are in high population density slum areas. The main obstacles in treating HTRs are finding modes of transportation to reach these areas and assuring that sensitization and outreach messages reach these communities. Special strategies to reach the hard to reach areas (HTRs) include hiring boats to access riverine areas, hiring motorcycles to traverse difficult terrain and targeting the leaders of special groups such as the motorcycle riders association and the drivers union with a special, tailored message that can be disseminated to the entire group. Simply making HTRs a priority and talking about them through all phases of planning and implementation assures, not only that these populations are not missed, but that they are focused on. Through these practices we can close the treatment gap between HTRs and the general population.

Cross-border MDA

Synchronizing MDA at the common border points has not been achieved due to different timelines for MDA in the different countries sharing borders. To cope with the influx of persons that normally cross the borders into Sierra Leone for treatment during MDA, some strategies have been formulated to address the issue in FY13 and beyond. These include holding community meetings with residents of border regions in Kambia, Kono, Koinadugu (which border Guinea), Kailahun (which borders Liberia and Guinea), and Pujehun (which borders Liberia). Two meetings will be held in each border chiefdom; one meeting on the Sierra Leone side of the border and one meeting in the adjacent country. These meetings will attempt to get estimates of the number of people that will cross the border for treatment during MDA so that appropriate quantities of drugs can be ordered. These meetings will also discuss the supervision of the MDA, and will address any cultural issues so that border disputes can be avoided. In FY 13, the NTDCP and HKI want to do everything possible to assure that there are no drug shortages and every eligible person is treated.

Target districts and estimated target populations for 2013 MDA

NTD	Age group	Frequency	Platform(s)	# districts	# Targeted
Schistosomiasis*	5-14 years At risk adults	Once a year Once a year	School based Community	7 7	568,044 1,053,637
Oncho	≥5 years old	Once a year	Community	12	2,564,958
LF	≥5 years old	Once a year	Community	14	5,776,290
STH	≥5 years old	Once a year Once a year	1 School based 1 Community	14	1,136,461 5,776,290
Trachoma	0	0	0	0	

* Number of people targeted will be updated for schistosomiasis once the praziquantel application for 2013 is finalized.

Training

Training Events - New Personnel and Refresher

Group	Topic	# To be Trained			# Days	Location
		New	Refresher	Total		
MOH		0	0	0	0	0
DHMTs	MDA-LF-oncho-STH	5	34	39	1	Bo
Supervisors	MDA-SCH	0	79	79	1	Bo and Makeni
PHU Staff	MDA-SCH	118	275	393	1	7 Districts
	MDA-LF	10	100	110	1	WA
	MDA-LF-oncho-STH	335	782	1,117	1	12 Districts
CHWs	MDA-LF-oncho-STH	1,100	1150	2,250	1	WA
CDDs	MDA-LF-oncho-STH	6,600	15,400	22,000	1/2	All PHUs
Independent monitors	Validation MDA-LF-STH	5	11	16	1	HKI Conference Hall
	Validation MDA-SCH	0	10	10	1	HKI Conference Hall
	Validation MDA-LF	4	7	11	1	HKI Conference Hall
Technicians	Pre TAS	1	7	8	2-3	12 Districts

Attachment 6 – Next steps on Ghana's capacity building pilot project

Looking Forward: next steps and continued support to NTDCP on financial management

One of the key structural contributors to a program's success is the strength of the financial management system. Transparency in information, maintenance of expenditure records, standardization of procedures & processes, close monitoring of program documentation and proper controls will enable GHS/NTDCPs to operate more effectively, achieving greater financial integrity and improved impact of the NTD program.

The capacity building workshop highlighted key areas of improvement to strengthen the financial management capacity of the GHS/NTDCP and ensure improved operational systems, and long-term sustainability of the NTDCP.

To ensure that the GHS/NTDCP is able to build on this momentum, they are moving forward on a series of actions identified in their Performance Action Plan. Some items on the Plan can be completed by the NTDCP alone. But the participants requested specific technical support from the END in Africa team to help them address some of their action items, and help them get closer to their performance targets.

To ensure that momentum is not lost, we propose continuing to work with the GHS/NTDCP to help them complete the action items. Together, the GHS and the END in Africa team have identified specific areas for technical support, which are described below, and are aligned to the action items.

The Performance Action Plan was broken down into prioritized activities based on the collective group's perspective on the urgency and immediate implications. The activities listed below represent those that the GHS/NTDCP team deemed to be most critical to their ongoing success and for which they requested END in Africa support.

Activity and proposed support from END in Africa	**Time frame**	**Expected Outputs**	**Results**
Action area 1: Develop a finance strategy that will incorporate an NTDCP-specific policy framework and risk management strategy for NTDCP that is aligned to the 5-year strategic plan;			
Assist GHS/NTDCP subcommittee to develop finance strategy to support the 5-year strategic plan Provide guidance on how to develop the strategy, so	10/12 – 03/13	Finance strategy to support the NTDCP 5-year strategic plan developed and linked to strategic objectives of NTDCP	Full awareness and operationalization of NTDCP strategies (both technical & finance) Improved capacity of GHS/NTDCP to

Activity and proposed support from END in Africa	Time frame	Expected Outputs	Results
it clearly aligns to the 5-year strategic plan		Strategy launched and disseminated to all stakeholders	understand the importance of a finance strategy and how to ensure the strategy is linked to the strategic objectives. Improved dialogue between the GHS/NTDCP finance staff and the service delivery staff Improved stakeholder satisfaction regarding financial processes
Action area 1.1: Incorporate an NTDCP-specific framework into finance strategy (Action 1.0) to accelerate and streamline compliance with new and updated GHS NTD operational policies			
Provide guidance on how to develop a framework through a targeted working group, helping them define what the framework might look like, the actions needed to finalize it, and how to operationalize it. Provide examples of models/frameworks that have worked previously for cross-program operations Facilitate dialogue between the GHS, the NTDCP and the finance team, to ensure communication about new policies	10/12-03/13	Identification of model frameworks/processes from other programs and countries Creation of NTDCP-specific operational model so that new operational policies are communicated to those affected	The existence of a framework for the update/renewal and introduction of new operational policies that is built into the NTDCP/BMCs governance model. Improved and more efficient processes for financial allocation and expenditure tracking More compliance with NTD Operational policies Fewer delays in payment because of improved compliance and fewer disputes on operational/finance issues.
Action area 1.2: Design and incorporate a risk management strategy into the overall NTDCP Finance Strategy			
	10/12-3/2013	Team developed risk matrix	Better management of

Activity and proposed support from END in Africa	Time frame	Expected Outputs	Results
Support GHS/NTDCP in defining potential risks to the sustainability of NTDCP Provide technical support to the GHS/NTDCP in developing a risk mitigation plan, as well as tools to analyze and improve GHS/NTDCP financial and operational management		for NTDCP Orientation of staff (11 regional BMCs and 170 district BMCs) on risk management matrix.	NTDCP financial risks. Staff familiar with their role in mitigating financial risks, which can enhance the sustainability of the NTDCP
Action area 2: Strengthen resource mobilization and public-private partnerships			
Help the GHS/NTDCP understand their financial needs for expanding and sustaining their programs through the TIPAC. Support the GHS/NTDCP in identifying possible sources of funds to fill the financing gap (as defined by the TIPAC) Support GHS/NTDCP in designing and implementing a training program in proposal writing & fundraising techniques for the NTD program and finance teams	11/12-09/13	Knowledge of the funding gap Defined sources of potential funding to fill the resource gap Developed training curriculum on proposal writing & fundraising techniques Trained program and finance teams (12 BMCs) on proposal writing/fund raising (training report) Submission of one or two bids/proposal(s) to potential resource providers	Improved decision-making process based on current and projected financial data Improved network of GHS/NTDCP for potential funding, which can increase the sustainability of NTDCP Increased resource mobilization for NTDCP and fewer funding gaps Strategic partnerships with the private sector for resource mobilization and continued support

The use of the maturity model in and of itself is very useful in helping organizations see where they are along a capacity continuum. We propose to revisit the maturity model with a sub-committee, comprised of the NTDCP Manager, the Head of Finance: Disease Control Unit of GHS, the Deputy Director of Finance: GHS, a regional representative, a representative from CRS, and the END in Africa Finance Advisor. Revisiting the maturity model will enable the NTDCP to continue making progress

against the Performance Action Plan, monitor progress against current activities, and determine additional activities from the original Performance Action Plan that should be addressed (as progress is made).

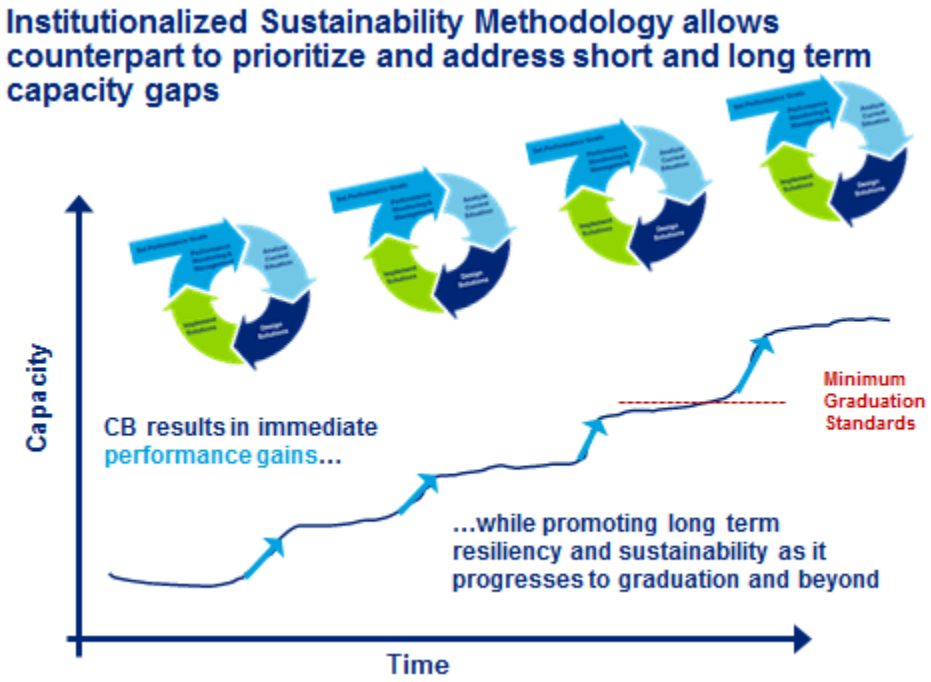
The timing of the sub-committee meetings will be dependent on the NTDCP Manager's availability and request, but would not occur more often than every 3 months. We would also aim to time the meetings adjacent to other already-scheduled END in Africa meetings, thereby maximizing efficiencies in scheduling, logistics, etc. Around the 6-month mark, the sub-committee would revisit the full maturity model with the sub-committee through a ½ day meeting to see how the NTDCP may be moving "up", or graduating in key capacity areas around NTD financial management.

Intermittently, we propose that the END in Africa Finance Advisor conduct informal interviews with selected staff to gauge their perspectives on the improvements that are being made and areas for closer attention. These perspectives can then be brought to bear during the sub-committee meetings.

Results that we anticipate from the continued follow-up with GHS/NTDCP on the financial management work during this year include:

- NTD Finance strategy, that is aligned with the strategic plan
- An operational plan that is also aligned with the NTD strategic plan and harmonized with GHS operational policies and procedures around financing
- Financial risk management protocols that help to mitigate potential financial risks and address some of the findings from the financial sampling
- Empowered NTDCP finance team that feels they are engaged in performance improvement of their organization, resulting in improved compliance with policies and procedures
- Increased awareness of NTD funding needs, and potential sources of funds
- Updated maturity model depicting the progress made against the performance targets

As depicted in the figure below, the GHS/NTDCP can get closer to their performance targets, continue to realign their operations with potentially new performance targets, and continue the process of business process optimization for stronger, more sustainable NTDCPs.



Therefore, the END in Africa project proposes that the maturity model be revisited with the GHS/NTDCP in the next 6 months to continue helping them improve their ability to achieve their performance targets, and help USAID enhance the success of the NTDCP through improved integration, collaboration, transparency, and accountability.

Attachment 7: END in Africa Return on Investment Concept Paper

1. Background

Significant resources are being invested to treat, prevent and eliminate NTDs. The benefits of the END in Africa program are immense, with millions of people receiving life-saving treatment. Yet the benefits of the program extend beyond the immediate program outputs and health outcomes. NTD prevention and treatment in adults means a more productive workforce and economic autonomy. Prevention and treatment in children help keep them in school. NTD country programs are also known to improve the health system overall, for example by strengthening the capacity of first-line workers and community-directed distributors.[14] Households, health systems, and the economy realize savings every time an NTD is prevented or treated early-on.

2. Opportunity statement

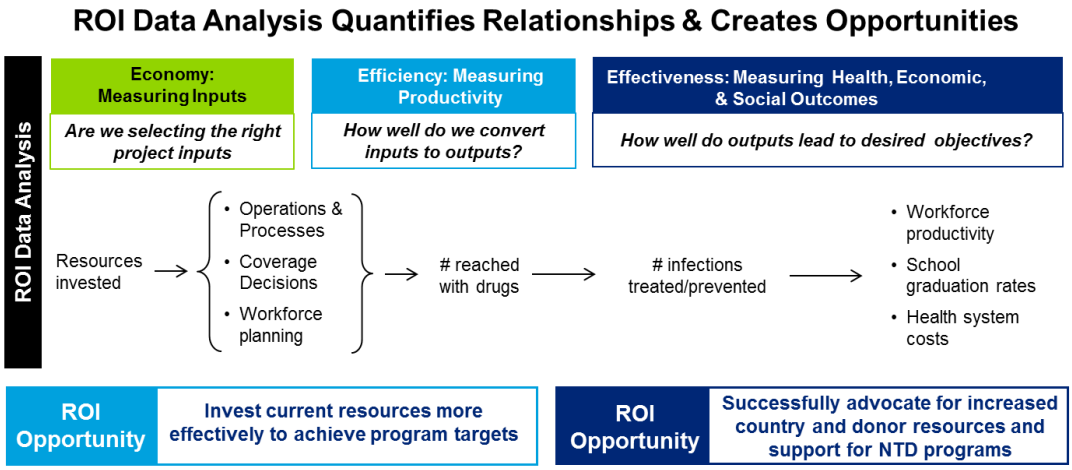
Return on investment (ROI), or value for money, is about maximizing the impact of each dollar spent to improve lives. Quantifying these relationships, or the returns on investment, can:

1. Help USAID and the END in Africa project have a better understanding and articulation of costs and results so that more informed, evidence-based choices are made on program efforts.
2. Be a powerful advocacy tool for greater investment in NTD programs, so we can in fact see an end to NTDs in Africa.

Analyzing ROI will enable USAID and its partners to understand major cost drivers, and make sure that the desired impact is achieved as efficiently as possible.

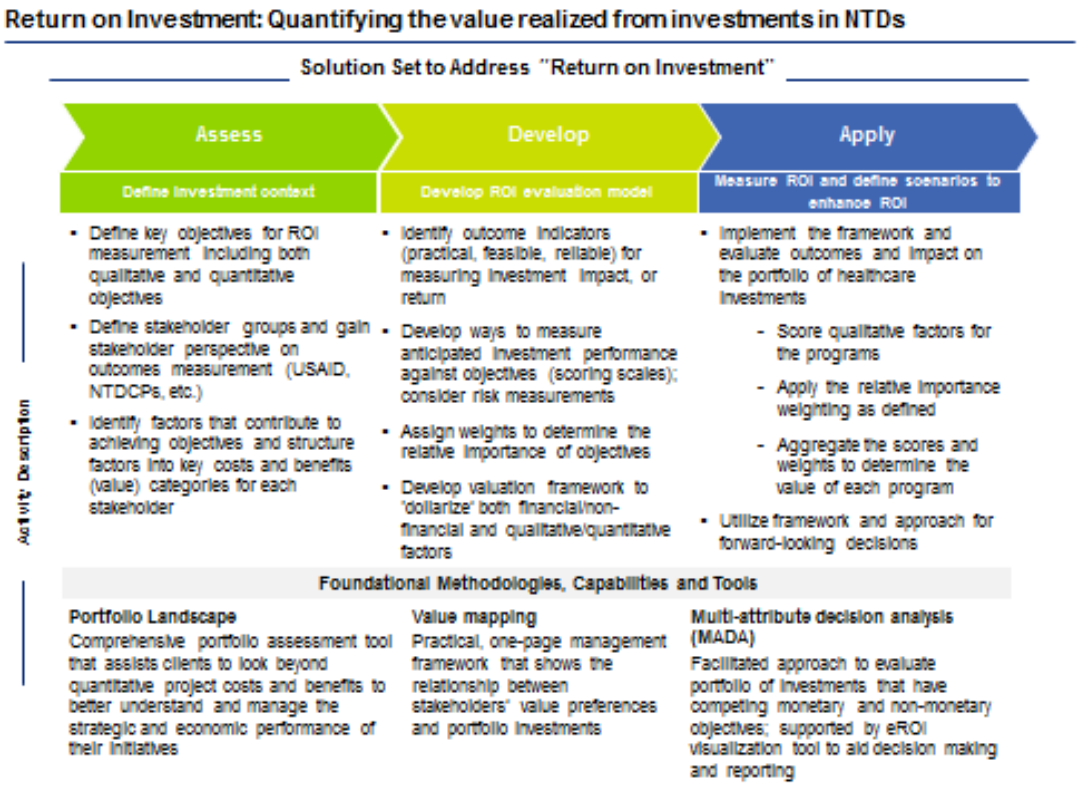
This activity requires continued discussion and refinement. USAID approval will be obtained before any resources are spent on this activity.

[14] Hodges, Mary, Koroma, J., Sonnie, M., Kennedy, N., Cotter, E., and MacArthur, C. "Neglected tropical disease control in post-war Sierra Leone using the Onchocerciasis Control Programme as a platform". *International Health.* Vol. 3, Iss. 2. (June 2011): 69-74.



3. Deloitte's ROI Methodology and Proposed Pilot Implementation Plan

Deloitte's ROI methodology draws on years of experience in the private and public sector to help clients make their dollars go further, improve operational efficiencies, and demonstrate impact. We propose a simple pilot project in one country (possibly Ghana) to demonstrate the added value of an ROI component to the END in Africa Project. We will work closely with USAID and in-country stakeholders to develop and implement the phases of the proposed ROI pilot project methodology.



We first work with stakeholders to define the "returns" that are anticipated from the END in Africa project: immediate returns (e.g. people treated); projected returns (e.g. elimination of NTD); and social/economic returns (e.g. increase in work/school attendance). The exact timeframe and resources required for the pilot will depend upon the country selected and the extent of the "returns" being analyzed. Local STTA plus HQ support is envisioned conduct the pilot. The expected outcome will be a summary of the returns achieved with current investments, and identified opportunities to maximize returns.

Our proposed implementation strategy will maximize the value and minimize the investment in the pilot program. We will select fewer indicators to reduce time and cost of data collection, and use existing data sources wherever possible. We intend to compare current data to available past data (pre-END program) to more efficiently generate ROI data. We will carefully document the process to generate recommendations and lessons learned, and facilitate integration, replication, and scale up of the pilot project, should that be the path taken.

Based on the success of the pilot project, USAID and country programs may choose to expand the pilot activities in the pilot countries. For example, we could support the country to develop and implement a strategy to translate ROI data into effective decisions and use change management methodologies to help counterparts make sure those decisions translate into

sustainable actions. We may also help the country institutionalize the ROI component by integrating ROI analysis into its M&E systems and developing a more formal capacity building program for staff. USAID may also desire to scale up the methodology in other countries. We could support this effort by modifying ROI program process, materials, and data collection and analysis tools (based on lessons learned from the pilot project), and developing a scale-up plan.