



# FY2017

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

Annual Work Plan

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# End Neglected Tropical Diseases in Africa Work Plan FY2017

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## Acronyms and Abbreviations

AFRO	WHO Regional Office for Africa
AOR	Agreement Officer's Representative
APOC	African Program for Onchocerciasis Control
ASTMH	American Society for Tropical Medicine and Hygiene
CDD	Community Drug Distributor
CNTD	Liverpool Center for NTDs
CSA	Committee of Sponsoring Agencies
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EMMP	Environmental Management and Mitigation Plan
END in Africa	End Neglected Tropical Diseases
EU	Evaluation Unit
FHI360	Family Health International 360
FOG	Fixed Obligation Grants
GHS	Ghana Health Service
GSC	Global NTD Support Centre Operational Research Project
ICCC	Intra Country Coordinating Committee
JAF	Joint Action Forum
JSI	John Snow Research and Training Institute, Inc.
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRU	Manu River Union
NGDO	Non-governmental Development Organizations
NGO	Non-governmental Organization
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected Tropical Diseases
PCT	Preventative Chemotherapy
Pre-TAS	Preliminary Transmission Assessment Survey
PZQ	Praziquantel
RPRG	Regional Peer Review Group
RTI	Research Triangle Institute International
SAR	Semi-Annual Report
SAE	Serious Adverse Event
SAFE	Surgery, Antibiotics, Facial Cleanliness and Hygiene, and Environmental Improvements
SCH	Schistosomiasis
SCM	Supply Chain Management
SOW	Scope of Work
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TA	Technical Assistance

TAF	Technical Assistance Facility
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
TOT	Training of Trainers
USAID	United States Agency for International Development
WAHO	West African Health Organization
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

## Introduction

On September 29, 2010, the United States Agency for International Development (USAID) awarded Family Health International (FHI360) Cooperative Agreement No. AID-OAA-A-10-00050, End Neglected Tropical Diseases in Africa (END in Africa). The award is funded by USAID's Neglected Tropical Diseases (NTD) program, and will contribute to the program's goal of reducing the prevalence of 7 NTDs by at least half among 70 percent of the world's affected populations. The 8-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 7 NTDs: Lymphatic Filariasis (*elephantiasis*); Schistosomiasis (*bilharzia*; *snail fever*); Trachoma (*blinding eye infection*); Onchocerciasis (*river blindness*) and 3 Soil-Transmitted Helminthes (*intestinal worm infections*)- Round Worm (*Ascaris lumbricoides*), Whip Worm (*Trichuris trichiura*), and Hook Worm (*Necator americanus* and *Ancylostoma duodenale*).

The project supports national NTD program (NTDP) efforts to implement and scale-up integrated MDAs in Burkina Faso, Ghana, Ivory Coast, Niger, Togo and Sierra Leone through sub agreements with selected Non-Governmental Organizations (NGOs). FHI 360 awards and manages grants to MOHs and organizations working in targeted countries with high technical capacity to implement programs that support national NTD control strategies. As a general NTDP rollout approach, FHI 360 supports the MOH in leading annual meetings to enable the development of USAID-funded Annual Work Plans based on progress made to date, constraints, identification of potential partners and delivery platforms for PCT, and coordination with other donors and partners. Sub grantees and the FHI 360-led team support the conveyance of these MOH-led meetings and utilize the platforms to ensure understanding of the roles and responsibilities of the various USAID partners.

END in Africa is implemented by FHI 360 through the execution of first-tier sub agreements with competitively selected NGOs to support MOH/NTDP in completing the major activities and tasks outlined below. Current sub grantees include:

- Helen Keller International (HKI) for Burkina Faso, Niger and Sierra Leone.
- Health & Development International (HDI) for Togo.

FHI 360, through its country office and the regional END in Africa team, provides direct implementation support to the Ghana Health Service (GHS) and Ministry of Health of Ivory Coast NTDNPs.

The 3 key principles of the END in Africa project include utilization of existing government networks and well-established channels for implementation of the project; partnering with MOHs and other NTD partners to strengthen MOHs and provide assistance for building local sustainable capacity in countries; and partnership to promote country ownership in the implementation of large national-scale mass drug treatment programs. Using these 3 principles, the END in Africa project will continue in FY2016 to support mass drug administration (MDA) campaigns, impact assessment surveys to demonstrate reduction of prevalence of the targeted NTDs, capacity building to better manage integrated NTD programs and the use of innovative methodologies to improve monitoring and evaluation (M&E) and data management.

Four of the 6 END in Africa implementing countries are endemic for trachoma, while all 6 are endemic for LF and onchocerciasis<sup>1</sup>. Since Ivory Coast is currently just starting MDA for most of the PCT NTDs, the data presented here are for the 5 original countries. Current data indicate that 73.3% of endemic districts (88 out of 120) have stopped MDA for trachoma, while 64.0% of endemic districts (142 out of 221) have stopped treatment for LF.

In FY2017, all 5 original END in Africa implementing countries will be conducting post-MDA surveillance as the number of districts stopping MDA continues to increase. They will be supported in conducting periodic disease assessments for surveillance of trachoma, LF and onchocerciasis. USAID NTD program extended support through the END in Africa project to the NTDP in Ivory Coast in FY2016. In FY2017, efforts will continue to scale up MDA for the 5 PCT NTDs to 100% geographic coverage in Ivory Coast<sup>2</sup>.

In FY2017, the END in Africa project will:

1. Continue to support implementation of good quality MDAs in the 5 previous END in Africa countries and maintain good therapeutic and geographic coverage;
2. Support Ivory Coast to establish good quality MDA and scale up geographic coverage to 100%;
3. Conduct DSAs to assess the impact of MDAs and decide when and where to stop MDAs;
4. Continue to support countries to conduct periodic post-MDA assessments; and
5. Support the Ivory Coast in continuing mapping for trachoma.
6. Support the documentation of elimination efforts for trachoma (Ghana), oncho (Niger) and LF (Togo).

USAID guidance instructs FHI 360's first-tier sub recipients to employ Fixed Obligation Grants (FOG) to provide financial resources and management for the activities undertaken by the MOHs' NTDP in each country. FOGs signed by FHI 360's sub grantees and the MOHs permit the flow-down of resources and technical support to the MOH and ensure sound implementation of NTD country plans and MDAs. Approval has been granted for first-tier NGO sub recipients managed by FHI 360 to enter into second-tier sub agreements with the MOH in all selected countries. For countries directly supported by FHI 360, such as Ghana and Ivory Coast, first-tier FOGs are signed with the MOH to channel resources per the approved work plans.

Sub grantees partner with the MOHs to provide services required by the NTDP to support safe and effective mass drug treatment nationwide. The large scale of NTDPs necessitates the utilization of existing government networks for implementation of the program. Partnering with MOHs also supports the vision of USAID Forward to use technical assistance to build sustainable capacity in countries, and to use host country systems where it makes sense. These partnerships promote country ownership, build local capacity, foster sustainability, use well-established channels to implement NTDPs, and provide an efficient and cost-effective approach to implementing large, national-scale mass drug treatment programs that require the active participation of local government.

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<sup>1</sup> STH and SCH are not targeted for elimination and are present in all 6 countries.

<sup>2</sup> Mapping for LF, oncho, schistosomiasis and STH is now completed but mapping for trachoma is still ongoing.

## Main Activities

### Issuance and Management of Grants

FHI 360 will be proactive in ensuring all activities supported by the project are closely aligned with USAID NTD policies and priorities<sup>3</sup> and in line with each government's NTD needs and schedules for implementing integrated NTD control. Activities are designed to increase government ownership while building 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 and related M&E activities in Burkina Faso, Ghana, Ivory Coast, Niger, Sierra Leone and Togo in FY2017.

The in-country work planning sessions of USAID-funded activities for FY2017 were completed between May and July 2016 for all countries. These country plans constitute the platform for the definition of activities that the FHI 360-led team will execute in FY2017. The team will:

- Support MOHs and sub grantees in the implementation of FY2017 work plans in all countries. Summaries of the completed and approved work plans for all countries are presented in attachments 1 to 6.
- Obligate additional resources as necessary to fund the execution of activities in Burkina Faso, Niger and Sierra Leone through HKI; and in Togo through HDI, once work plans and budgets are approved by USAID. END in Africa projections indicate that an additional obligation up to the ceiling of the sub agreement is necessary to cover expenses for the life of the project.
- Execute FOGs with Ghana Health Services (GHS) and the Ministry of Health (MOH) of Ivory Coast to support the implementation of activities approved in the respective country FY2017 work plans. FHI 360 sub grantees, i.e. HKI and HDI, will also enter into FOGs with their MOH counterparts in Burkina, Niger, Sierra Leone and Togo. All first- and second-tier FOGs with the MOHs will be submitted to USAID for approval.
- Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2018 with the participation of the sub grantees, USAID, FHI 360 and other key stakeholders. Ensure that grantees' annual work plans and budget schedules support USAID priorities, MOH plans, MDA cycles and M&E activities. Country work planning sessions are scheduled as follows:
  - May 2017 – Sierra Leone.
  - June 2017 – Burkina Faso, Niger and Togo
  - July 2017 – Ghana and Ivory Coast.
- Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2017, as agreed with USAID. Follow-up on TA not directly provided by FHI 360, to ensure the requested TA is technically sound, schedules are developed in coordination with MOH availability, and recommendations from TA workshops are adequately implemented. TA requested by each country is outlined in Table 2.

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<sup>3</sup> The USAID Work Plan Template and Supplemental Guidelines were used in every step of the process to ensure alignment of priorities.



- Continue fostering the adoption and utilization of management instruments that meet existing USAID regulations and NTD program policies. Such instruments include: standardized templates for annual work plans, standardized reporting formats for semi-annual reporting and monthly and quarterly financial reporting, and grant administration guidelines according to USAID regulations and FHI 360 operational procedures.
- Oversee the execution of first tier sub agreements with NGOs and second tier sub agreements through FOGs with MOHs, according to the terms in the guidance provided by USAID.<sup>4</sup> While activities occur throughout the year, each country will experience 4 to 6 months of intensive expenditures around MDA campaigns, Pre-Transmission Assessment Surveys (pre-TAS) and Transmission Assessment Surveys (TAS) for LF, impact assessments for trachoma, SCH and STH, epidemiological evaluations for onchocerciasis, sentinel site monitoring exercises, post-MDA surveillance and coverage surveys. Monitoring will occur through the monthly desk review of the sub grantees' programmatic and financial reports on project expenditures, and periodical site visits to check 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 to review project expenditures and progress. A trip report with findings and recommendations will be issued and shared with USAID as appropriate.
- In light of the new elimination strategy for Oncho, a clause will be inserted in the FOGs for Ghana, Ivory Coast, Burkina and Togo that requires Oncho MDAs should be synchronized in selected districts along the borders that represent known transmission zones. This cross border collaboration should enhance the coverage of the distribution campaigns and increase the impact of the project toward the elimination goal. A Cross Border Coordination Meeting between Ghana, Ivory Coast, Burkina and Togo to be held in Accra the last week of October. NTDs Focal Points and LF and Oncho coordinators for each country will be invited to participate. It is important that this meeting happens at the beginning of the FY2017 thus agreements can be worked out and put in effect with necessary adjustments. The agenda of the meeting is as follow:
  - Explanation of new FOGs requirement to synchronize MDAs in selected districts.
  - Identification of priority districts based on identified transmission zones and persistent high prevalence.
  - Countries presentation of oncho and LF treatment plans for FY2017.
  - Work groups to agree on synchronize schedule on selected districts. Group 1: Ghana, Burkina, Ivory Coast. Group 2: Ghana, Togo.
  - Group presentation of agreements and commitments
- Ensure the NTDP Secretariat for Ghana and the Ivory Coast<sup>5</sup> receives administrative support for the effective implementation of the NTDP in both countries, as stipulated in the agreed work plan for FY2017. Support will be provided to ensure smooth running of the secretariat through payments for vehicle maintenance, office stationery/supplies,

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<sup>4</sup> Other FOG-related activities, such as training and support, are described in the Technical Assistance section of this document.

<sup>5</sup> Implementation of the NTDP in Ghana and the Ivory Coast is directly supported by FHI 360 through FOGs.

utilities/internet, and general office overhead costs; to maintain the FHI 360 staff that work directly with the NTDP; and to support transportation needs and other logistical needs of the NTDP.

- Monitor compliance with the environmental management and mitigation plan (EMMP) incorporated into each sub agreement, and support sub grantees in meeting all reporting requirements. The results of the monitoring process will be provided to USAID through the annual EMMP reports.
- Support USAID needs in terms of cost analysis of project components such as MDAs, TAS, and Pre-TAS by country to guide future decision-making in respect to budget allocation.

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

**Table 1: Proposed Project Management Performance Indicators**

Indicator	Disaggregation	Source	Year Five Target	Responsible Party
<b>Grant Issuance and Management - Grant Monitoring</b>				
Number of Sub agreements signed.	By country	program records	17 <sup>6</sup>	FHI 360
Number of MOH that received support in developing national Annual Work plans.	By country	Country work plans	6	FHI 360
Number of countries submitting timely implementation reports.	By country	program records	6	FHI 360
Number of monitoring visits.	By country	program records	1 per country	FHI 360
Number of financial desk reviews successfully completed.	By country	program records	12 per country	FHI 360
Number of semi-annual program implementation reviews.	By country	program records	2	FHI 360
Number of TA requests that have been provided	By country	Program records	At least 80%	FHI 360
Number of countries submitting MDA coverage data on time using standard reporting format.	By country	Program records	6	FHI 360
Proportion of Pre-TAS and TAS conducted amongst those approved	By country	Program records	At least 80%	FHI 360

<sup>6</sup> FHI 360 will sign 7 first-tier FOGs with GHS; and, 6 first-tier FOGs with MOH Ivory Coast. Four sub agreements modifications will be signed with HKI and HDI to increase funds obligations.

## **Technical Assistance and Capacity Building**

FHI 360 will be responsible for coordinating capacity building efforts and will take the lead in assistance related to compliance with USAID requirements. TA will be provided to the NTDPs to increase their capacity for managing projects, work planning, M&E, data management, supply chain management (SCM), and quality assessment. Deloitte is the lead partner in financial management systems and reporting, including budgeting.

END in Africa technical team will continue to support the 6 END in Africa implementing countries in FY2017 as they continue to implement a number of activities relating to mass drug administration (MDA), monitoring and evaluation (M&E) including disease specific assessment (DSAs), and other cross-cutting activities such as behaviour change communication (BCC) and capacity building for the elimination of trachoma, LF and oncho, and for the control of SCH and STH as a public health problem.

We move into FY2017 with some remarkable achievements within the project that will impact the technical activities to be supported in FY2017. Ghana has demonstrated that all previously endemic districts for trachoma have achieved less than 5% trachomatous inflammation—follicular (TF) and all but one district has less than 1 trachomatous trichiasis (TT) case per a thousand population. As these are the 2 indicators set by the World Health Organization (WHO) for elimination of trachoma, we see that Ghana has almost eliminated the disease although some work still has to be done to bring the number of TT cases to less than 1 per thousand in the one remaining district.

Togo has also succeeded in demonstrating through two transmission assessment surveys (TAS) conducted after the LF MDA was stopped in 2010 that LF has been eliminated in the country. There are also remarkable achievements made by the countries in the fight to eliminate onchocerciasis. The release by WHO of new onchocerciasis guidelines for stopping MDA and verifying elimination of human onchocerciasis will help countries as they move towards elimination of the disease.

## **Planning and Implementation**

The FHI 360-led team will undertake the following main activities within the END in Africa project in FY2017, in collaboration with all stakeholders/partners in the END in Africa coalition, to support and monitor implementation of country work plans for FY2017. Specific objectives for TA in FY2017 will include the following:

- The FHI 360-led team will actively work with MOHs and sub grantees to provide technical support and leadership in the planning of MDA, DSA and programs operation at the country level. We will specifically execute the following tasks:
  - Participation in the development of country-level work plans to ensure that country-level programs comply with international NTD guidelines provided by WHO, USAID policies/priorities and best practices.
  - Review draft country work plans at the country level, together with other stakeholders, and support the finalization of work plan documents for submission to USAID.
  - Collaborate and support representatives of the partner organizations within the END in Africa coalition to plan for technical support to NTDPs relating to SCM, M&E and financial management; and ensure that the TA provided is in compliance with WHO NTD guidelines and protocols and contributes to best practices.

- Support MOHs NTDCP to develop comprehensive STH/SCH strategies for drugs distribution and assessments after the LF distribution program has stopped. By the end of FY2017 over 90% of districts in Ghana, Burkina Faso, Niger and Sierra Leone will stop treatment for LF<sup>7</sup> and new distribution strategies for STH/SCH should be envisioned. Countries are outlining post LF plans as part of the FY2017 work plans submission for review and discussion with USAID. Many of this proposed platforms such as integrating distribution within existing vaccination campaigns, bed-net distribution, vitamin A distribution among others will need to be validated and tested in the field. This will require an expanded approach of the NTD program to foster a stronger cross sector coordination with existing WASH, school health education programs and local resources mobilization, bringing new stakeholders to the negotiation and coordination table. END in Africa will create a new technical position for a Strategic Planning and Partnership Development Specialist to better support the countries in this transition. Further description is provided in the Staffing section of the plan.
- Organize a partners meeting in Accra with participation from MOH NTDs programs, USAID, WHO, CDC, the WASH project, Task Force Global NTD Support Centre, ENVISION and FHI 360 for a preliminary discussion of countries STH/SCH strategies post LF elimination and USAID policies and priorities for supporting such initiatives. The meeting is planned to last three days where MOHs will present their plans; USAID would layout their policies and priorities for funding; and, technical experts from CDC, WHO and Task Force would provide the appropriate technical context to frame the discussion. The expected outcome of this meeting would be general consensus on a strategy that is costs efficient and effective for STH/SCH distribution post LF to be field tested in FY2017 in selected countries. By the end of FY2018, when around 100% of districts in End in Africa countries will stop treatment for LF and Trachoma, a validated plan should exist for each country to continue operations under the new context.
- Support the recollection of dispersed and existing data of STH/SCH prevalence for each country at district level for all END in Africa countries. If data gaps are identified in FY2017, the appropriate additional STH/SCH assessment may be included in FY2018 work plans. It is envisioned that a data repository for STH/SCH should be created for West Africa in order to assess the level of endemicity of these diseases across the region. This should inform the definition of regional policies and technical approach for achieving elimination in the future. Our project will also encourage the countries to effectively implement the WHO developed NTD country data base tool.
- Support the establishment and operationalization of Oncho Elimination Committees in all END in Africa countries. As required by the new oncho guidelines for stopping MDA and for validation of elimination of oncho, each country should establish an expert committee that includes national and international experts to provide technical guidance to the national program on action that should be taken to reach oncho elimination. FHI 360 technical team will serve as a member of this committee and will provide logistical support to operationalize the committee.
- The END in Africa technical team from the hub office in Accra will participate in the supervision of at least one MDA and/or DSA campaign in each of the 6 END in Africa

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<sup>7</sup> Togo already reached LF elimination as a public health problem.

implementing countries. Additionally, the Project Director will liaise with USAID to coordinate MDAs and DSA monitoring field visits to three countries, potentially Ivory Coast, Sierra Leone and Ghana.

- SCH treatment in Ghana: The NTDP conducted a nation-wide mid-term impact assessment of SCH/STH following 4 rounds of SCH treatment according WHO guidelines. Urine filtration method and Kato Katz methods were used for SCH and STH surveys respectively. Results of the impact assessment indicate significant improvement in SCH and STH situation in Ghana. The Ghana NTDP will convene a meeting of experts in August 2016, to discuss the survey results and decide on appropriate treatment strategy for SCH/STH in the next phase starting FY2017.
- Support the MOHs in developing Operational Research proposals and protocols to be submitted to the Global NTD Support Centre Operational Research Project funded by USAID. The following OR proposals have been identified:
  - **Ghana:** Validation of protocol for assessing morbidity burden for LF – The NTDP is developing a protocol to estimate the burden of LF morbidity (elephantiasis and hydrocoele) in the country. The NTDP is planning to share this protocol with the Task Force for Global Health for input and discussions in FY2017. The protocol will be implemented to estimate the burden of LF morbidity. An operational research could be conducted to look at the NTDP protocol and review it to validate its implementation in Ghana or elsewhere.
  - **Burkina Faso and Sierra Leone:** Validation of protocol and testing of LF/Oncho assessments – The Task Force for Global Health (TFGH) has developed a protocol for integrated evaluation of onchocerciasis and LF in places where both diseases are co-endemic. Sierra Leone and Burkina Faso were identified among the END in Africa implementing countries to test the recommended strategy for integrated assessment of onchocerciasis and LF for 2 main reasons: both countries have districts that are co-endemic for the 2 diseases, and both countries plan to conduct assessments for both diseases in some areas in FY2017. Discussions have started with the sub grantee and the NTDPs of both countries to work out timeline, additional logistics that will be needed and the supplementary budget that will also be needed. It is expected the TFGH protocol for integrated oncho/LF assessment will be tested in the 2 countries in the first half of FY2017.
  - **Ghana and Burkina:** Validation of STH/SCH distribution strategy post LF – Although the baseline STH survey in Ghana indicated moderate infection in only 16 out of 216 districts Ghana decided as a policy to treat all school age children for at least once for STH annually due to the poor environmental sanitation conditions which sustains high reinfection rate. The NTDP expects to continue SCH treatment in the country based on guidance received from an expert team that will review results of the mid-term survey conducted in 2015. Since SCH is currently endemic in all districts of Ghana, the NTDP will use the school-based SCH MDA platform to treat school age children for STH. However, not all districts will be treated every year for SCH. In districts where SCH is treated once every other year or once every three years the NTDP will seek the support of other partners to support annual STH MDA in such districts after LF MDA is stopped and will also explore the possibility of using oncho MDA platform to deliver STH MDA. The use of these other intervention delivery

platforms such as Expanded Program of Immunization, bed net distribution and oncho MDA, as suggested in Ghana, are yet untested strategies. It is proposed that an operational research is conducted in Ghana and Burkina Faso to assess the suitability and effectiveness of these platforms to conduct STH MDA in STH endemic districts post-LF elimination. It is believed that FY2017 and FY2018 is the appropriate timeframe for testing and validating these new distribution strategies in order to have a better understanding on how the NTDPs should operate after FY2018 when close to 100% of districts would have stopped treatment for LF.

- END in Africa leadership will support general coordination of the END in Africa project by ensuring the NTDPs of the 6 END in Africa implementing countries submit requests for impact assessment surveys (pre-TAS, TAS, trachoma impact assessment) to the WHO NTD Regional Peer Review Group (RPRG) for approval before surveys are conducted, and that reports of these surveys are submitted to the NTD RPRG for review, acceptance and guidance on the way forward.
- The END in Africa team will monitor the design and implementation of DSAs to ensure all approved DSA are soundly executed according to WHO guidelines. The FHI 360 technical team will actively participate in the development of protocols, training and supervision of impact assessment surveys. END in Africa will provide technical and financial support for the following activities:
- **Trachoma data in Togo:** To eliminate trachoma as a public health problem, the prevalence of active trachoma or trachomatous inflammation – follicular (TF) must be below 5% in 1-9 year olds in every district, and prevalence of trachoma trichiasis (TT) must be less than 1 case per 1000 population. Trachoma has never been targeted with MDA in Togo because mapping of the northern, dry half of the country in 2009 (reported by Dorkenoo et al.) revealed that the prevalence of TF was <1%, although there was suggestion of a higher prevalence in the three districts. Follow-up cluster surveys of those three districts in January 2011 indicated the prevalence of TF was <1%, but the prevalence of TT in those districts was 0.33% across the three districts (range 0.1%-0.7%). It should be noted that a 4<sup>th</sup> district was studied before the 3 mentioned above that had indications of high TF and TT prevalence. Outside funding was secured to identify TT cases during the June-July 2015 MDA in all districts of Togo and to provide surgery, when appropriate, to as many affected individuals as possible. A team of health workers was sent afterwards to validate the TT results reported in some areas and it was detected that most of the cases identified and reported as TT were not TT cases. This means a survey should be conducted by skilled well-trained health workers (ophthalmic nurses) so that results obtained can be a true reflection of the TT situation. In FY2017 existing data on trachoma in Togo will be reviewed and appropriate follow-up or confirmation mapping will be conducted to determine TF and TT prevalence in 4 of the districts that were studied previously. Thus, it can be confirmed that TF prevalence is still below 5% and the TT prevalence can be determined. Action will be taken based on the result of TT prevalence in the 4 districts: the results will be presented to WHO with the request to take Togo off the list of trachoma endemic countries if TT is below 0.1% (or less than 1 case per thousand population) in all 4 districts; or a campaign will be launched to conduct TT surgery on a certain number of TT cases to bring the TT prevalence to less than 1 case per thousand population in all the 4 districts before a request will be made to WHO to remove Togo off the list of

trachoma endemic countries. END in Africa technical team will work with the country and WHO to comply with WHO and Trachoma Experts Committee (TEC) guidelines.

- **Verification of oncho-elimination in Niger:** Niger has never treated for oncho because baseline data suggested that MDA was not needed (5 districts were identified as only hypo-endemic) and recent epidemiological studies in the 5 districts have shown microfilaremia rates that are either zero or close to zero. Entomology studies were also recently conducted in the 5 districts under the supervision of a renowned entomologist<sup>8</sup> that showed no *onchocerca volvulus* infection and infectivity among the black flies that were collected. Although Niger has never treated for onchocerciasis the country can be taken off the list of oncho-endemic countries only if it can be demonstrated that the criteria for stopping MDA for onchocerciasis have been met<sup>9</sup>. The NTDP therefore still needs to conduct serology studies in FY2017 among children less than 10 years within the 5 districts using OV16 ELISA and show that its less than 0.1% in children. Technical assistance will be provided through END in Africa project for conducting this serological assessment and for presenting the result to WHO.
- **Trachoma dossier in Ghana:** Baseline studies for trachoma conducted in 1999-2000 indicated trachoma was endemic in 37 out of 216 districts in 2 regions of Ghana (Northern and Upper West regions). The NTDP in collaboration with the National Eye Care Program (NECP) implemented treatment for trachoma using the SAFE (Surgery, Antibiotic therapy, Facial cleanliness, and Environmental management) strategy. Treatment was gradually scaled up to the 37 districts. Impact assessment conducted in 2008 in the 37 districts showed that prevalence of TF among children age 1-9 years was down to <5% in all the endemic districts for which reason treatment was stopped at district level. A 3-year post treatment surveillance was conducted between 2008 and 2011 during which 8 communities with TF prevalence 5 - 9.9% among children 1- 9 years were detected and treated for 3 years each ending in 2014. The NTDP completed a pre-validation survey in all 37 districts in March 2016. The results, which have been reviewed by the Trachoma Pre-Validation Survey Committee, indicate all districts recorded TF prevalence below 5% in children 1 – 9 years while all districts except one met the WHO TT elimination criteria of less than 1 per 1000 population (< 0.1%). END in Africa will support the NTDP to take the necessary steps to conduct case search for estimated TT backlog in the one district for corrective surgery by trained ophthalmic nurses in the first quarter of FY2017. Furthermore, with the support of Sightsavers, 5 new ophthalmic nurses will be trained to complement existing ones to conduct TT surgery for any new cases that will be detected post-elimination. The Director General of the GHS has set up a 15-member Ghana Trachoma Elimination Steering Committee that includes END in Africa technical experts to oversee the preparation of the elimination dossier for submission to WHO in FY2017. The Committee is expected to provide guidance for the NTDP to assemble the relevant background information and data to complete the WHO trachoma elimination dossier. END in Africa project will provide the necessary logistical support for the effective functioning of this committee.

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<sup>8</sup> The study was conducted in 2015 under the supervision of Professor Daniel Boakye.

<sup>9</sup> Criteria for stopping MDA are: for entomology – less than 1 infected fly per 1000 flies collected (<0.1%) among parous flies; or less than 1 infected fly per 2000 flies (<0.05%) in all flies collected, assuming a 50% parous rate and at a 95% confidence interval (CI); and for serology – less than 0.1% positive children at a 95% CI).

The END in Africa project is directly implemented in Cote d'Ivoire since the beginning of FY2016 by FHI 360 through a team based in the FHI 360 Country Office in Abidjan. In FY2017 the END in Africa project will support the following activities in Cote d'Ivoire:

- MDA including national launch of MDA for NTDs targeted through preventive chemotherapy, integrated MDA for LF-Oncho in 48 co-endemic districts that include 27 STH co-endemic districts, MDA in 8 districts only endemic for LF, MDA in 5 districts endemic for trachoma, and MDA for schistosomiasis in 3 districts for people over 15 years of age;
  - Disease specific assessment (DSAs) including epidemiology surveillance survey of onchocerciasis in 22 districts which already went through five rounds of uninterrupted MDA, baseliner epidemiology survey (sentinel site) for LF in 12 districts before they start treatment, trachoma impact survey in the health district of Bouna, and mapping for Trachoma in 7 Highly suspect districts;
  - Capacity building efforts such as workshop to develop data collection tools for trachoma MDA;
  - Organization of coordination meetings at all levels of the health pyramid for a better organization and implementation of NTD related activities; and
  - Sensitization and social mobilization targeting large audiences for the different MDAs.
- Provide TA to MOHs and sub grantees in response to approved country work plans for FY2017. TA will be primarily provided by our in-house specialists or short-term consultants, where appropriate. Table 2 summarizes the TA requested by MOHs and sub grantees in the approved work plans for FY2017.



**Table 2: List of Technical Assistance Requests in FY2017**

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
<b>Burkina Faso</b>	Implementation of DQA	The NTDP has indicated the need of technical assistance on implementation of DQAs	Expertise on the DQAs	2 weeks	End in Africa	
	Development of trachoma elimination program	A road map is needed for NTDP to reach the trachoma elimination projections by 2020	Trachoma expertise (e.g. ITI, HKI)	8 days (Second quarter)	ITI/HKI	
	Support for coordination of technical committee/elimination committees for NTDs targeted for elimination	Supported needed to build technical expertise and improve the experience of NTDP in coordinating technical committees that will help them make sound technical decisions to reach elimination	NTD expertise	Twice per year	END in Africa	
<b>Ivory Coast</b>	Training of NTDP personnel on the TIPAC for strategic planning	The TIPAC has to be introduced to the NTDP in Ivory Coast to strengthen strategic planning skills	Expertise on TIPAC (Deloitte)	2 weeks	End in Africa	
	Capacity building on research methodology and development of articles and abstracts for publication	There is a need for strengthening capacity of NTDP on research methodology and development of articles and abstracts	Expertise on research methodology and development of articles and abstracts (University of Ivory Coast, local research Institution and CDC)	1 week	END in Africa	-
	TA on local resource mobilization	There is a need to start planning for sustainability of NTDP activities	Expertise on local resource mobilization	1 week	Deloitte	-
	Implementation of Data Quality Audit (DQA)	This is the second year of activities and DQA is needed to find ways of improving quality of data submitted on NTDs	Expertise on the DQAs	2 weeks	END in Africa	
<b>Ghana</b>	Training of 30 laboratory staff on oncho epidemiological and entomological survey	The NTDP staff conducting these surveys have retired and currently engaged on contract basis. There is need to train younger laboratory technicians to replace them.	Noguchi Memorial Institute for Medical Research (NMIMR)/CSIR/School of Public Health (SPH)	14 days in the second quarter	END in Africa	
	To assist NTDP in the transition from oncho control to oncho elimination program	TA is needed to guide activities including assessments, transmission zone demarcation and provide supervision and quality control.	WHO, Noguchi Memorial Institute for Medical Research (NMIMR)/CSIR/School of Public Health (SPH)	4 months.	END in Africa	
	Develop strategy for STH treatment after LF elimination	LF treatment platform used for STH treatment is now reduced from 98 to 17 and expected to be absent before year 2020. There is need to support the NTDP to determine the strategies for STH after LF treatment.	STH program implementation and technical expertise	Up to 2 months	END in Africa	
<b>Niger</b>	DQA training	Shortcomings in Data collection, quality assessment and processing	DQA expertise	1 week	END in Africa	

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
	Integrated NTD database	Current NTD program does not have a comprehensive database to store data	Expertise in DB	1 week	END in Africa	
<b>Sierra Leone</b>	DQA Implementation	NTD indicated the need of technical assistance on DQA implementation after the training	DQA expertise	2 weeks	END in Africa	
<b>Togo</b>	DQA training and Implementation	NTD requested the training on DQA	DQA expertise	2 weeks, Q1 of FY17	END in Africa	
	Integrated NTD database (BDIM)	Current NTD program does not have a comprehensive database to store data	Expertise in DB	1 week, Q1 of FY17	END in Africa	
	Training on ArcGIS and graphic presentation of data	The NTD Program, would like to have the capacity to independently graph their epi and entomology data, particularly to help with onchocerciasis elimination	Expertise in training on ArcGIS; can train in French	1 week days, Q1 of FY17	FHI360	
	External expert participation at Togo's OEC meeting	Although Togo has many highly accomplished onchocerciasis experts, additional expertise from WHO, MDP and entomology and onchocerciasis elimination experts is needed at one OEC meeting during the year	Expertise in onchocerciasis and onchocerciasis elimination (WHO/CDC, MDP, Carter Center)	Travel support for four people x 1 week, Q3 of FY17	END in Africa	

## Supply Chain Management

FHI 360 will undertake the following activities to strengthen and institutionalize supply chain and drug management systems and accountability, which are essential for successful MDAs.

- Ensure MOHs submit their Joint Reporting Form observing the existing deadlines. FHI 360 and sub grantees will support the MOHs as needed in completing the forms and will keep USAID updated when forms are submitted.
- Support national NTDPs and implementing partners as they prepare to receive and clear 2017 consignments of Praziquantel (PZQ) through customs. FHI 360 obtains documentation from IDA (the supplier) when information regarding the shipments becomes available. Thereafter FHI 360 provides the documentation to the implementing partners via email, WHO then shares the information with the national programs and coordinates with the consignee. This process helps avoid miscommunication and accumulation of demurrage fees when shipment arrivals are not well-timed in relation to provision of shipping documents.
- Monitor receipt and documentation of PZQ donations facilitated by FHI 360 through delivery to the destination warehouse.
- Assist the country programs in developing high quality FY2018 PZQ forecasts for submission to WHO and FHI 360 contingent to the agreements between USAID and WHO. We expect that all PZQ will be fulfilled by WHO for FY2018. END in Africa has not allocated resources for procurement of the PZQ to be used in FY2018. If necessary, an obligation increase will be submitted to USAID requesting additional funds.
- If necessary, procure PZQ for FY2018 for Sierra Leone, Burkina Faso and Togo. Currently, contracts have been executed with IDA Foundation<sup>10</sup> to supply PZQ for FY2017. Appropriate coordination will be established with WHO in light of the new donation of PZQ from Merck. Only identified gaps will be funded by USAID. Ghana, Ivory Coast and Niger's PZQ needs will be fully provided by WHO in FY2017.
- Continue to support all countries in waste management and reduction of potential environmental impacts from project activities. In this regard, Waste Management Guidelines and Community Drug Distributor (CDD) tip sheets for waste control will be distributed to all countries in English and French. END in Africa will support distribution and implementation at the different levels. This material will be incorporated into the training sessions for CDDs.

## Financial Management

With the increase in country funding for NTDs, efficient implementation and resource utilization will become even more important in building and maintaining the trust of partners. The importance of strong internal controls, improved recording and reporting, and greater

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<sup>10</sup> IDA Foundation was competitively selected by FHI 360.

transparency and overall accountability and governance cannot be understated. In addition, managing partnerships and existing relationships is also critical to the ongoing success of the NTD programs. We will support countries in these areas through mentoring and technical assistance to ensure that countries build on successes and sustain impact.

In terms of building managerial capacity of the NTDPs across the six countries in FY2016, END in Africa will build on previous efforts and focus on the following goals:

1. Enhance government leadership and performance management efforts, including financial management and the effective use of data and information for planning, programming and decision making.
2. Increase sustainability planning and advocacy efforts to diversify partners and mobilize resources to improve financial stability of programming efforts; and
3. Support the countries on updating NTD Master Plans to maximize the efficient use of available resources for greater public health impact in the area of NTD programming.
4. Advance the knowledge and awareness of NTD operational performance management, sustainability and partnerships through documenting and disseminating lessons learned.

A summary overview of each country work plan is below.

- **Burkina Faso** has experienced a significant influx of resources in the past year and as a result, has shifted focus somewhat from the END program resources. The country team is making strong progress in planning and coordination, and though there are opportunities to help the team strengthen the management of their program no additional support has been requested. However, in the coming year, we remain available to provide some light-touch support to the NTDP in Burkina Faso, should they request it.
- **Cote d'Ivoire**: Cote d'Ivoire has made significant progress in the past year in really building the foundational pieces to an effective NTD program. Since our technical assistance began in FY2016, there has been increased demand for technical support across the four building blocks of sustainability – finance strategy, advocacy and communications, social strategic partnerships, and organizational capacity building. In FY2017, we will continue our work with helping the Cote d'Ivoire team with using their Tool for Integrated Planning and Costing (TIPAC) data for planning and decision-making, and providing mentoring support in the areas of work planning, standard operating procedure development/implementation, and FOG management, as their leadership continues to grow and change. As a continuation of our FY2016 progress, the country team has also specifically requested support in the areas of advocacy and partnership development, which we will support them on.
- **Ghana**: Our support to Ghana showcases some of our greatest success stories and the country remains on the forefront of NTD programming in the area of sustainability planning. During FY2017, our support will continue to shift from an intensive knowledge transfer approach through workshops to a mentorship approach that encourages the application of knowledge gained and greater country ownership. Our aim is to help Ghana build on the significant progress made in FY2016, strengthening sustainability and partnership opportunities and empowering the NTDP in using data for decision-making. We will mentor the NTDP through TIPAC implementation and data analysis, and will continue to support GHS/NTDP's financial strategy implementation, planning, and budgeting processes to increase participation and inputs from the regional and district NTD programs. We will also continue our work

supporting the NTDP to finalize and implement the advocacy and partnership strategies. Finally, we will support the Intra-Country Coordination Committee to improve their coordination and advocacy function and specifically providing support to the resource mobilization sub-committee and new Partnership Unit. Our aim is to enable the newly created Partnership Unit to successfully engage two new partners for the NTDP that meets a critical programming needs.

- **Niger:** Niger is a country that has experienced significant changes in the past year, which has challenged their focus and ability to deliver high-quality programming. Technical support would be available if the country requests it for updating the TIPAC.
- **Sierra Leone:** Given the break in NTD programming in FY2015 and FY2016 due to the devastating Ebola crises, the END project will help Sierra Leone continue to ramp up their program efforts in FY2017.
- **Togo:** Togo has demonstrated significant commitment and progress in the past year, truly aiming to advance their NTD Program along a sustainable continuum. With this commitment and progress has also been an increased interest in project support for finance strategy development, partnership building, and advocacy. FY2016 proved to be a successful year as we ramped up work in introducing sustainability planning, trained the NTDP on how to implement the TIPAC, and worked with the team to gather and analyze TIPAC data for the inputs of a financial strategy. In FY2017, we intend to implement a sustainability and advocacy workshop in which we will lay the foundation for a partnership framework and aligned advocacy efforts. Much of the effort in Togo will be through mentorship, enabling the country team to institutionalize stronger processes and procedures to expand and sustain impact.

### **Knowledge Management**

The END in Africa team will undertake the following main activities related to Knowledge Management in FY 2017:

- Collaborate with USAID NTD Policy, Communications, and Partnerships Specialist in sharing END in Africa articles, success stories and website content for potential use on the USAID NTD website and social media milieu.
- Work with partners, sub grantees and NTDP to document program successes, best practices and lessons learned through the END in Africa project. According to the contracts that exist between FHI 360 and sub grantees, sub grantees are responsible for managing data generated by NTDPs at the country level, and efforts will be made to collaborate with all sub grantees and NTDPs to document project successes, best practices, lessons learned and results of impact assessment surveys wherever possible through development of manuscripts for publication in peer-reviewed journals, presentations at international meetings, and publications on the END in Africa website: <http://www.endinafrica.org>.
- Update, maintain, and administer the END in Africa contact database in order to disseminate publications, interface with partners and the larger NTD community, and

engage partners, the NTD community and interested external parties in the project's efforts toward NTD elimination and control.

- Develop, update and maintain an annual publications calendar and tracking tool containing a schedule of topics and articles the END in Africa team (and its partners, when appropriate) will research, write, edit, augment with photos, videos and/or additional resources, submit to appropriate publishing channels (when appropriate), publish, promote, and disseminate, as appropriate. The topics and articles on this calendar will cover the scope, breadth, and depth of the project's activities in areas relating to MDA, impact assessment, and capacity building, among others. It will contain formal peer-reviewed publications, technical articles and white papers, as well as informal news items and blog posts. The anticipated list of publications is presented in Table 3.
- Collaborate and communicate with the NTD community and interested parties via e-mail broadcasts and participation in interactive events such as Twitter chats, webcasts, social media campaigns, among others, to raise awareness on NTDs.

**Table 3: Suggested Topics for Publications in FY2017**

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
1.	Elements to consider for NTD Program sustainability	Series of 3-4 blogposts from Deloitte on the main activities required for NTD program sustainability (advocacy, strategic partnerships, etc.)			Yes	Sept/Oct. 2016	Deloitte and Kathy
2.	10th anniversary of USAID's NTD Program from the perspective of END in Africa	Highlights of END in Africa's contributions to USAID's NTD Program portfolio as it marks its 10th anniversary			Yes	Oct 2016	JBK, Kathy and Egide
3.	Plans for FY2017 within END in Africa implementing countries	Brief summary of the main activities in the FY2017 work plan			Yes	Nov 2016	JBK, Kathy and Egide
4.	Elements to consider for NTD Program sustainability	Series of 3-4 blogposts from Deloitte on the main activities required for NTD program sustainability (advocacy, strategic partnerships, local resource mobilization, etc.)			Yes	Dec 2016	Deloitte and Kathy
5.	Addressing cross border transmission of NTDs in END in Africa implementing countries	This will be an article that will underline the need for strengthening cross border surveillance in light of the recent Ebola outbreak			Yes	Jan 2017	JBK, Kathy and Egide
6.	Witnessing mass drug administration for NTDs in END in Africa implementing countries	A report on field visit			Yes	Feb 2017	JBK, Kathy and Egide
7.	Elements to consider for NTD Program sustainability	Series of 3-4 blogposts from Deloitte on the main activities required for NTD program sustainability (advocacy, strategic partnerships, etc.)			Yes	Mar 2017	Deloitte and Kathy
8.	Surveillance framework for trachoma and LF	This will be a brief summary on the surveillance framework that will be developed for the 2 NTDs			Yes	Apr 2017	Molly, JBK, Kathy and Egide

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
9.	Implementing TAS in Sierra Leone	A report of the TA that will be provided to the NTDP for the TAS	Yes		Yes	May 2017	JBK, Kathy and Egide
10.	Progress on NTDs in Burkina Faso	An update on progress to date on NTD control and elimination in the country			Yes	June 2017	JBK, Kathy and Egide
11.	Progress on NTDs in Niger	An update on progress to date on NTD control and elimination in the country			Yes	July 2017	JBK, Kathy and Egide
12.	Progress on NTDs in Cote d'Ivoire	An update on END in Africa's activities in Cote d'Ivoire in the first year (or 18 months) of operations in the country			Yes	Aug 2017	Serge, JBK, Kathy and Egide
13.	END in Africa report card for FY2017	Summary of activities and impact during the year			Yes	Sept 2017	JBK, Kathy and Egide
14.	Elements to consider for NTD Program sustainability	Series of 3-4 blogposts from Deloitte on the main activities required for NTD program sustainability (advocacy, strategic partnerships, etc.)			Yes	Sept/Oct. 2016	Deloitte and Kathy



## Collaboration and Coordination

Collaboration and coordination with national government entities are central to the successful implementation of the goals of the END in Africa project, which involve supporting country-led scale up of integrated NTD control through implementation of the national NTD strategic and annual work plans.

Our team will collaborate with all stakeholders/partners in the END in Africa coalition and also partners within the USAID portfolio to support and monitor implementation of the global END in Africa work plan for FY2017; collaborate with sub grantees and NTDPs to support and monitor implementation of the 6 country NTD work plans for FY2017; and collaborate with international NTD stakeholders for the effective implementation of the END in Africa project. As the END in Africa implementing countries continue to stop MDAs for LF and trachoma in currently well over 50% of the endemic districts, the technical advisor will collaborate with NTD partners and NTDPs to improve knowledge on post-MDA surveillance of the 2 NTDs so that a strong post-MDA surveillance system can be established for the 2 NTDs in the END in Africa implementing countries where they are endemic. With the availability of new WHO guidelines on onchocerciasis, the technical advisor has to work with all NTDPs in the 6 countries (that are all endemic for onchocerciasis) to review the onchocerciasis situation in the countries, set up onchocerciasis expert committees and determine the way forward for onchocerciasis elimination in the countries.

The characteristics, nature and level of collaboration and coordination vary by country, following the policies established by the MOHs. For a detailed breakdown of the activities, please refer to the summaries of the country work plans in Attachments 1 to 6. In general, FHI 360 and sub grantees will support the following overarching and common activities in all countries:

- Developing partnerships and improving coordination of the NTD program.
- Operationalization of national NTD coordination committees with the participation of key local stakeholders.
- Dissemination of the approved work plans to stakeholders through the Intra Country Coordination Committee (ICCC), and translation if needed.
- Ensuring periods for mass distribution activities do not conflict with other activities.

Strengthen coordination and interaction with other agencies and organizations that are involved in the control/elimination of the 7 NTDs targeted by the END in Africa implementing country. The FHI 360-led consortium will:

- Establish contacts to build partnerships with all the key players<sup>11</sup> to improve collaboration and coordination of NTD activities within the 6 END in Africa implementing countries. In FY2017 the END in Africa technical team will continue collaborating with the USAID OR<sup>12</sup> Project to implement the OR previously discussed.

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<sup>11</sup> RTI; the RPRG set up by the WHO Regional Office for Africa (AFRO); the NTD Program at the WHO Headquarter in Geneva; the NTD Program at AFRO; the Non-Governmental Development Organizations (NGDO) Network for Onchocerciasis Control; CNTD Liverpool; and the NTD Support Center in Accra within the Noguchi Memorial Institute for Medical Research (NMIMR).

<sup>12</sup> The list is illustrative since final selection of proposed OR has not been made yet.

- Represent END in Africa at regional scientific meetings, scientific panels and in discussions with partners and local institutions, multilateral agencies, government counterparts, and implementing partners to coordinate project development and implementation by participating in the following international meetings:
  - Meetings organized by WHO Regional Office for Africa (AFRO) on the 5 targeted NTDs, including the annual regional NTD coordinators meeting and the RPRG.
  - Workshops/trainings organized by AFRO for capacity building on the 5 targeted NTDs.
  - Annual meeting of the American Society for Tropical Medicine and Hygiene (ASTMH).
- Participate in NTD working groups and committees at national and international levels to improve visibility of the END in Africa project:
  - Serve as a member of the ICCC for NTDs in Ghana and as a member of the technical subcommittee, and attend all quarterly meetings of the ICCC.
  - Collaborate with annual meetings of NTD program managers organized by AFRO, and meetings of the WHO NTD RPRG.
  - Collaborate with the USAID NTD program through regular telephone conferences, exchanges by email, participating in the annual partners meeting organized by the USAID NTD team and also through project reports submitted to the USAID NTD team.
  - Participate as resource person in all onchocerciasis technical expert committee meetings and in other expert committees set up for LF and trachoma in the 6 supported countries.
- Participate in cross border meetings and other cross border collaboration efforts involving END in Africa implementing countries to improve synchronization of treatment for NTDs within communities located along borders with neighbouring endemic countries, encourage integrated surveillance for NTDs in border areas, and also encourage sharing of data and experiences on NTD management. Anticipated meetings are:
  - Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast;
  - Given that treatment for oncho should be managed by transmission zones, meetings will be organized between Ghana and Ivory Coast; and, Ghana and Togo to coordinate MDAs in selected districts that represent high transmission zones.

## **Monitoring and Evaluation**

END in Africa is well on track towards control/elimination of the targeted 5 NTDs. Many health districts (HDs) have stopped MDA for LF and trachoma and so much effort was devoted in the last three years to assess and re-align SCH treatment with WHO guidelines. END in Africa continues to support the implementation of Onchocerciasis PCT and assessments based on current WHO guidance on the way forward in supporting Onchocerciasis hypo-endemic districts and conducting assessments to stop MDA for Onchocerciasis.

For LF, all 8 endemic HDs have stopped MDA in Togo (100%); 76 out of 98 HDs have stopped MDA in Ghana (77.6%); and 45 out of 70 HDs have stopped MDA in Burkina Faso (64.3%). More HDs are expected to stop MDA in Burkina Faso and Ghana in FY2016. Sierra Leone and Niger started

MDA much later than the 3 countries above. Sierra Leone had expected to conduct TAS in 8 out of 14 HDs in FY2015, but this was postponed to FY2017 (November 2016) due to the Ebola outbreak. In Niger, 8 HDs out of 31 (25.8%) endemic HDs have stopped MDA for LF, and more HDs are expected to stop MDA for LF in the coming years. The Ivory Coast conducted confirmation mapping for LF in 14 HDs based on recommendations of the last RPRG session in Brazzaville, Republic of Congo and 12 districts were determined to be endemic. In total, 73 districts are now endemic for LF in Ivory coast and will receive MDA in FY2017.

For Trachoma, all endemic countries within END in Africa are approaching the end game. In Ghana, all 37 HDs have stopped MDA at the sub-district level and conducted a pre-validation survey. Analysis of the pre-validation data is completed and results are as described previously. The NTDP will prepare and submit the dossier for elimination of Trachoma to WHO in FY2017. In Burkina Faso, the epidemiological situation has changed for trachoma because of recent WHO guidelines that recommend treatment of districts with TF prevalence 5%-9.9% for at least 1 year. Sixteen HDs that were considered non-endemic under the previous guidelines now require treatment for at least 1 year in FY2016. Twenty-three HDs will thus be treated in FY2017 (5 HDs still above 10% that were considered endemic previously, 2 HDs that stopped treatment but have prevalence above 5%, and 16 that were not considered endemic, but should be treated for at least 1 year per the new guidelines), and impact assessments will be conducted in 19 HDs. In Niger, 22 HDs have stopped MDA, 14 HDs are currently conducting MDAs, and impact assessment will be conducted in 7 of the 14 HDs still being treated to decide whether to stop MDA.

For onchocerciasis, Burkina Faso has stopped MDA in 63 out of 70 districts (90%). Niger has never treated for oncho and did not require treatment according to previous WHO guidelines. Recent epidemiological evaluation results have shown that microfilaremia (mf) prevalence is 0% in all study sites. The END in Africa project is therefore supporting Niger to conduct the required studies to demonstrate that the country be removed from the WHO list of oncho-endemic countries. Once the results are available, the country will prepare the dossier for elimination and submit it to WHO for validation. Among the other 4 countries, no districts have attained the criteria for stopping MDA; and treatment continues in 85 HDs in Ghana, 12 HDs in Sierra Leone, 67 HDs in the Ivory Coast and 32 districts for Togo.

The table below summarizes the numbers of currently endemic HDs and the number of HDs that have stopped MDA for LF, trachoma and oncho since the inception of the program, by country and NTD.

**Table 4: Districts endemic and that have stopped MDA as of the end of FY2016**

Country	Number health districts by NTD					
	LF		Trachoma		Onchocerciasis	
	Endemic current	Stopped MDA	Endemic current	Stopped MDA	Endemic current	Stopped MDA
Burkina Faso	70	45	48	29	6	0
Ghana	98	81	37	37	135	0
Ivory coast	73	0	5	0	67	0
Niger	31	8	36	22	5	0
Sierra Leone	14	0	NA	NA	12	0
Togo	8	8	NA	NA	32	0

Based on the existing epidemiological situation as described in previous paragraphs, in FY2017 END in Africa will focus on supporting the execution of the following DSAs:

- **LF:** Burkina Faso will conduct pre-TAS in 4 HDs, TAS1 in 15 HDs, and TAS3 in 7 HDs; Ghana will conduct pre-TAS in 9 HDs, TAS1 in 9 HDs and TAS3 in 7 HDs; Niger will conduct pre-TAS in 8 HDs; Sierra Leone is conducting Pre-TAS in 6 districts and TAS 1 in 8 districts; and Togo has already successfully completed TAS3 for all LF endemic districts and submitted the dossier for validation of LF elimination to RPRG. Ivory Coast conducted remapping of 14 districts as described previously among which 12 were found to be endemic to LF. In FY17 and through USAID funding, these districts will undergo baseline (sentinel site) survey before the first round of MDA. The NTDP will therefore have baseline data on microfilaria load and monitor the effect of MDA on prevalence of the disease throughout the years. In addition, the Bouna district, which was not surveyed last year due to social protests, will undergo the activity under FY17 funding. In total, 13 HDs will undergo Epidemiology surveillance survey (12 for LF and 1 for trachoma).
- **Trachoma:** Burkina Faso will conduct trachoma impact assessment in 19 HDs; Ghana conducted the pre-validation survey in 37 HD and are as already described previously. Niger will conduct an impact assessment in 7 HDs. Sierra Leone and Togo are not being treated for trachoma based on baseline data. However, Togo is still on the WHO list of endemic countries because baseline TT prevalence is above 1 per 1000 population. The goal of Togo's Blindness Prevention Program (PNLC) is to maintain the prevalence of active trachoma below 1% and provide surgery to individuals with trichiasis to prevent their disease from progressing to blindness. The strategy is to promote appropriate WASH practices for prevention and to identify and treat persons with trichiasis. In the Ivory Coast, Bouna, a health district located in the North East of the country had a Trachoma prevalence of 8.6% from the mapping performed in 2014. Through USAID Funding, it will be receiving one round of treatment for Trachoma in FY2016. According to the trachoma algorithm as recommended by the WHO, the district will therefore undergo an impact assessment which will be performed through USAID funding.
- **Onchocerciasis:** Burkina Faso will conduct both an epidemiological evaluation and an entomological evaluation in 5 HDs; Ghana will conduct an epidemiological evaluation in 135 HDs (surveillance survey in 85 districts receiving treatment and survey to determine oncho prevalence in 50 districts that are not yet being treated because they were hypo-endemic at baseline, and an entomological evaluation in 85 HDs; Niger will conduct an epidemiological survey in 5 districts as the required entomology survey for stopping MDA has already been conducted for the 5 HDs; and Togo will conduct a survey for stopping MDA (PCR of vector and OV16 ELISA) in 7 HDs and rapid evaluation to assess readiness for stop-MDA assessment in 3 HDs. In the case of Sierra Leone, in order to make a decision about oncho MDA after LF MDA, which is projected to stop in 2018, another impact assessment survey is proposed in FY17 to determine the prevalence status in 12 HDs and the need for IVM MDA in hypo-endemic areas that have benefitted from MDA for LF since 2008. In addition, operational research has been proposed in the 12 HDs in April 2017 to compare the sensitivity and specificity of the OV-16, FTS and the BIPLEX. If it is carried out, this operational research study will be funded by the NTD Task Force and CDC. The Ivory Coast; for FY17, 4 HDs which were regularly treated over 5-year period with therapeutic coverage between 80 and 85% will be selected to undergo Type-1A Epidemiology surveillance survey under USAID funding.

**Table 5: Program impact assessments by country and disease in FY2017**

Country (# HDs stopped District level MDA)	LF				Oncho	SCH	STH	Trachoma	
	Pre-TAS	TAS1	TAS 2	TAS 3				Health District	Sub- district
Burkina Faso (LF – 45 Trachoma-25)	4	15	0	7	5	6	22	19	0
Ghana (LF – 76 Trachoma -37)	9	9	0	0	135	0	0	N/A	N/A
Ivory coast	0	0	0	0	22	0	0	1	0
Niger (LF-8 Trachoma -22)	8	0	0	0	5	12	12	7	
Sierra Leone	6	8	0	0	12	0	0	N/A	
Togo (LF-8)	0	0	0	0	10	0	0	0	

The END in Africa monitoring and evaluation specialist will work with national NTD programs to improve data quality and achieve sound data management through the execution of the following activities:

- Implementation of the Data Quality Assessment (DQA) tool:** Collection and transmission of good quality data from the community level up to the district and national levels has presented a major challenge in a number of countries where PCT is being implemented. Data received at the national level are often incomplete, not timely or of questionable accuracy. The DQA tool was developed as a standard method to verify reported data and assess data management and reporting systems for tuberculosis, malaria, and HIV/AIDS programs. The version of the tool used for NTDs does the same thing. It was developed by ENVISION to address the current challenges with NTD data quality. The DQA tool for NTDs focuses exclusively on (1) verifying the quality of reported data, and (2) assessing the underlying data management and reporting systems for standard program-level output indicators. Implementing DQA is an excellent opportunity to strengthen the NTD data management and reporting system, and improve data quality.

During the FY 2017, DQA implementation will be supported in Burkina Faso, Togo, Niger and Sierra Leone. Ghana and Ivory coast have been trained and implemented DQA on the field in FY16. The main goal of this DQA will be to assess the quality of the NTD data and the extent to which the local M&E systems that generate those data are technically sound and functional. For Ghana, the Quality Assurance/Quality Improvement (QA/QI) activities are in implementation as an innovation to improve data quality issues.

- Workbooks:** Workbooks are standard forms that were developed to strengthen the ability of national NTD programs to report disease-specific district-level data. So far, a review of the workbooks presented by END in Africa implementing countries has shown that countries differ in their ability to meet required standards in terms of data quality. All backlog of FY2013

to FY2015 workbook queries were cleared and the quality of data has greatly improved in END in Africa implementing countries though technical assistance is still required to maintain the quality of data in these countries.

The table below provides the number of HDs to be treated with USAID funds by country and NTD, FY2017.

**Table 6: Projected number of people and health districts to be treated in FY2017 with USAID funds.**

Country	LF		Oncho		SCH		STH		Trachoma	
	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population
Burkina Faso	17	3,744,946	4	160,498	28	4,646,352	38	3,336,244	10	2,749,937
Ghana	17	1,120,903	85	6,472,954	47	3,156,499	216	3,156,499	0	0
Ivory Coast	56	13,189,202	48	10,720,182	3	450,590	27	1,448,552	5	944,082
Niger	21	8,622,475	0	0	26	6,137,519	33	12,367,086	7	3,762,953
Sierra Leone	14	5,969,970	12	2,902,347	7	2,205,452	14	5,969,970	0	0
Togo	0	0	32	2,939,167	31	2,096,740	34	2,139,186	0	0
<b>Total</b>	<b>125</b>	<b>32,647,496</b>	<b>181</b>	<b>23,195,148</b>	<b>142</b>	<b>18,693,152</b>	<b>362</b>	<b>28,417,537</b>	<b>22</b>	<b>7,456,972</b>

- Data management, documentation and dissemination: FHI 360 will coordinate the review of END in Africa data through a continuous process that involves ENVISION, sub grantees, national country programs and USAID. We will check the consistency and accuracy of the NTD data, taking into account the reporting deadlines.
- FHI 360 will monitor that the occurrence of serious adverse events (SAEs) during MDA campaigns is reported to USAID and WHO.

#### **M&E Country-specific Needs**

Overall, FHI 360 will continue to strengthen the M&E systems for the selected NTDs in the 6 countries supported through END in Africa. Routine M&E and capacity building are the key pillars in this program. The following country-specific M&E activities will be undertaken to support national NTD programs and enhance collaboration:

#### **Burkina Faso**

- Workbook mentoring with emphasis on the common errors encountered in Burkina Faso and how to cross-check data.
- Ensure the new workbooks capture any changes in the SCH treatment strategy.
- Technical assistance during DQA implementation in the field

#### **Ghana**

- Workbook mentoring with emphasis on the common errors encountered in previous years
- Technical assistance to address data quality issues.

#### **Ivory Coast**

- Workbook mentoring with emphasis on the common errors encountered in previous year.
- Technical assistance during DQA implementation in the field

## **Niger**

- Workbook mentoring with emphasis on the common errors encountered in previous years
- Training on implementation of DQA
- Training on WHO NTD database.
- TA for strengthening the national program's ability to complete WHO joint forms.

## **Sierra Leone**

- TA on DQA implementation and NTD database.
- Workbook mentoring with emphasis on the common errors encountered in previous years

## **Togo**

- Training and Implementation of DQA in the field
- Training on WHO NTD database.

## **Staffing Plan**

END in Africa will bring on board a cadre of local consultants familiar with local MOH policies and business environment, to support the development of country specific STH/SCH Strategies and partnership development. The envisioned job description for these consultants is outlined below:

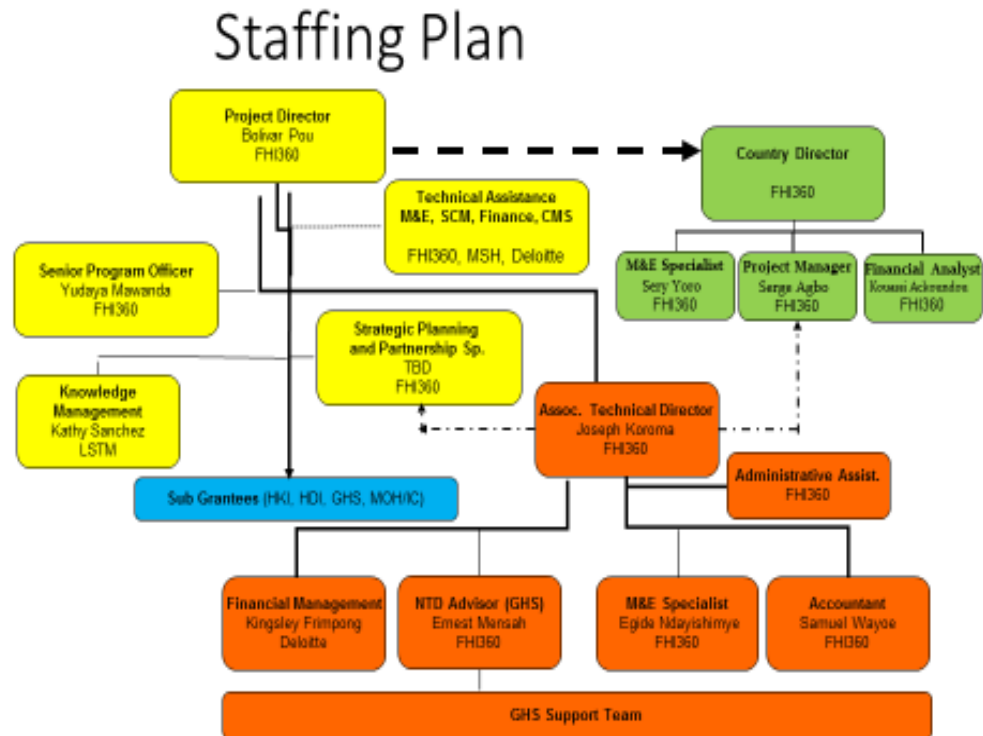
- Assist the MOHs NTDCP on the development of new strategies for STH/SCH distribution post LF elimination and explore potential synergies with other distribution platform that already exist in-country;
- Facilitate cross sectorial coordination between the MOHs NTDCP and existing programs in WASH, communication and behavior change, school health education, other infectious diseases projects, immunizations among others;
- Assist the MOHs NTDCP developing new strategic partnerships to mobilize local resources and attract new funding sources to the program;
- Identify opportunities to foster collaboration and coordination among the different stakeholders with an interest on NTDs or activities that may enhance the impact of the program;
- Identify and facilitate the coordination with existing poverty alleviation initiatives that may help to improve the living conditions of people in areas with high prevalence of NTD with special attention on STH/SCH.
- Support the MOH NTDCP program for a better coordination with international donors and funding sources;
- Contribute to outline a sustainability strategy for the NTDCP.

After analyzing the costs implications for the project of creating a new long term position for this role, we conclude that:

1. Creating this position as an ex-pat in Ghana would be a significant financial burden for the project due to the many ex-pats benefits that need to be factored in. This level of investment is not cost-efficient for the last two years of the project.
2. Creating this position based in Washington, DC to avoid the ex-pat benefit package, would generate significant travel costs and put a lot of pressure over the allocation for operations.
3. A thorough understanding of the local context and policies is key for developing a

practical and suitable strategy that can be successful in the local context. We conclude that only local experts carefully selected can provide the type of support the MOH will need.

The revised project 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 NTDs in Africa is presented below.

### Long Term Positions

Position	Affiliation	Location
Project Director	FHI 360	USA
Senior Program Officer	FHI 360	USA
Knowledge Management Specialist (20%)	FHI 360	USA
Assoc. Technical Director	FHI 360	Ghana
M&E Specialist	FHI 360	Ghana
Financial Management Specialist	Deloitte	Ghana
Accountant	FHI 360	Ghana
NTD Technical Advisor (GHS)	FHI 360	Ghana
NTD M&E Specialist (GHS)	FHI 360	Ghana
Financial Specialist (GHS)	FHI 360	Ghana
Administrative Assistant (GHS)	FHI 360	Ghana
NTD Project Manager	FHI 360	Ivory Coast
NTD M&E Specialist	FHI 360	Ivory Coast
Financial Analyst	FHI 360	Ivory Coast

### Short Term Positions

Position	LOE (days) <sup>13</sup>
US Based Technical Support	
• Program and grants management (FHI 360)	20
• Operations and Adm. Support (FHI360)	35
• Knowledge management (FHI 360)	20
ST Consultants Ex-pat <sup>14</sup>	
• Project Management specialists	20
• Strategic Planning and Partnership Dev.	180

<sup>13</sup> LOE represents multiple positions. LOE does not include management/administration support staff.

<sup>14</sup> Short term consultants are only hired as necessary by FHI360 or through the existing sub agreement with Deloitte.

## Travel Plans

**Table 7: Travel Plans for FY2017**

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Burkina S Leone Ghana Ivory Coast	6	1 week each	May June July	FY2017 Country work planning sessions with key stakeholders.
Egide Ndayishimye, M&E Specialist	Ghana	Burkina Niger Togo S Leone Ivory Coast	5	1 week	May June July	Participate as NTD M&E technical resource in the development of country work plans.
Joseph Koroma Assoc. Technical Director	Ghana	Burkina Niger Togo S Leone Ivory Coast	5	1 week	May June July	Participate as NTD technical resource in the development of country work plans.
Bolivar Pou, Project Director	W/DC	Ghana	1	1 week	April	Semi-annual review. Partners Meeting.
Bolivar Pou Project Director	W/DC	Ivory Coast Ghana S Leone	3	1 week each	TBD	Field trip for monitoring project implementation.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	August	END in Africa Work plan 2017
Yudaya Mawanda, Senior Program Officer	W/DC	Ghana Ivory Coast	2	2 weeks in each country	April August	Preparations for END in Africa Partners Meeting Provide operations management support
Egide Ndayishimye, M&E Specialist	Ghana	Geneva W/DC Niger Burkina S Leone Ivory Coast	10	TBD	TBD	Capacity building on DQA tool & workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.  Technical meetings in Washington, DC.  International NTD events in coordination with USAID.  Special emphasis will be placed on strengthening the program in Niger.
TBD/Project Management Specialist Deloitte	W/DC	Ivory Coast Togo	2	1 week in each country	TBD	Continue support for TIPAC in Ivory Coast. In Togo and Ivory Coast: Mentoring on Project Management. Resources mobilization.
Kimberly Switlick-Prose Resources Mobilization Deloitte	W/DC	Ghana	1	1 week in each country	TBD	Continue capacity building on Resources Mobilization in Ghana.
Joseph Koroma Associate Technical Director	Ghana	W/DC WHO Niger Burkina Togo S Leone Ivory Coast	10	TBD	TBD	Provide technical support for projects implementation.  Technical meetings in Washington, DC.  International NTD events in coordination with USAID.
MOH NTD Focal Points TBD	Ghana Burkina Niger Togo S Leone Ivory C	TBD	5	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be requested for each trip.

Traveler	From	To	# Trips	Duration	Month	Purpose
US-based short-term technical assistance (STTA) provider	W/DC	Togo Niger Burkina Niger S Leone Ivory Coast	3	TBD	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip.

## Reporting

The project will deliver the following reports to USAID:

Reports	Due
<b>END in Africa Semi-annual Progress Report</b> 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 FHI 360.	November 2016 May 2017
<b>Sub grantees Annual Environmental Management and Monitoring Report</b> Sub grantees reports on compliance with countries SIEE	November 2016
<b>Quarterly financial reports</b> Copy of the SF425 report will be shared with the AOR.	January 2017 April 2017 July 2017 October 2017
<b>FY2018 END in Africa Annual Work Plan</b> A document outlining the project activities envisioned for FY2018.	August 2017

## Timeline

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
<b>Issuance and Management of Grants</b>												
Support MOHs and sub grantees in the implementation of FY2016 work plans	X	X	X	X	X	X	X	X	X	X	X	X
Obligate additional resources as necessary to fund the execution of activities	X	X	X									
Execute FOGs with GHS and Ministry of Health (MOH) of Ivory Coast								X	X			
Support the MOH-led process for developing Annual Work Plans for FY2017		X		X	X	X	X	X	X	X	X	
Directly provide Technical Assistance (TA) to countries according to approved work plans												
Continue fostering the adoption and utilization of management instruments that meet existing USAID regulations and policies	X	X	X	X	X	X	X	X	X	X	X	X
Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs					X	X	X					
Ensure that the NTDP Secretariat in Ghana and Ivory Coast receives all administrative support for the effective implementation of the NTDP					X	x					X	X
Include clause synchronizing MDAs between Ghana, Ivory Coast and Togo												
Monitor compliance with the environmental management and mitigation plan (EMMP)	X	X	X	X	X	X	X	X	X	X	X	X
Support USAID needs in term of cost analysis of project components such as MDAs, TAS, and Pre-TAS		X	X	X	X	X	X	X	X	X	X	X
<b>Technical Assistance and Capacity Building</b>												
Supervision of at least one MDA campaign in each of the 6 END in Africa implementing countries	X	X	X	X	X	X	X	X	X	X	X	X
Support the MOHs in developing Operational Research proposals and protocols	X	X	X	X	X	X	X	X	X	X	X	X
Support MOHs NTDCP to develop comprehensive STH/SCH strategies												
Monitor that the NTDPs of the 6 END in Africa implementing countries submit requests for impact assessment surveys (pre-TAS, TAS, trachoma impact assessment) to the WHO NTD RPRG				X	X			X	X		X	X
Organize a partners meeting in Accra												
Support the recollection of dispersed and existing data of STH/SCH prevalence												
Support the establishment and operationalization of Oncho Elimination Committees												
Monitor the design and implementation of DSAs					X	X	X					
Participate in the review of available data for specific diseases to align treatment strategies to current WHO and internationally acceptable treatment guidelines					X	X	X					
Provide TA to MOH and sub grantees in response to approved country work plans for FY2016			X	X		x	x				X	X
Monitor that MOHs submit their Joint Reporting Form observing the existing deadlines				X	X	X						

<b>Main Activities</b>	<b>O</b>	<b>N</b>	<b>D</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>	<b>S</b>
Support national NTDPs and implementing partners as they prepare to receive and clear 2016 consignments of Praziquantel through customs			X	X	X	X	X	X	X	X	X	X
Monitor receipt and documentation of Praziquantel donations				X	X	X	X					
Assist the country programs in developing high quality FY2017 PZQ forecasts				X	X	X						
Coordinate with MSH for the provision of TA on SCM as identified by the MOHs				X	X	X	X	X	X	X	X	
Continue to support all countries in their efforts of waste management and reduction of potential environmental impact of project activities		X	X	X	X	X	X	X	X	X	X	
Enhance government performance management efforts				X	X							
Increase sustainability planning and advocacy efforts to diversify partners				X	X	X						
<b>Knowledge Management</b>												
Continue to build, update and maintain the END in Africa website: <a href="http://www.endinafrica.org">http://www.endinafrica.org</a>	X	X	X	X	X	X	X	X	X	X	X	X
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	X	X	X	X	X	X
Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the END in Africa program	X	X	X	X	X	X	X	X	X	X	X	X
Update, maintain and administer the END in Africa contact database	X	X	X	X	X	X	X	X	X	X	X	X
Develop, update and maintain an annual publications calendar and tracking tool to schedule topics and articles that the END in Africa team (and its partners, when appropriate) will research, write, edit, produce, publish and disseminate.	X	X					X					X
Promote the END in Africa project via social media and online	X	X	X	X	X	X	X	X	X	X	X	X
<b>Monitoring and Evaluation</b>												
Implementation of the DQA tool				X	X	X	X		X	X	X	
Continuous improvement of the workbooks		X			X							X
Coordinate the review of END in Africa data through a continuous process that involves ENVISION, sub grantees, national country programs and USAID.	X	X	X	X	X	X	X	X	X	X	X	X
Collect formal reports from any assessment conducted during the fiscal year.					X	X						X
Monitor the occurrence of SAEs during MDA campaigns and report all SAEs to USAID	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support on M&E addressing countries' specific needs	X	X	X	X	X	X	X	X	X	X	X	X
<b>Collaboration and Coordination</b>												
Build partnerships with agencies and organizations working on NTDs	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level	X	X	X	X	X	X	X	X	X	X	X	X
Attend regional scientific meetings, scientific panels and discussions with local institutions, multilateral agencies, government counterparts, and implementing partners	X	X	X	X	X	X	X	X	X	X	X	X
Participate in NTD working groups and committees at the international and national levels	X		X		X		X		X		X	

<b>Main Activities</b>	<b>O</b>	<b>N</b>	<b>D</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>	<b>S</b>
Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast											X	
Participate in appropriate local and international M&E meetings/workshops upon USAID approval				X	X				X	X		
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGOs	X	X	X	X	X	X	X	X	X	X	X	X
Engage key stakeholders to address cross-border issues and coordination with government agencies			X	X	X	X	X					



## **Attachments:**

1. Attachment 1 – FY2017 Work Plan for Burkina Faso (HKI)
2. Attachment 2 – FY2017 Work Plan for Cote d’Ivoire (FHI 360)
3. Attachment 3 – FY2017 Work Plan for Ghana (FHI 360)
4. Attachment 4 – FY2017 Work Plan for Niger (HKI)
5. Attachment 5 – FY2017 Work Plan for Sierra Leone (HKI)
6. Attachment 6 – FY2017 Work Plan for Togo (HDI)