End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

April 2015 – September 2015

Submitted to:
United States Agency for International Development (USAID)

Submitted by:
FHI 360

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The author’s views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
### Acronyms and Abbreviations

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<th>Description</th>
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<tr>
<td>ADS</td>
<td>Automated Directives Systems</td>
</tr>
<tr>
<td>ALB</td>
<td>Albendazole</td>
</tr>
<tr>
<td>AOTR</td>
<td>Agreement Officer’s Technical Representative</td>
</tr>
<tr>
<td>APOC</td>
<td>African Program for Onchocerciasis Control</td>
</tr>
<tr>
<td>CB</td>
<td>Capacity Building Capacity</td>
</tr>
<tr>
<td>CBE</td>
<td>Building Event Community</td>
</tr>
<tr>
<td>CDD</td>
<td>Drug Distributors</td>
</tr>
<tr>
<td>CERMES</td>
<td>Center for Medical and Health Research (CERMES is the French Acronym)</td>
</tr>
<tr>
<td>CNTD</td>
<td>Center for Neglected Tropical Diseases</td>
</tr>
<tr>
<td>CPIRs</td>
<td>Commodity Procurement Information Requests</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>DHMTs</td>
<td>District Health Management Teams</td>
</tr>
<tr>
<td>DSA</td>
<td>Disease Surveillance Activity</td>
</tr>
<tr>
<td>DRS</td>
<td>Regional Health Directorate (DRS is the French acronym)</td>
</tr>
<tr>
<td>EMMP</td>
<td>Environmental Management and Mitigation Plan</td>
</tr>
<tr>
<td>FDC</td>
<td>Fund for Community Development (FDC is the French Acronym)</td>
</tr>
<tr>
<td>FGAT</td>
<td>Financial Gap Analysis Tool</td>
</tr>
<tr>
<td>FM</td>
<td>Financial Management</td>
</tr>
<tr>
<td>FOG</td>
<td>Fixed Obligation Grant</td>
</tr>
<tr>
<td>GHS</td>
<td>Ghana Health Services (GHS)</td>
</tr>
<tr>
<td>GSK</td>
<td>GlaxoSmithKline</td>
</tr>
<tr>
<td>HCWM</td>
<td>Health Care Waste Management</td>
</tr>
<tr>
<td>HD</td>
<td>Health Districts</td>
</tr>
<tr>
<td>HDI</td>
<td>Health &amp; Development International</td>
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<tr>
<td>HKI</td>
<td>Helen Keller International</td>
</tr>
<tr>
<td>HQ</td>
<td>Headquarters</td>
</tr>
<tr>
<td>IVM</td>
<td>Ivermectin</td>
</tr>
<tr>
<td>ICCC</td>
<td>Intra Country Coordinating Committee</td>
</tr>
<tr>
<td>JSI</td>
<td>JSI Research and Training Institute, Inc.</td>
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<tr>
<td>KM</td>
<td>Knowledge Management</td>
</tr>
<tr>
<td>LATH</td>
<td>Liverpool Associates in Tropical Health</td>
</tr>
<tr>
<td>LF</td>
<td>Lymphatic Filariasis</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MDA</td>
<td>Mass Drug Administration</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MIS</td>
<td>Management Information System</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MRU</td>
<td>Mano River Union</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>MSP</td>
<td>Ministry of Public Health (MSP is the French Acronym)</td>
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<tr>
<td>NOCP</td>
<td>National Onchocerciasis Control Program</td>
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<tr>
<td>NTD</td>
<td>Neglected Tropical Diseases</td>
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<tr>
<td>NTDCP</td>
<td>NTD Control Program</td>
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<tr>
<td>OAA</td>
<td>Office of Agreements and Acquisitions</td>
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<tr>
<td>Oncho</td>
<td>Onchocerciasis</td>
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<tr>
<td>ONPPC</td>
<td>The National Office of Pharmaceutical and Chemical Products (ONPPC is the French Acronym)</td>
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<tr>
<td>PCT</td>
<td>Preventive Chemotherapy</td>
</tr>
<tr>
<td>PD</td>
<td>Program Description</td>
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<tr>
<td>PHU</td>
<td>Peripheral Health Unit</td>
</tr>
<tr>
<td>PZQ</td>
<td>Praziquantel</td>
</tr>
<tr>
<td>RFA</td>
<td>Request for Application</td>
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<tr>
<td>R4D</td>
<td>Results for Development</td>
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<tr>
<td>RISEAL</td>
<td>International Network for Planning and Control of Schistosomiasis (RIEAL is the French Acronym)</td>
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<tr>
<td>SAC</td>
<td>School-aged Children</td>
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<tr>
<td>SAR</td>
<td>Semi-Annual Report</td>
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<tr>
<td>SAT</td>
<td>Subaward Tracking</td>
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<tr>
<td>SCH</td>
<td>Schistosomiasis</td>
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<tr>
<td>SCM</td>
<td>Supply Chain Management</td>
</tr>
<tr>
<td>SFRS</td>
<td>Subawardee Financial Reports</td>
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<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
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<tr>
<td>SOW</td>
<td>Scope of Work</td>
</tr>
<tr>
<td>STH</td>
<td>Soil-Transmitted Helminthiasis</td>
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<tr>
<td>TA</td>
<td>Technical Assistance</td>
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<tr>
<td>TAS</td>
<td>Transmission Assessment Survey</td>
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<tr>
<td>TIPAC</td>
<td>Tool for Integrated Planning and Costing</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>USG</td>
<td>United States Government</td>
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<tr>
<td>WA</td>
<td>Western Area</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

This semi-annual report outlines the progress made during the third and fourth quarters in year five (FY 2015) of the five-year Cooperative Agreement No. AID-OAA-A-10-00050, “End Neglected Tropical Diseases in Africa,” or “END in Africa.” The five countries chosen by the United States Agency for International Development (USAID) for the operational portfolio include: Burkina Faso, Niger, Togo, Ghana, and Sierra Leone. These countries have remained in the portfolio with no changes during the period under review. However, FHI 360 will begin implementing activities in Ivory Coast for FY 2016. During this reporting period, FHI 360 and its partners undertook the activities outlined in the FY2015 work plan (October 2014 – September 2015).

FHI 360 worked with other partners in the END in Africa consortium to support and monitor the execution of activities by all sub grantees and Neglected Tropical Diseases Control Programs (NTDCPs) within the Ministries of Health (MOHs) to ensure all work plan activities were executed according to technical expectations and that USAID policies and regulations were observed. This included making periodical site visits, reviewing sub grantees’ monthly progress reports, monitoring project expenditures and cost share contributions, project coordination, and addressing any implementation issues that arose.

FHI 360 continues to support the five (5) END in Africa implementing countries in implementing robust monitoring and evaluation (M&E) systems. FHI 360 works closely with implementing partners to ensure MDA activities and program impact assessments are implemented in accordance with WHO guidelines and sound data are collected and reported to USAID in a timely manner.

The role of the Senior M&E Advisor to liaise with country programs and other NTD partners to ensure appropriate execution of M&E activities for NTD Control Programs was continued in the last six (6) months by the technical advisor of the project while a new M&E Advisor was being recruited. The new M&E Advisor of the project will start work at the end of October 2015.

All 5 countries have submitted their FY2015 SAR2 workbooks that are currently being reviewed. The challenge encountered this time with submission of work books is that almost all of the countries submitted workbooks with data for the MDAs conducted in the last 6 months of FY2015 late. The issue of delayed MDAs and late reporting will be addressed by the END in Africa project in FY2016 in collaboration with sub grantees as delayed MDAs and late reporting of MDA results have become persistent in some END in Africa implementing countries.

In the absence of an M&E Advisor, the project Technical Advisor monitored country M&E activities on a regular basis. Information was collected through phone calls, monthly reports, workbooks, work plans and emails. Unfortunately, all TAs relating to M&E (on the WHO Joint Reporting template, the integrated national Database, and DQA) that were requested by the countries could not be provided because of the absence of an M&E Advisor. All these TAs are now postponed to FY2016 and will be provided by the new M&E Advisor who starts work at the end of October 2015.
After receiving all workbooks for FY2015 SAR2, the situation is as follows: 29,086,718 persons were treated for at least 1 NTD and 63,838,219 treatments were provided in FY2015 overall. The cumulative number of people treated for at least one NTD through END in Africa since 2010 is 158,258,298 while the cumulative number of treatments provided is 339,740,259.

Disease Surveillance Activities (DSAs) conducted in the 5 countries in FY2015 included:

- Pre-TAS and TAS for LF; epidemiological and entomological surveys for oncho; impact assessment survey for trachoma; and impact assessment for schisto and STH.
- Pre-TAS was conducted in 27 HDs: 15 in Ghana, 2 in Niger and 10 in Burkina Faso. TAS1 for stopping MDA was conducted in 22 HDs: 10 in Burkina Faso, 7 in Ghana and 6 in Niger. TAS2 (the first post-MDA TAS) was conducted in 7 districts of Burkina Faso (3 EU). TAS3 was conducted in 15 HDs: 3 districts in Burkina Faso, 5 in Ghana and 8 in Togo.
- Overall, 131 out of 221 (59.3%) LF endemic health districts have stopped MDA, and 84 out of 120 (70%) trachoma endemic health districts have stopped MDA, which brings the number of districts to be treated in FY2015, to 90 for LF and to 36 for trachoma.
- The NTDP conducted transmission assessment survey in 12 districts clustered into 4 enumeration areas (EUs) in March – April 2015. Seven of the districts were conducting first TAS after passing Pre-TAS and the other 5 districts were conducting third TAS. The results of TAS in the 7 districts was used to determine if MDA can be stopped while TAS in the 5 districts was used to assess recrudescence. All 12 districts thus passed the TAS. MDA will be stopped in the 7 districts where TAS 1 was conducted while the 5 districts conducting TAS 3 will enter into a phase of ongoing surveillance. Entomological surveillance for black flies in 18 districts in ongoing since July 2015.

In this reporting period 66,648 people were trained to conduct and/or supervise MDAs, or to perform other M&E related activities with data still to be reported for supervisors, health providers and CDDs trained in Burkina Faso. Training sessions were cascaded and organized mainly around MDA or DSA activities. All countries disaggregated trainee data by gender. Available data suggests that 23.9% of the trainees were female (15,898 out of 66,648).

The first END in Africa and ENVISION Joint Meeting for Elimination Planning was held at Labadi Beach Hotel in Accra on 21-23 April, 2015. The meeting was attended by all countries supported by USAID through END in Africa (Ghana, Sierra Leone, Burkina Faso, Niger and Togo) and ENVISION (Mali, Benin, Nepal, Haiti and Uganda). It was also attended by USAID, the World Bank, Task Force, RTI and FHI 360.

Over the past six months, John Snow International (JSI) implemented the following main procurement and supply chain management (SCM) activities:
• Forecasting for Praziquantel need for FY2016: Supported all 5 END in Africa implementing countries to complete forecasting of the Praziquantel need for FY2016. Procurement of PZQ for FY2016 is being made based on the numbers obtained through this process.

• Work on SCM standard operating procedures (SOPs): The drafted job aids for district-level personnel and job aids on MDA waste management for CDDs were reproduced and distributed to all 5 countries. The numbers to be distributed to each country for CDDs and district-level personnel were decided in consultation with national NTD programs and sub grantees

• Traveled to Burkina Faso (Youssouf Ouedraogo on April 18 – May 11, 2015) to assist the MOH to review the 2014-2016 action plan implementation and assess implementation of the NTDs standard operating procedures (SOPs) developed for the NTD program.

• Traveled to Niger (Youssouf Ouedraogo and Valentin Issiaka Coulibaly on July 6 – 29, 2015) to assist the NTD program to review the initial workplan implementation status, develop priority interventions to strengthen the NTD supply chain management system (SCMS), and conduct training of trainers on warehouse reorganization and dejunking.

On the financial management (FM) and capacity building (CB) component, Deloitte has been working with the country teams to enable stronger strategic planning for their NTD programming. Special emphasis has been placed on considering financial needs for program execution and effective uses of financial and program data for evidence-based decision-making.

This work has included providing guidance on implementing the Tool for Integrated Planning and Costing (TIPAC), as well as collaborating on financial sustainability planning in Ghana and other countries.

The specific activities outlined in the FY15 work plan that support the financial management of the NTDCPs and for which Deloitte has been engaged include:

• Supporting the implementation of an NTD finance strategy and promoting sustainability and effectiveness.
  o Burkina Faso: The END team worked with the Burkina Faso NTDP to support their use of the TIPAC though an implementation workshop, May 12 – 15, 2015.
  o Niger: The NTDP participated in their first TIPAC implementation process which occurred April 27 – May 9, 2015.
  o Ghana: In the second half of this fiscal year, the END team also supported GHS to begin an additional partnership proposal to Standard Charter Bank to support the control of onchocerciasis. The team worked with GHS to develop a storyboard for the proposal, applying concepts learned during the financial sustainability workshop. The proposal is expected to bring the annual total of external NTD funding solicited by GHS to over USD 600,000, and represents important continued progress in the area of strategic social partnerships. The proposal is expected to be finalized and submitted in the first half of FY16.
• Expanding the platform for refresher finance training for managing fixed obligation grants (FOGs):
  o In April 2015, Deloitte executed a FOG and Performance Management workshop with the GHS NTD in Kumasi, Ghana. The foundation of the workshop was focused on the GHS NTDP FOG, and then divided into three modules, covering: Financial Management, Change Management, and Performance Management.
  o In Togo, Deloitte worked closely with Dr. Sogninke and his team to really understand and define the financial and FOG areas of support needed to advance objectives of the NTD program.
  o In Niger, the FOG/performance management workshop had originally been anticipated during this review cycle. However, it has been delayed given the additional funding and other projects in Niger. It is now anticipated in the next few months.

In the next six months, FHI 360 and partners will continue to implement END in Africa project activities as outlined in the FY2016 annual work plan. FHI 360 and partners will work to support HKI and HDI on the implementation of their activities in each country, including MDAs and second tier sub-agreements. Finally, FHI 360 will continue to ensure sub-grantees and partners remain compliant with all approved sub-agreements regarding financial reporting and project implementation.
Project Management

During the period under review, FHI 360 executed various activities to ensure continued progress toward the goals outlined in the END in Africa work plan for FY2015. This section outlines some of the key activities related to project management.

- Weekly conference calls and/or meetings have been held between the USAID NTD team and the End in Africa team to exchange information, consult on various issues, and keep all stakeholders current on project implementation.
- FHI 360 recruited for a new M&E advisor, who will begin October 2015.
- The END in Africa FY 2015 work plan was submitted to USAID for approval in September 2015 and was approved in beginning of October 2015.
- The END in Africa project team visits the 5 supported END in Africa implementing countries at least once each year to discuss country-level NTD program management with the sub grantee and the Neglected Tropical Diseases Program (NTDPs). During these visits, field trips are organized for the END in Africa team to observe the implementation of NTD activities.
- The first END in Africa and ENVISION Joint Meeting for Elimination Planning was held at Labadi Beach Hotel in Accra on 21-23 April, 2015. The meeting was attended by all countries supported by USAID through END in Africa (Ghana, Sierra Leone, Burkina Faso, Niger and Togo) and ENVISION (Mali, Benin, Nepal, Haiti and Uganda). It was also attended by USAID, the World Bank, Task Force, RTI and FHI 360. The meeting was a success and met the expectation of participants as indicated by Emily Wainwright of USAID in her wrap up to close the meeting.

Project Implementation

This section details the major accomplishments in project implementation in the past six months. It highlights activities related to the issuance and management of grants, summaries of sub-grantee activities in each country, technical assistance/capacity building, collaboration and coordination, and M&E.

Issuance and Management of Grants

During the period under review, the FHI 360 led team executed the following activities in support of sub-grantees and MOHs:

- Monitored all sub-agreements to ensure compliance with USAID reporting, spending and cost-share requirements and regulations.
- Processed sub-grantee monthly financial reports and accruals.
- Reviewed budgets and FOGs submitted by sub-grantees for approval. The following numbers of FOGs were reviewed for FY2016: Ghana (7), Togo (3), Sierra Leone (3), Niger
(13), Burkina Faso (12), and Cote d’Ivoire (7). Grant packages for Ghana and Togo were approved and issued during this period. FOGs for Sierra Leone, Burkina Faso, Niger, and Cote d’Ivoire will be reviewed, approved, and issued in the upcoming reporting period (October 2015 – March 2016). Below is a table of each country’s FY 15 FOGs by activity and amount:

<table>
<thead>
<tr>
<th>Country</th>
<th>Activities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>Training, MDA, M&amp;E</td>
<td>$2,590,172</td>
</tr>
<tr>
<td>Togo</td>
<td>Training, MDA, assessments and surveillance</td>
<td>$669,834</td>
</tr>
<tr>
<td>Sierra Leone*</td>
<td>Training, MDA, assessments and surveillance</td>
<td>$961,344</td>
</tr>
<tr>
<td>Niger*</td>
<td>Training, MDA, assessments and surveillance</td>
<td>$1,791,270</td>
</tr>
<tr>
<td>Burkina Faso*</td>
<td>Training, MDA, assessments and surveillance</td>
<td>$2,104,330</td>
</tr>
<tr>
<td>Cote d’Ivoire*</td>
<td>Training, MDA, assessments and surveillance</td>
<td>$1,480,975</td>
</tr>
</tbody>
</table>

*FOGs pending final review and approval.

Ghana and Cote d’Ivoire FOGs are FHI 360 first-tier FOGs hence approval is obtained from the AOR, whereas second-tier FOGs for Togo, Niger, Burkina Faso, and Sierra Leone are reviewed and approved by FHI 360.

The ceilings and period of performance for sub agreement obligations for Togo, Ghana, Burkina Faso, Niger, and Sierra Leone were increased to extend through September 2018.

**Summary of Sub-grantee Activities by Country**

Competitively selected sub grantees are currently supporting the NTDCPs in the MOHs of the five END in Africa countries. HKI is working in Burkina Faso, Niger and Sierra Leone; HDI in Togo; and FHI 360 in Ghana. Starting in FY 2016, FHI 360 will begin work in Cote d’Ivoire. Updates and activities for the newly added country will be presented in the next semi-annual report.

**Burkina Faso**

A number of activities relating to mass drug administration (MDA), monitoring and evaluation (M&E) including disease specific assessment (DSAs), were carried out in FY2015 to enable the Burkina Faso Ministry of Health (MOH), through the PNMTN, to advance toward its objectives to control/eliminate the 5 NTDs targeted through preventive chemotherapy (PC NTDs): lymphatic filariasis (LF); schistosomiasis (SCH); onchocerciasis (OV); trachoma; and soil-transmitted helminthes (STH).

Following delays in the first half of the year due to popular uprisings, the resignation of the President, and subsequent political transition in all ministries, the PNMTN was not able to conduct a number of activities in the second semester and get largely caught up on activities planned for FY15.
MDAs for all five PC NTDs were implemented with USAID support:

- 25 of 25 targeted health districts (HD) conducted MDA for lymphatic filariasis (LF) and soil transmitted helminths (STH);
- 4 of 4 targeted HD implemented MDA against onchocerciasis;
- 26 of 26 targeted HD implemented MDA against schistosomiasis;
- 33 of 37 targeted HD treated for STH: 25 of 25 targeted with LF MDA and 8 of 12 targeted with SCH MDA. The late arrival of ALB prevented treatment in four districts that treat STH with SCH.
- 5 HD completed trachoma MDA.

Several surveys have been underway over the past six months or are currently in the preparatory phase:

- Nocturnal microfilaremia evaluations were done at 17 sentinel and spot-check sites located in 10 HDs across 4 regions, all for pre-TAS.
- Five districts (Zabré, Sapouy, Léo, Boromo, and Dédougou) will proceed to TAS followed by MDA in FY16.
- TAS1 were conducted in 10 districts in four regions. The districts were grouped into five evaluation units (EU). TAS2 was conducted in 7 districts (3 EU); TAS3 concerned the remaining 3 districts (2 EU). Results were satisfactory overall. Therapeutic coverage surveys conducted in 3 districts indicated an observed coverage similar to reported coverage.
- Additional disease specific assessments were conducted in four (4) HDs in the Centre Nord and Est Regions. Results of trachoma mapping conducted between 2007 and 2010 indicated that baseline prevalence of TF in children aged 1 to 9 years between 5 and 9.9% in 14 HDs. Four of these districts were resurveyed during this reporting period. One district now shows TF prevalence below 5%, while three remain between 5 and 9.9%. Under the new World Health Organization (WHO) guidelines, one round of MDA with azithromycin is planned in FY16 in these three districts.

In an effort to improve coverage rates and facilitate the implementation of MDAs, an “Advocacy Day” was held prior to the MDAs for LF/STH, trachoma, SCH, and OV in all 13 regions. Local political, administrative, religious, and traditional leaders were invited to events led by regional health officials and presided over by the governors of each region. An estimated 260 officials attended these events, including governors, high commissioners, mayors, police chiefs, village chiefs, and religious leaders. These advocacy days included an overview of the health importance of the campaigns, review of how the campaigns are implemented, MDA dates, and how the authorities present could get involved to ensure maximum participation and coverage.

Further details on Burkina Faso’s activities are noted in Appendix 2.
Niger
The major activity that took place over the last six months is the organization and execution of the 8th integrated Neglected Tropical Disease (NTD) mass treatment campaign, which took place from March to May 2015, after several delays, primarily due to the delayed albendazole delivery. This campaign was preceded by the nomination of an NTD focal point by the Minister of Public Health. The results of the mass drug administration (MDA), unfortunately, were not as good as had been hoped, particularly in the region of Diffa which has been experiencing insecurity due to attacks by the Nigerian Islamist group, Boko Haram. This has caused massive population movements into other areas of Niger, primarily into the region of Zinder. In addition, last year, poor harvests meant that many people migrated to neighboring countries in search of work.

A second LF campaign began on August 20, 2015 with a sensitization caravan to give information about LF and the MDA to the populations of Bouza and Keita, the two districts targeted for MDA. These two districts were targeted for a second MDA due to the high numbers of antigen-positive persons detected during the TAS in 2013.

All the impact evaluations scheduled for September 2015 will be delayed until October-November 2015, as the MDA did not finish until May and they need to follow at least six months after the MDA. This includes seven districts for trachoma (Dakoro, Guidan Roumdji, Madarounfa, Mainé, Mayahi, N’Guigmi and Tessoua); nine districts for pre-TAS (Diffa, Gouré, Magaria, Mainé, Matameye, Mirriah, N’Guigmi, Tanout and Zinder); and two districts for TAS 1, Niamey II and Niamey III. In addition, the NTDP planned a trachoma coverage survey, which took place in June 2015 in two districts of Zinder (Magaria, Zinder Commune) and two districts of Maradi (Madarounfa, Dakoro). The data are currently being entered and once available, will be shared with END in Africa and used to determine whether actual coverage approaches reported coverage, and recommendations on improving distribution and/or reporting will be made and put into place prior to the next MDA.

Certain problems in Niger make M&E difficult in Niger right now. The poor road system always makes it a challenge to reach the villages targeted by the evaluation, and rental vehicles are not always in good enough condition to handle the roads without experiencing problems. However, the main problem that will be faced by the NTDP when the DSA are conducted is the security situation.

In addition, demographic data have been a constant challenge in Niger, since different programs have been using different sources of data for the population denominator, which means that coverage results across disease cannot be compared. This was discussed over the last six months and it was determined that all NTD disease program will use the same overall population data for the denominators (the 2012 general census, with a growth factor). The schistosomiasis program has planned to re-actualize the list and populations of endemic villages in FY16.

Several program planning activities took place during the reporting period:
• An NTD coordination meeting was held on August 20th with the objective of discussing the organization of the 2nd LF MDA in Bouza and Keita districts; the physical inventory of NTD drug, the revision of the NTD strategic plan within the overall Ministry of Health strategic plan, and the disease evaluations planned after the MDA.

• HKI Niger (Dr. Yaye Youssef) and the NTDP (Dr. Salissou Adamou of the LF/Oncho program and Dr. Kadri Boubacar of the PNSO) participated in the joint END in Africa/ENVISION partners meeting in Accra, Ghana, from April 22–23, 2015. In addition, representatives from many of the other partner NGOs, NTDPs of all END in Africa-supported countries and certain ENVISION-supported countries participated.

• The TIPAC training, which had been planned for several years, finally took place from April 27–May 7, 2015 with technical assistance from Deloitte. Participants included Ministry of Public Health staff at the central level (the NTD disease coordinators) and from the regional level (NTD focal points and heads of administrative and financial services). This TA used a combination of the existing national strategic plan and which will assist the NTDP in financial planning, budgeting, drug ordering, and in general, reinforcing the efficiency in the coordination of existing or potential resource allocation within the NTDP.

• In May 2015, the WHO held a meeting in Ouagadougou in relation to the renewal of NTD strategic plans. After this meeting, HKI through END in Africa assisted the NTDP to hold a workshop from June 23–26 in Kollo to draft the new strategic plan, which will cover the period 2016–2020. The workshop was facilitated by the Director of Studies and Programming at the Ministry of Public Health and was attended by the NTD Focal Point, the different NTD disease coordinators (LF/Oncho, schistosomiasis, PNSO, leprosy and Guinea worm), the WHO and HKI.

Further details on Niger’s activities are noted in Appendix 2.

**Sierra Leone**

With receding of EVD cases the Neglected Tropical Diseases Program (NTDP) resumed activities during the reporting period. To prepare for mass drug administration (MDA), advocacy meetings to gain the support and commitment of district level stakeholders including mayors, district chairmen, councilors, paramount chiefs (traditional authorities) and other district authorities were successfully conducted in March 2015 in every district head quarter towns. Special advocacy events were also held in June 2015 targeting community authorities in the chiefdoms/districts that failed pre-Transmission Assessment Survey (Pre-TAS) in 2013. Social mobilization events were conducted including community meetings, radio discussion programs using tools including frequently asked questions, radio jingles and flyers revised to include questions relating to MDA in Ebola and post-Ebola settings. Many radio discussion programs and airing of jingles were conducted throughout the period of MDA.

Mass drug administration for LF, onchocerciasis & STH in 12 HDs was conducted from May – July
2015 with funds from END in Africa through USAID. A hundred percent geographic coverage for LF, onchocerciasis & STH was achieved in all the 12 districts. The report from the NTDP indicates a total of 4,065,939 persons were treated for LF and STH with epidemiological coverage of 78% and 2,642,193 persons treated for onchocerciasis, also with an epidemiological coverage of 78%. The end-process IM results showed 7,054 out of 9,435 persons interviewed recalled taking IVM and ALB (75%). The IM results showed no significant difference with that of the NTDP reported coverage.

Several M&E activities were implemented:

- Funds were provided by HKI to support all data collections including results using standardized reporting tools. All training provided to members of the DHMT, PHU staff, and CDDs included the use of updated M&E tools such as village registers, tally sheets, census forms and summary sheets. During the MDA, these tools were provided at each level. In order to properly monitor MDA activities, community registers were provided to distributors to capture drug distribution and other demographic information. This information was sent upwards and summarized at PHU level, district level, up until it reached the national level using the appropriate tools and was then submitted to HKI and other partners. Questionnaires were also provided to capture treatment data.

- In order to improve monitoring and evaluation of the national NTDP, HKI revised and updated evaluation questionnaires to evaluate the knowledge gained by communities during community sensitization meetings. Also, a questionnaire was developed and administered to CDDs to determine the impact of Ebola hazard allowance on community volunteering. Even though some of the CDDs were utilized during the Ebola outbreak as contact tracers, members of social mobilization and burial teams and compensation for that work, the results of the survey showed most CDDs are willing to continue volunteering for the NTD program. This will be further discussed in the annual review meeting. The results of this survey were submitted and accepted in abstract form for presentation at the American Society of Tropical Medicine meeting in Philadelphia, from October 25-29, 2015; HKI has not yet received notice of whether this abstract has been accepted.

- The sampling for the end-process independent monitoring conducted for MDA against LF-Onchocerciasis-STH in 12 districts was modified such that a global positioning system (GPS) tracking device was installed on the mobile phones to track the movement of monitors in the clusters they were assigned to ensure they went to pre-selected clusters.

- As a way of ensuring the reported coverage reflects the actual treatment, the End-Process IM which was conducted at the end of the campaign was used to validate the NTDP reported coverage and recommended areas that needed improvement for the next MDA. The results of the end-process monitoring showed 75% of the eligible persons interviewed at household level recalled taking both IVM and ALB. There was no significant difference between the national reported drug coverage and IM results.

During the period under review, no disease-specific assessment was implemented. Due to the EVD
outbreak, all DSAs have been deferred to FY16 (SCH) and FY17 (Pre-TAS and TAS) to allow the population to recover from post-Ebola trauma.

No Data Quality Assessment (DQA) has been implemented in Sierra Leone. The NTDP has requested a TA for orientation on the implementation of a DQA in FY16. The results from the DQA training will help NTDP implement a DQA and help strengthen the data quality of the NTD Program through a review of the consistency in data and reporting at the various levels.

Further details on Sierra Leone's activities are noted in Appendix 2.

**Togo**

The main activities during this period were the June/July 2015 nationwide integrated mass drug administration (MDA) to treat soil-transmitted helminths (STH), onchocerciasis, and schistosomiasis, the data entry and analysis of an integrated disease specific assessment to assess the impact of MDA on the prevalence of STH and schistosomiasis, and the implementation of coverage validation surveys in three districts and in a group of villages with persistent high prevalence of onchocerciasis. Also during this period, the Togo Ministry of Health (MOH), in collaboration with Health & Development International (HDI), submitted drug orders for the coming fiscal year and developed a new integrated neglected tropical diseases (NTD) Work Plan for FY2016. Since the MDA was delayed, data entry has just ended and cleaning and analysis are ongoing. Coverage numbers and final reports are expected in October 2015.

Planning for the second round of MDA to take place in October 2015 has begun. The second round of treatment will be delivered to areas with high rates of STH (4 districts, funded by USAID) and/or onchocerciasis (11 districts, funded by the MOH/Sightsavers). The MOH will finalize drug distribution plans as soon as the Spring MDA data are completely analyzed.

The Togo MOH is continuing to use the existing monitoring and evaluation (M&E) framework and tools supplied by FHI 360. The Coverage Survey results in 2012 indicated coverage is high, but there is room for improvement with respect to the educational component of MDAs; the flip charts were not used as much as they should have been. The importance of the educational component of the activity was emphasized in recent MDA trainings. A second coverage survey was implemented in September, and once these data are available they will allow the Togo Integrated NTD Program to determine whether more needs to be done to strengthen the coverage or education components of the MDA.

Traditional, WHO-prescribed post-MDA LF surveillance will stop at the end of FY2015, but findings from the period of this report indicate LF transmission is no longer occurring in Togo. The third TAS report is included as an appendix of this document. Given LF still exists in its neighboring countries, Togo nevertheless needs to design its own LF surveillance approach to detect any re-introduction of LF from other countries.
The results of the integrated impact assessment for schistosomiasis and STH will soon be available. This survey measured the prevalence and intensity of infection with schistosomiasis and STH in school-aged children (SAC). This activity employed urine examination for *S. haematobium* using urine dipsticks and urine filtration and stool examination for *S. mansoni* and STH using Kato Katz assays. The Ov16 rapid test was also employed in children age 6 to 9 years as part of the country’s effort to determine the prevalence of onchocerciasis and the extent of onchocerciasis transmission in this cohort of children born since the start of nationwide MDA for onchocerciasis. The results demonstrate good control of these diseases, with a few areas where further work is needed. The data are being used to update the treatment strategies for these diseases. The results will be used to lobby both within and outside Togo for support to sustain these gains. The report of this activity will be available in October.

Further details on Togo’s activities are noted in Appendix 2.

**Ghana**

The focus of the NTDP in FY2015 is to conduct a pre-validation trachoma survey having stopped treatment in all endemic districts, conduct onchocerciasis entomology and epidemiological surveys in the main river basins, scale down LF MDA significantly following conduct of TAS in 24 evaluation units (EU) while progressively increasing post MDA surveillance, conduct pre-TAS in 15 districts and TAS in 4 EUs (12 districts), conduct integrated MDA for 29 LF districts, 85 onchocerciasis districts and 216 districts for STH, second round onchocerciasis MDA in 45 hyperendemic districts. The program also aims to produce IEC materials and engage the NTD ambassador to enhance advocacy for the NTDs, conduct quarterly ICCC meetings and continue engagement with private sector for support for NTD activities. The NTDP achieved these objectives but most delayed hence results of MDA are not yet complete. Five districts out of the 15 that conducted pre-TAS in the period passed. All 12 districts were TAS was conducted passed. The results will be submitted to RPRG for approval. The program successfully conducted a work planning meeting in June 2015. USAID has approved activities and budgets of the NTDP for FY2016. The Master Plan document was reviewed to extend its tenure to 2020.

Integrated Mass Drug Administration for lymphatic filariasis (LF), onchocerciasis and Soil transmitted helminths (STH) was conducted in July 2015. It included 29 districts endemic LF an STH and 85 districts endemic for onchocerciasis. Two districts were also endemic for LF and onchocerciasis. Therefore a total of 112 districts were involved in the integrated MDA – 29 districts were treated with a combination ivermectin and albendazole while the remaining 83 districts (endemic for onchocerciasis only) were treated with ivermectin only. FY2014 second round onchocerciasis MDA treatment for 44 districts classified as either hyperendemic or mesoendemic for onchocerciasis was conducted in May 2015. This treatment delayed due to logistical challenges the NTDP encountered. This delay subsequently delayed start of the integrated MDA in the affected districts which had to wait to start in September. Treatment is thus currently ongoing and expected to be completed before the end of September.
The following assessments occurred during the reporting period:

- Pre-TAS was conducted in 15 districts in January and February 2015 collecting a total sample of 13,069 but sample reading was completed in June. A total of 76 samples tested positive with 5 districts passing the pre-TAS and 10 failing. This means that the 5 passing districts will conduct TAS 1 in FY2016 to determine if MDA can be stopped in those districts.

- The NTDP conducted transmission assessment survey in 12 districts clustered into 4 enumeration areas (EUs) in March – April 2015. Seven of the districts were conducting first TAS after passing Pre-TAS and the other 5 districts were conducting third TAS. The results of TAS in the 7 districts was used to determine if MDA can be stopped while TAS in the 5 districts was used to assess recrudescence. TAS was conducted by using ICT cards. A total of 6,469 pupils were sampled in 164 schools in the 4 EUs. Only positive test results was obtained with 258 tests showing non-response. All 12 districts thus passed the TAS. MDA will be stopped in the 7 districts where TASS 1 was conducted while the 5 districts conducting TAS 3 will enter into a phase of ongoing surveillance. Entomological surveillance for black flies in 18 districts in ongoing since July.

- The Pre-TAS and TAS results of the 5 and 12 districts respectively will be submitted to RPRG for approval.

Several advocacy activities took place during the reporting period:

- The NTDP organized a two-day IEC material development workshop on April 28–29th, 2015 at the Chances Hotel, Ho. It was attended by technical officers of the NTDP and Regional Health Promotion officers of the Ghana Health Services from all 10 regions of the country. The workshop developed creative briefs for all 5 PC NTDs for the 20 double-phased billboards to be located in all regions the country. The workshop also reviewed the school-based and community-based MDA posters for reproduction.

- Vendor awarded IEC materials have delivered 20,000 each of the community-based and school-based posters, 10,000 reviewed community registers and 2,000,000 parent notification forms. The community based registers and posters have been distributed while the rest will be distributed during the school-based MDA in November 2015. The billboard development is in the stage of pretesting of approved designs. 10,000 copies on Patient handbook on morbidity management is under production. All the IEC materials are funded by USAID.

- The Ghana Health Service appointed a distinguished person, Dr. Joyce Aryee as the NTD ambassador in 2014. As part of equipping her with the requisite knowledge about NTDs and orienting her on the activities of the NTDP, a half day seminar was organized on 9th June, 2015 at the Novotel Hotel in Accra. The NTDP management and program officers made presentations on overview of the NTDP, disease specific presentations, funding sources and
funding gaps, resource mobilization strategies and efforts, partners and challenges. Staff of END in Africa Project in FHI 360 also participated in the seminar.

Further details on Ghana’s activities are noted in Appendix 2.

**Technical Assistance / Capacity Building**

As the lead partner in the END in Africa consortium, FHI 360 was responsible for coordinating CB technical and administrative support with all the sub-grantees and the NTDCPs. It took the lead in providing assistance related to compliance with USAID requirements. In this regard, it strengthened the NTDCPs’ and sub-grantees’ capacity to manage projects, work planning, M&E, data, supply chains and quality assessment. Deloitte was the lead partner in FM systems and reporting, including budgeting. JSI provided technical assistance related to planning for procurement and SCM for essential NTD drugs. Technical assistance (TA) and CB assistance provided for M&E was challenged with the illness of the M&E Advisor, who was unable to continue work within the project and his contract was terminated 31 March 2015. Recruitment of another M&E Advisor continued over the past 6 months and a new M&E Advisor was recruited who will start work at the end of October 2015. The new M&E Advisor is expected to address all FY2015 M&E related TA requests made by countries in FY2016. Below is a list of all TAs provided/to be provided to the End in Africa countries for FY2015.

**NTD Technical Assistance**

Throughout the period under review, FHI 360 and its partners assisted the MOHs in identifying TA requirements, creating assessment plans, and implementing a variety of CB activities. The main activities planned and/or executed by the FHI 360–led team are outlined below:
## Technical Assistance Requests in FY2015

<table>
<thead>
<tr>
<th>Country</th>
<th>TA requested</th>
<th>Justification</th>
<th>Technical skills required</th>
<th>Number of days required</th>
<th>Suggested source</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>An expert review and update of the LF elimination strategy in Burkina Faso</td>
<td>LF elimination strategy has not been reviewed since 2001, when the LF elimination program was created. The expert/s will also need to advice on strategic changes based on findings of the planned study to determine causes of the persistent LF microfilaremia prevalence ≥1%.</td>
<td>Expertise on LF elimination efforts</td>
<td>1 week (Second quarter FY2015)</td>
<td>TAF</td>
<td>Implemented</td>
<td>The LF elimination strategy in Burkina Faso was reviewed by international and national experts in August 2015.</td>
</tr>
<tr>
<td></td>
<td>Training of members of the NTDP coordination and HKI NTD team on post-MDA surveillance for trachoma and LF</td>
<td>To build NTDP M&amp;E capacity</td>
<td>Expertise on implementation of the NTDP program and M&amp;E for NTDs</td>
<td>1 week in November 2014</td>
<td>TAF/ENVISION</td>
<td>Implemented</td>
<td>This topic was covered by experts at the partners meeting that took place 21-23 April 2015 in Accra, Ghana.</td>
</tr>
<tr>
<td></td>
<td>Capacity building on financial planning and resource mobilization to be able to address financial gaps in the execution of the NTDP program</td>
<td>To increase financial planning and advocacy skills for resource mobilization to improve sustainability of the NTDP</td>
<td>Expertise on financial planning and resource mobilization</td>
<td>2 weeks (first quarter of FY2015)</td>
<td>END in Africa (Deloitte)</td>
<td>Not implemented</td>
<td>Due to limited NTDP team availability and new priorities, the activity to support in managing FOGs and capacity building in financial management were postponed until FY16 or eliminated.</td>
</tr>
<tr>
<td></td>
<td>Expand platform for managing FOGs and capacity building efforts in financial systems and operational management</td>
<td>Provide ongoing support to Burkina country team on financial planning and financial management system strengthening</td>
<td>Expertise on management and planning</td>
<td>2 weeks</td>
<td>END in Africa (Deloitte)</td>
<td>Implemented</td>
<td>Building on the TIPAC output. Additionally, the FY2015 TIPAC update workshop emphasized the use of TIPAC outputs for decision-making, supplementing the traditional data entry sessions with modules on data analysis and scenario planning.</td>
</tr>
<tr>
<td></td>
<td>Support on SCM and standard operating procedures (SOPs) for NTDs</td>
<td>To improve capacity of NTDP staff and other actors involved in SCM for NTDs</td>
<td>Expertise on SCM</td>
<td>1 week (first quarter 2015)</td>
<td>END in Africa (JSI)</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training of NTDP members and HKI NTD staff on the use of the 2 forms for reporting and requesting drugs through WHO</td>
<td>To improve the skill of the NTDP on the use of the 2 forms for reporting and requesting drugs through WHO</td>
<td>Expertise on the 2 WHO forms</td>
<td>1 week</td>
<td>END in Africa (LATH)</td>
<td>Not implemented</td>
<td>This TA is no longer needed by the NTDP.</td>
</tr>
<tr>
<td>Ghana</td>
<td>TA to conduct training and supervision of impact assessment of</td>
<td>The last survey was done over 6 years ago and the technical team will require refresher training to conduct this assessment</td>
<td>Expertise in Kato Katz and filtration techniques</td>
<td>3 weeks (1 week for training and 2 weeks for field supervision)</td>
<td>END in Africa (A local consultant from the School of)</td>
<td>Not yet implemented</td>
<td>The survey is postponed for October/November 2015 (FY2016).</td>
</tr>
<tr>
<td>Country</td>
<td>TA requested</td>
<td>Justification</td>
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<td></td>
<td>SCH/STH treatment after 5 years of MDA</td>
<td></td>
<td>Advocacy, stakeholder mapping, strategic planning, health financing</td>
<td>1 trip x 5 days; FY15Q3 (US -&gt; Ghana, combined with Partners’ Meeting attendance)</td>
<td>Deloitte</td>
<td>Implemented</td>
<td>We had drafted the initial version subsequent to the Sustainability Planning workshop, which brings greater alignment to the sustainability efforts, as well as added specificity to the desired outcomes and outputs.</td>
</tr>
<tr>
<td></td>
<td>Update NTDCP Advocacy Plan in Ghana</td>
<td>Current NTD Advocacy plan is outdated and also does not reflect recent focus on financial sustainability and resource mobilization.</td>
<td>Private sector engagement, financial management and resource mobilization, Simulation Design and Scenario Planning</td>
<td>1 trip x 5 days FY15Q3 (US-Ghana, combined with Partners Meeting)</td>
<td>Deloitte</td>
<td>On-going</td>
<td>In order to provide structure to individual partnership efforts and increase buy-in for partnership among leadership, Deloitte implemented a half-day session on SSPs designed for executives within GHS.</td>
</tr>
<tr>
<td></td>
<td>Advance PPPs in Ghana with focused, working session with private sector</td>
<td>To continue building momentum in financial sustainability, it is important to continue engaging private sector and public sector players to articulate the business case for NTD investment, and discuss scenarios if they do not invest (i.e. impact on labor, market expansion, etc.)</td>
<td>Expertise on management and planning</td>
<td>1 week</td>
<td>END in Africa (Deloitte)</td>
<td>Implemented</td>
<td>The workshop was designed to both build a foundation of critical financial management skills, while also surfacing opportunities for improvement and identifying areas requiring additional mentoring and technical assistance to strengthen the NTDP leadership, governance, and FOG performance.</td>
</tr>
<tr>
<td></td>
<td>Expand platform for managing FOGs and capacity building efforts in financial systems and operational management</td>
<td>The core objectives are: Increase evidence-based decision-making and planning; Understand the importance of improving data-informed decision making; Define how data can inform specific decisions using finance departments as case study; including concepts on program design and management. This activity was requested by the NTDP in the FY 2014 approved work plan and therefore represent a carry/over training needs</td>
<td>Expertise on management and planning</td>
<td>1 week</td>
<td>END in Africa (Deloitte)</td>
<td>Implemented</td>
<td></td>
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<tr>
<td></td>
<td>Continue improvements of the SCM system.</td>
<td>Development of additional tools to be used at district level for inventory control.</td>
<td>Expertise on NTD SCM</td>
<td>2 weeks</td>
<td>End in Africa (JSI)</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>Orientation on the National NTD database and roll-out</td>
<td>To assist the NTDP with data management</td>
<td>Expertise in the use of the USAID NTD database</td>
<td>1 week</td>
<td>End in Africa (LATH)</td>
<td>Not implemented</td>
<td>The M&amp;E Advisor is still being replaced (recruitment ongoing). This TA will now be provided in FY2016.</td>
</tr>
<tr>
<td></td>
<td>TIPAC training</td>
<td>To identify program and funding gaps in reaching control and elimination targets</td>
<td>Expertise in TIPAC</td>
<td>2 weeks; 3rd Quarter</td>
<td>END in Africa (Deloitte)</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Capacity building on program planning, management and implementation</td>
<td>This is to strengthen the operational capacity of the NTD secretariat</td>
<td>Expertise on management and planning</td>
<td>2 weeks</td>
<td>END in Africa (Deloitte)</td>
<td>Implemented</td>
<td>The financial management capacity building workshop on financial management will continue in FY16.</td>
</tr>
<tr>
<td>Country</td>
<td>TA requested</td>
<td>Justification</td>
<td>Technical skills required</td>
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<tr>
<td>Niger</td>
<td>Continue to strengthen SOPs for SCM</td>
<td>Niger needs support in the implementation of the guidelines provided in FY2014 by JSI</td>
<td>Expertise on SCM</td>
<td>1 week; period to be determined</td>
<td>END in Africa (JSI)</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Severe adverse event (SAE) management training to improve the program’s ability to respond to SAEs</td>
<td>New handbook/guidelines from WHO on SAE management</td>
<td>SAE management expertise</td>
<td>1 week 4th Quarter</td>
<td>END in Africa (JSI)</td>
<td>Implemented</td>
<td>This was discussed at the partners meeting that will take place 21-23 April 2015 in Accra, Ghana</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Development of TAS Protocol and training of field personnel to conduct TAS in 8 HDs that passed Pre-TAS in FY2013</td>
<td>The NTDP has indicated the need for TAS protocol and training of field agents</td>
<td>Technical knowledge on protocol development and implementation of TAS</td>
<td>3 weeks</td>
<td>END in Africa</td>
<td>Not implemented</td>
<td>All surveys are now postponed to FY2017 due to the Ebola outbreak</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Training on the tool for integrated planning and costing (TIPAC)</td>
<td>This training was postponed to FY2015, a decision taken by the NTD program since the training is expected to last for 15 days</td>
<td>Expertise on TIPAC</td>
<td>2 Weeks</td>
<td>END in Africa (Deloitte)</td>
<td>Not implemented</td>
<td>Will now be implemented in FY16. Due to the Ebola outbreak, a decision was made to transfer all outstanding activities and events in Sierra Leone to FY2016. Therefore, no additional activities or STTA were realized in Sierra Leone in the second half of FY15.</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Continue training on SCM</td>
<td>Training of trainers for District Health Management Team and training of NTD Ware house manager</td>
<td>Expertise on supply chain and logistics management for infectious diseases</td>
<td>2 weeks</td>
<td>END in Africa (JSI)</td>
<td>Not implemented</td>
<td>This TA is no longer needed.</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Biomedical training of laboratory technicians on surveillance for LF</td>
<td>Local organization with the necessary skills</td>
<td>Expertise on night blood survey for LF including preparation of thick blood film and microscopy</td>
<td>1 week</td>
<td>END in Africa</td>
<td>Not implemented</td>
<td>All surveys are now postponed to FY2017 due to the Ebola outbreak.</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Review of the 2011-2015 NTD Master Plan and development of NTD Master Plan for 2016-2020</td>
<td>The current NTD Master plan will expire in 2015 and there is a need to have a new NTD Master Plan for 2016-2020</td>
<td>Expertise on NTDs targeted through PCT</td>
<td>1 week</td>
<td>END in Africa</td>
<td>Not implemented</td>
<td>Will now be implemented in FY16.</td>
</tr>
<tr>
<td>Togo</td>
<td>Capacity building in use of the TIPAC</td>
<td>To build capacity on generating useful outputs for program planning from the TIPAC</td>
<td>Experience with using the TIPAC to generate outputs for program planning</td>
<td>2 Weeks (first quarter)</td>
<td>END in Africa (Deloitte)</td>
<td>Implemented</td>
<td>In this period of performance, the team provided virtual technical assistance to the NTDP on utilizing TIPAC data for master plan updates. Additionally, the team worked with the NTDP to incorporate data analytics</td>
</tr>
<tr>
<td>Country</td>
<td>TA requested</td>
<td>Justification</td>
<td>Technical skills required</td>
<td>Number of days required</td>
<td>Suggested source</td>
<td>Status</td>
<td>Comments</td>
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<td><strong>techniques that were highlighted in the TIPAC workshop to the master plan template.</strong></td>
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<td><strong>In Togo, we have worked closely with Dr. Sogninke and his team to really understand and define the financial- and FOG areas of support needed to advance objectives of the NTD program. There were many topics that surfaced during the TIPAC implementation that were specifically requested to further address by the project team. Specific areas include financial planning and resource tracking, increasing use of financial data for planning and decision-making, introducing basic performance management around operational procedures, and articulating sustainability plans.</strong></td>
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<tr>
<td>Capacity building on program planning, management and implementation</td>
<td>This is to strengthen the operational capacity of the NTD secretariat</td>
<td>Expertise on management and planning</td>
<td>2 weeks</td>
<td>END in Africa (Deloitte)</td>
<td>On-going</td>
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<td></td>
</tr>
<tr>
<td>Training of MOH and HDI-Togo personnel on SCM strategies*</td>
<td>To build capacity in SCM, above and beyond basic SCM skills</td>
<td>Expertise in SCM</td>
<td>1 week (first quarter)</td>
<td>END in Africa (JSI)</td>
<td>Implemented</td>
<td></td>
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Supply Chain Management
Procurement Support Services:

Burkina Faso
JSI provided TA to support improved supply chain management (SCM) for NTD drugs. The TA was a follow-on from TA provided in FY14, during which a manual on drug management procedures was developed, data collection tools were reviewed and modified, and regional and district staff trained on SCM. The FY15 TA assessed the uptake and use of the logistics procedure manual by districts and regions, and identified any areas still in need of improvement to propose corrective measures. Four regions were included in the evaluation: Hauts bassins, Centre Est, Centre Sud and Sahel. Selection of the regions was based on several criteria, including having conducted an MDA in FY15 with use of the SCM manual, geographic area (one region per zone), and availability of key staff. Findings were largely positive, with specific findings noted below regarding strengths and areas needing additional improvement.

Niger
JSI staff member, Youssouf Ouedraogo together with Valentin Issiaka Coulibaly (consultant) traveled to Niger July 6 – 29, 2015 to assist the NTD program to review the initial workplan implementation status, develop priority interventions to strengthen the NTD supply chain management system (SCMS), and conduct training of trainers on warehouse reorganization and dejunking. Major accomplishments included:

- The NTDs program developed and distributed the logistics management tools updated during JSI precedent visit. However, the program did not implement the roll out training.
- The technical working group team visited the NTD program of Maradi and Tahoua regions – at regional level, two district, and two facilities in each district. During the visit the teams used a modified LSAT tool as a guide for facilities visit, and used the LSAT tool for key informant interviews.
  - For each region, the team developed a table of SCMS strengths and weaknesses, and formulated recommendations.
  - The team also developed a draft priority action items plan, which was finalized during the one day LSAT exercise conducted during the warehouse reorganization and dejunking meeting.
- JSI facilitated the development and update of priority action items for national level and for each region to strengthen the SCMS of mass distribution of medications against neglected tropical diseases.
  - JSI conducted a one day LSAT exercise with the representatives of national, regional, and district level. The participants are the same as those who attended the warehouse reorganization and dejunking training of trainers.
- A training on warehouse reorganization and dejunking was conducted for 35 trainers (both national and regional level). Selected outputs of the training included the reorganization
and dejunking of 5 warehouses in Niamey region. Each region and the national level developed a draft supply chain management action plan with emphasis on warehouse and storage.

**Ghana**

Supply chain management especially accounting for used drug and transporting same to regional medical stores for safe keeping continues to be a huge challenge confronting the NTDP. JSI together with USAID and FHI360 developed a simple guideline to support districts in managing medicines before and after MDA. A similar guideline targeting MDA waste management for CDDs was also developed. The documents were produced and supplied to the NTDP in August 2015. It is expected the health staff and CDDs will be trained on tools before distribution.

**Sierra Leone**

Following MDA in the 12 HDs, the remaining drugs were quantified and returned to the district drug store in each district headquarters town, and thereafter for return to the NTDP warehouse in Makeni. JSI together with the national program and HKI finalized tip sheets on waste management for CDDs and PHU staff which will be distributed to all CDDs and PHUs in the country during the FY16 refresher training sessions of PHU staff and CDDs.

**Financial Management**

**Capacity Building and Strategic Planning**

Deloitte has been working with the country teams to enable stronger strategic planning of their NTD programming, specifically considering the financial needs of program execution and using financial and program data more effectively for evidence-based decision-making, so as to enable stronger, more efficient, and more sustainable programming.

This work has included providing guidance on implementing the Tool for Integrated Planning and Costing (TIPAC), as well as collaborating on financial sustainability planning in Ghana and other countries.

**TIPAC Implementation and Data-Use for Policy and Program Decision-making**

During the SAR reporting period, the END team made significant progress on NTDP TIPAC implementation and on increasing the NTDPs’ capacity to utilize program data for decision-making.

**Burkina Faso**: The END team worked with the Burkina Faso NTDP to support their use of the TIPAC through an implementation workshop from May 12–15, 2015. The workshop included a brief TIPAC refresher to review tool updates; a review of converted data from 2014 files to 2015 data entry; and an update of 2015 operational plan costs. Additionally, the FY2015 TIPAC update workshop emphasized the use of TIPAC outputs for decision-making, supplementing the traditional data entry sessions with modules on data analysis and scenario planning. Ultimately, these modules assisted in facilitating discussions on budget optimization and created a baseline for further analysis that...
generated useful information for the NTD master plan updates. By focusing more closely on the utilization of program data to inform decision-making, the END team was able to further develop the NTDP’s capacity for program management and sustainability.

The workshop’s emphasis on data analytics modules was well-received by the NTDP and the END team received overwhelmingly positive feedback from Mr. Sermé and Mr. Martin Kaboré (program Manager for Trachoma). Specifically, the analysis and visualization of total stock levels of program-required medicine and prices helped increase the transparency of program stock management, while also illustrating where the NTDP had leverage to negotiate drug transportation prices. Most importantly, by working side-by-side with the NTDP, the END team was able to address specific participant knowledge gaps and provided individualized capacity building. At the request of NTDP staff, an additional module on techniques for data analysis and visualization was conducted; this module, although optional, was attended by all participants. The END team has continued to provide virtual technical assistance to support the program in data and information-use in preparation for masterplan updates.

**Niger:** The NTDP participated in their first TIPAC implementation process occurring April 27–May 9, 2015. The workshop was scheduled for two weeks to provide sufficient time to train relevant NTDP staff in advance of the data entry session. Week one of the workshop provided an in-depth review of the TIPAC, tool functionality, benefits, and how it could add-value to the program. The week one module was conducted with 28 participants from the MOH, NTDP central and regional bureaus, and HKI. Week two of the training was conducted with a subset of the participants that had access and knowledge of program financing and were in key decision-making roles; 9 participants from NTDP and HKI attended.

By separating the TIPAC workshop into two sections, the END team was able to increase participant awareness of the TIPAC by training a larger group of NTDP staff, while also making significant progress in completing the TIPAC data entry process. On the last day of the TIPAC workshop, the END team provided coaching on tools and techniques to utilize program/TIPAC data for decision-making. As a group, the team conducted an analysis of the program’s current inventory levels for NTD drugs and compared stock levels to the requirements based on past rates of consumption. The team was able to use this data to determine additional orders of NTD medicine were needed to meet program requirements.

More importantly, this exercise highlighted how TIPAC data could be used to inform programmatic decision-making and motivated and excited the NTDP to use/analyze program data. Dr. Kadri, Dr. Salissou and Dr. Gnandou found the coaching modules on data and information-use to be highly-impactful and important to improving program effectiveness.

**Togo:** The Togo TIPAC implementation occurred the week of March 23, 2015 (reported in the FY15 Q1/Q2 SAR). The content and structure of the workshop was similar to what was detailed in the
Burkina Faso TIPAC workshop. In this period of performance, the END team provided virtual technical assistance to the NTDP on utilizing TIPAC data for master plan updates. Additionally, the END team worked with the NTDP to incorporate data analytics techniques that were highlighted in the TIPAC workshop to the master plan template. The NTDPs desire to work with the END team to incorporate these changes and modify existing templates highlighted the effectiveness and impact of the workshop.

Challenges encountered and next steps:

As identified in the FY15Q1/Q2 SAR, technical glitches in the TIPAC tool continue to remain. However, understanding that there are known errors in the tool, the team developed workaround solutions to not delay/impede the TIPAC generation process. The END team has notified RTI of these issues and offered support testing future TIPAC versions.

Completing all modules of the TIPAC during the workshops has been an ongoing issue. The data entry process for the TIPAC is time-consuming and often results in additional discussions/questions that lead to subject changes. Additionally, last minute changes by the NTDPs to modify workshop agendas has made it challenging to complete all modules in the allotted time. For future sessions, the END team will incorporate additional working time in workshop agendas to account for unforeseen changes/delays.

In FY2016, the END team will continue to work with NTDPs to incorporate TIPAC outputs into master plan updates while also advocating for the continued use of the TIPAC and incorporation into country programs workplans. The team will continue to provide ad hoc support to country programs to further institutionalize data and information use for decision-making.

Expand platform for managing Fixed Obligation Grants (FOGs) and capacity building efforts in financial systems and operational management

Strong financial management systems are critical to the sustainability, effectiveness, and efficiency of NTD program delivery. Strong financial management systems improve resource planning and needs-based financing procedures, increase likelihood of resource availability for drug procurements and other program needs, enhance the integrity of internal controls, and bolster the availability of financial data needed to measure program financial performance.

As the End in Africa Project began working with country programs, it became clear that it was necessary to reinforce the NTDP’s capacities for developing, managing and implementing the FOG/FAA funding mechanism as well as improving its own project financial managements and performance system.

Progress and results

Ghana: In April 2015, we executed a FOG and Performance Management workshop with the GHS END in Africa SAR, April 1 – September 30, 2015
NTD in Kumasi, Ghana. The foundation of the workshop was focused on the GHS NTDP FOG, and then divided into three modules, covering: Financial Management, Change Management, and Performance Management. The goal of the workshop was to validate the need and rationale for institutional change to strengthen financial and performance management, and provide concrete skills and reusable frameworks for the NTDP to employ.

The workshop was designed to both build a foundation of critical financial management skills, while also surfacing opportunities for improvement and identifying areas requiring additional mentoring and technical assistance to strengthen the NTDP leadership, governance, and FOG performance. The core objectives were: Increase evidence-based decision-making and planning; understand the importance of improving data-informed decision making; Define how data can inform specific decisions using finance departments as case study, including concepts on program design and management.

Through the workshop, the teams demonstrated a stronger understanding of the importance of evidence-based decision-making; however it is clear that more technical assistance will be needed to institutionalize the concepts learned.

The workshop included participants from all levels of the Ghana Health Service (GHS)—the national and regional levels. This diversity of perspective was very useful in discussing the program challenges and aligning action across various levels of the system to institutionalize change. Some of the tangible outputs from this workshop include:

- BMCs are providing input into the budget and planning process so that NTDP financial decisions are based on actual needs at the regional level.
- Performance management indicators have been signed off by PM and integrated into the reporting processes.
- TIPAC data are being leveraged for the planning, budgeting and decision-making of NTDP FOG.
- There is enhanced leadership from the GHS to support the implementation, coordination, planning, and sustainability of NTD programs across all levels of the system.

**Togo**

In Togo, we have worked closely with Dr. Sognikin and his team to really understand and define the financial- and FOG areas of support needed to advance objectives of the NTD program. There were many topics that surfaced during the TIPAC implementation that were specifically requested to further address by the END project team. Specific areas include financial planning and resource tracking, increasing use of financial data for planning and decision-making, introducing basic performance management around operational procedures, and articulating sustainability plans.

The project team has initiated working on the content, breaking down broad, complex topics into manageable areas of support that can be initially addressed. We are working very closely with Dr.
Soninke to schedule this event. It has unfortunately experienced unanticipated delays due to other NTD Program priorities.

**Niger**

We have provided ongoing support to the Niger NTDP team, both in person and remote support. The Niger country team is particularly interested in replicating the work that we have done in Ghana, building on the FOG platform and strengthening abilities in financial and performance management.

During this review period, we have been working closely this past quarter work closely with Dr. Yaye and his team to define the specific areas of interest, which has included:

- Improving planning, coordination and increasing clarity of roles/responsibilities of key actors to minimize delays on implementing MDA
- Coaching and TA on data analysis and how to translate and use data for decision-making, sustainability planning and advocacy

The FOG/performance management workshop had originally been anticipated during this review cycle. However, it has been delayed given the additional funding and other projects in Niger. It is now anticipated in the next few months.

**Burkina Faso**

The END in Africa support in Burkina Faso has waned in recent months, given the additional funding for NTDs that the country has received. Despite the additional funding the NTDP team in Burkina Faso was particularly interested in mentoring support to increase their ability to effectively plan and manage their NTD program efforts. Given this, the project has been in discussions with the NTDP to conduct field visits and mentoring to work side-by-side with the program managers to establish specific procedures and guidelines for improving the budgeting system, including cost-sharing, multi-partner budgeting monitoring, financial reporting, planning and performance measurement.

**Financial Sustainability Planning**

*Progress and results*

**Ghana:** As a result of END support in the areas of Finance Strategy and strategic social partnerships (SSPs), uniBank has pledged to support LF control in Ghana. In line with this pledge of support, uniBank will work with GHS to implement a pilot program. The pilot will aim to demonstrate the benefit of improved morbidity management for LF patients suffering from elephantiasis and hydrocele. Specifically, the pilot will support: management of 50 elephantiasis clients through patient-led lymphedema management; management of 20 hydrocele clients through the provision of hydrocele surgery; and the development of a documentary demonstrating the physical and socioeconomic benefit of elephantiasis and hydrocele management.
While the details of this are still being finalized, the program represents strong, continued progress in the area of local resource mobilization and execution of the GHS Finance Strategy; the development of the Finance Strategy was formerly catalyzed and supported by END advisors. END will support the uniBank pilot program by continuing to provide technical assistance to GHS in partner relationship management and program management and by encouraging GHS to incorporate lessons learned from this uniBank partnership into future proposals and partnerships.

In the second half of this fiscal year, the END team also supported GHS to begin an additional partnership proposal to Standard Charter Bank to support the control of onchocerciasis. The team worked with GHS to develop a storyboard for the proposal, applying concepts learned during the financial sustainability workshop. The proposal is expected to bring the annual total of external NTD funding solicited by GHS to over $600,000 USD, and represents important continued progress in the area of strategic social partnerships. The proposal is expected to be finalized and submitted in the first half of FY16.

In order to provide structure to individual partnership efforts and increase buy-in for partnership among leadership, END advisors also implemented a half-day session on SSPs designed for executives within GHS. Participants included the NTDP leadership, program managers, and also the Director of Public Health, Director of Policy, Planning, and Monitoring & Evaluation, as well as the Deputy Director General of the GHS, Dr. Gloria Quansah. The session leveraged Deloitte’s Aligned Action methodology to introduce an SSP roadmap; validate NTDP partnership objectives; apply concepts of partner relationship management in the context of GHS SSPs; and identify next steps. The workshop was very well-received and in its wake, leaders made a decision to house a Partnership Unit within the Directorate of Policy, Planning, Monitoring and Evaluation to oversee partnerships of GHS. Support during the reporting period included the development of scopes of work for this unit. This step will promotes sustainability of the effort, as it designates responsibility for strategic partnership management and coordination within the GHS. More information on the workshop and the unit is located in the Success Stories section of this document.

**Burkina Faso, Togo, & Niger:** Following the progress, momentum, and enthusiasm of the GHS’ Financial Sustainability efforts, the past six months saw NTDP stakeholders in Burkina Faso, Togo, and Niger express interest in expanding Financial Sustainability Planning efforts to their own programs.

The Financial Sustainability Planning workshop materials used in Ghana were finalized based on lessons learned and then translated to French for use with Francophone NTDPs.

NTDP stakeholders in Niger and Togo will be supported in FY16 in financial sustainability planning. During the reporting period, END advisors worked with stakeholders to incorporate these interests and related priorities into country work plans. Togo will focus on the creation of Finance and
Advocacy Strategies in addition to the workshop. Niger will focus on advocacy and sustainability planning in addition to the workshop. Sustainability planning will also be introduced to Sierra Leone in FY2016.

The expansion of Financial Sustainability Planning efforts to additional countries in the region demonstrates local commitment to addressing NTD financing gaps through evidence-based and innovative approaches. Further, the technical assistance provided by the END program for this purpose provides foundational skills in business case and proposal development that can be leveraged by these programs to fulfill needs beyond financing. Meaningful, strategic partnerships with private, non-profit, and government players can help to achieve control and elimination targets while promoting economic development.

Challenges encountered and next steps

The program management capacity gaps of NTDPs continue to serve as obstacles in the course of financial sustainability planning. Specifically, the financial management capacity of NTDPs to effectively manage the funds and achieve the desired targets will likely be a consistent concern of potential partners. Accordingly, END advisors will incorporate these areas into FY2016 capacity development and coaching efforts as appropriate.

Advocacy

The END Team has been working with the Ghana NTDP Advocacy and Communications Advisor to revise and update the Ghana NTDP Advocacy Strategy. We had drafted the initial version subsequent to the Sustainability Planning workshop, which brings greater alignment to the sustainability efforts, as well as added specificity to the desired outcomes and outputs. It was realized that some of the advocacy objectives were very broad, without a clear vision for the desired change. This resulted in advocacy investments that did not necessarily have measurable impact.

An initial draft had been shared, but experienced delays in reviewing given the multiple priorities on the local team and the staffing changes. This work has recommenced with Dr. Ernest Mensah and will be completed in this quarter.

Short Term Technical Assistance

The following changes were made to Deloitte’s STTA plan:

- Sierra Leone: Due to the Ebola outbreak, a decision was made to transfer all outstanding activities and events in Sierra Leone to FY2016. Therefore, no additional activities or STTA were realized in Sierra Leone in the second half of FY15.
- Togo: At the request of the NTDP, the Sustainability workshop was postponed in order to align the timing of the finance strategy with the masterplan update.
• Burkina Faso: Due to limited NTDP team availability and new priorities, the activity to support in managing FOGs and capacity building in financial management, as well as sustainability planning were postponed until FY16 or eliminated.

• Niger: The financial management capacity building workshop on financial management was postponed until FY16.

**Government Involvement**

Government involvement across the TIPAC, FOGs, Advocacy and financial sustainability is the cornerstone of our support on this project. If the NTDP government officials are not involved in the decision-making and technical support efforts, our support will not realize benefit and NTD impact will not be sustained once the project closes.

To this end, we have experienced significant government involvement in all of our efforts across each of the six countries. For example, in Ghana, Dr. Ben Marfoh has been a close driver and ally to drive forward with the sustainability planning and resource mobilization strategy. Through his leadership and involvement the GHS has initiated meetings with targeted private sector companies operating in Ghana that has resulted in two proposals being developed. Dr. Marfoh and his team have taken ownership of this process to really institutionalize understanding and an approach to advance their goals. Further, we have had involvement from the GHS Director of Public Health and Director of Policy, Planning and Monitoring and Evaluation in which they have participated in working sessions we have had on strategic partnership for the GHS, as well as mobilizing their teams to strengthen the ICCC and designate an individual to oversee and strategize on partnerships.

In Togo, we have close relationships with Dr. Sogninkin to discuss and strategize how the project can most effectively meet their ongoing NTD programming needs. We have worked closely with him to refine workshops focused on TIPAC and broader financial management, so that the support is specifically meeting an operational need they have identified and advances their NTD program in the right direction.

In Burkina Faso, we have begun to work collaboratively with the NTDP team to institutionalize data and information use for NTDP decision-making. Mr. Sermé, as the NTD data manager, is convinced of the benefits and importance of analyzing and using program information and is hopeful that though future END in Africa initiatives we will be able to build off of our successes and continue to develop the country program’s capacity to utilize data.

**Collaboration and Coordination**

**END in Africa- General**

FHI 360 continued to coordinate with USAID, the MOHs for each country, and existing USG-funded NTD programs to ensure effective program execution. END in Africa’s NTD Technical Advisor has been coordinating actively with the ENVISION Technical Assistance Facility for the provision of approved TA for our countries.
Country-specific activities carried out by our sub-grantees and supported by END in Africa are summarized below:

**Burkina Faso**

- The MOH created an NTD steering committee that will guide and oversee the planning and synergies between the increasing number of funded NTD projects in the country, including from the World Bank, USAID, and smaller donors.
- HKI NTD team communicates regularly with Regional Directors regarding status of finance requests for planned activities under FOGs, milestones, and deliverables. Meetings and work sessions are held with HKI, the national program, and other partners as needed to ensure detailed planning, discuss project implementation, and coordinate reporting and work planning.
- Burkina Faso is one of three countries implementing the Morbidity Management and Disability Prevention (MMDP) Project in FY16. The project will provide support for trachomatous trichiasis (TT) surgeries to prevent blindness due to trachoma, hydrocele surgeries, and morbidity management for LF patients in the Centre-Nord Region. HKI is both the prime grantee and implementing partner in Burkina Faso and Cameroon. HKI has given a sub-award to RTI International in Ethiopia.
- FHI360 is concluding a pilot project in the Nord Region to integrate NTD themes, information, and activities into WASH activities at the district and community level. The work is being conducted in collaboration with the IEC unit of the PNMTN.

**Niger**

- The NTD-specific Master Plan for Niger will expire in 2016, and the country is involved in the development of a new plan for the period of 2016-2020. The plan will define the policies of Niger in health matters and will place an emphasis on NTDs. The document is currently being finalized.
- In addition, in the new health development plan (2016-2020), NTDs will be prioritized, which will likely lead to a budget line within the MoPH’s budget. There was previously a budget line that had been cut, but with NTDs prioritized in the new plan, the NTDP is hopeful that government funding will be restored and accessible.
- The MoPH is currently creating a task force for all the disease programs, in support of its plans to integrate all disease programs. NTDs will be part of this task force. The Task Force should be operationalized during FY16.
- An NTD focal point was named through government circular on May 11, 2015. The new NTD focal point is Dr. Aichatou Alfari. This follows the promise the Minister of Public Health made in March 2015 following a visit by representatives from FHI360, HKI and the PNSO. The Ministry provided office space for the NTD Focal Point and HKI, through the END in Africa project, provided her with office and computer equipment and supplies.
- Niger will be a recipient of World Bank funds for malaria and NTDs; however, the timeframe with which those funds will be available will likely be at least one year away. These funds
will primarily be used for preventive malaria treatment in districts bordering Burkina Faso and Mali, but some funds may support NTDs, including morbidity management for LF and trichiasis. Currently, trichiasis surgery is supported through HKI and The Carter Center with funding from the Conrad N. Hilton Foundation.

Sierra Leone

- No Task Force meetings were held during the reporting period. An NTD Task force meeting is scheduled for late October 2015 to discuss the results of 2015 MDA LF, onchocerciasis and STH in 12 HDs and the challenges faced in the context of EVD.
- The MoHS annual work plan includes a budget line to cover administrative cost for NTDP secretariat, but the release of funds remains a challenge and there was no increase of Government budget line to NTDP during the reporting period.
- With the exception of funds from Sightsavers no additional funding was received by NTDP from another partner during the reporting period.
- Funds expected from APOC were not received and funding gap was filled by END in Africa/USAID.
- During the NTD annual work plan meeting, the MoHS also acknowledged that APOC will be closing at the end of 2015 and the MOHS will need to absorb essential staff that were supported by APOC into MoHS payroll was also discussed. The MoHS pledged to support the NTDP in absorbing these essential staff into the NTDP regular salary scheme.
- As a way of strengthening collaboration with partners in country, several meetings were held during the reporting period with NSAHP, NTDP, UNICEF, and other partners to coordinate activity implementations. These meetings were aimed at proper planning to comply with best practices and to avoid duplication of activities, especially for second deworming of SAC.

Togo

- The MOH is developing partnerships within the government (e.g., WASH, malaria, education, etc.), as well as with other non-governmental organizations (UNICEF, Sightsavers, Red Cross, Plan Togo, etc.) to participate in integrated NTD activities. For example, the Togo MOH successfully negotiated an albendazole loan from UNICEF when the albendazole delivery was later than expected.
- The MOH is collaborating with Sightsavers to develop plans to decrease the burden of blindness in Togo, which includes developing a plan for the Bill & Melinda Gates Foundation (BMGF) funding that was received to provide surgery for trichiasis and hydrocele cases. There is much to be gained from an expanded integration network, and we are optimistic that the MOH can build upon the successful integration of community activities even further.
- The MOH is developing ways to further integrate onchocerciasis into the integrated platform, including collaborative development of detailed and integrated implementation plans for distribution of medications and data analysis. Budgets and work plans for USAID-funded onchocerciasis activities now pass through the Integrated Program. HDI is also
working to bring together other partners (CDC, the Task Force for Global Health) to support onchocerciasis surveillance and elimination activities.

Ghana

- The NTDP through its resource mobilization effort secured commitment from one indigenous private organization to support morbidity management in one region of Ghana with about $85,000. The memorandum of understanding (MOU) was expected to be signed in May 2015 but this fell through with the organization postponing the signing of the MOU indefinitely. However they continue to engage the NTDP.
- The Ghana Health Service appointed a distinguished person, Dr Joyce Aryee as the NTD ambassador in 2014. As part of equipping her with the requisite knowledge about NTDs and orienting her on the activities of the NTDP, a half day seminar was organized on 9th June, 2015 at the Novotel Hotel in Accra. The NTDP management and program officers made presentations on overview of the NTDP, disease specific presentations, funding sources and funding gaps, resource mobilization strategies and efforts, partners and challenges. Staff of END in Africa Project in FHI 360 also participated in the seminar.

Monitoring and Evaluation

FHI 360 continues to support END in Africa countries in implementing robust M&E systems. FHI 360 works closely with implementing partners to ensure that MDA activities and program impact assessments are implemented in accordance with WHO guidelines and that sound data are collected and reported to USAID in a timely manner.

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

- Support to sub-grantees and MOHs to develop and implement quality M&E systems
- Data management and documentation
- Routine program monitoring
  - MDA
  - Impact Assessments
  - Training
- Technical Assistance/capacity building on M&E

Support to Sub-grantees and MoHs

The role of the Senior M&E Advisor to liaise with country programs and other NTD partners to ensure appropriate execution of M&E activities for NTD Control Programs was continued in the last 6 months by the technical advisor of the project while a new M&E Advisor was being recruited. The main accomplishments for this reporting period were as follows:

- All FY15SAR2 workbooks were submitted to USAID and RTI for review and the review process is ongoing. The project Technical Advisor In collaboration with USAID and RTI is
actively participating in the review of the FY15SAR2 workbooks for the five END in Africa-supported countries. The review process is expected to be shorter now and more productive than in the previous years as USAID, RTI, and FHI360 reviewed separately the workbooks, put all comments in a single feedback, discussed the feedback in a group and sent a joint USAID/RTI/FHI360 feedback to countries. The project Technical Advisor provides country background/specificities, when necessary. This way the review process is shorter and more efficient as it reduces the back and forth between reviewers and the countries.

- There are still outstanding issues with some of the FY13, FY14 workbooks, and FY15 workbooks that will be addressed by the new M&E Advisor when he starts work at the end of October 2015.
- There was collaboration with JSI staff to review country estimates of PZQ for FY16
- It was agreed by the review team that data for all activities should be reported in workbooks that are submitted for the period that the activities are planned to be implemented instead of the period when they are actually implemented. The schisto MDA conducted in Ghana in November/December 2014 is reported in the FY14SAR2 workbooks and not the FY15SAR1 workbooks because the MDA was planned to be conducted in June/July 2014. Similarly, the schisto MDA planned for the second half of FY2015 in Ghana and Sierra Leone will now be conducted in the first quarter of FY2016.

Country-specific details are below:

**Burkina Faso**

Following initial delays in the first half of the year due to popular uprisings, the resignation of the President, and subsequent political transition in all ministries, the NTDP was able to conduct a number of activities in the second semester.

MDAs for all five PC NTDs were implemented with USAID support:

- 25 of 25 targeted health districts (HD) conducted MDA for lymphatic filariasis (LF) and soil transmitted helminths (STH)\(^1\);
- 4 of 4 targeted HD implemented MDA against onchocerciasis\(^2\);
- 26 of 26 targeted HD implemented MDA against schistosomiasis;
- 33 of 37 targeted HD treated for STH: 25 of 25 targeted with LF MDA and 8 of 12 targeted with SCH MDA. The late arrival of ALB prevented treatment in four districts that treat STH with SCH.
- 5 HD completed trachoma MDA.

Monitoring and evaluation activities to assess the coverage and impact of LF MDAs included data collection at sentinel and control (spot check) sites, transmission assessment surveys (TAS), and

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\(^1\) Additional HD treated for LF and STH with financial support from CNTD-Liverpool, which also provided funding for a 2\(^{nd}\) round of MDA in 4 HDs.

\(^2\) 2 additional HDs treated for OV with financial support from Sightsavers.

END in Africa SAR, April 1 – September 30, 2015
Many training activities were conducted in preparation for MDAs. Prior to implementing each MDA, training/refresher trainings were held at each operational level from the national to the first-line facilities to ensure that all actors were prepared for their role in the campaign, including supervision, drug logistics, managing any serious adverse events (SAE), drug distribution, and reporting. In addition, health staff in the Southwest and Cascades regions received training on OV control and surveillance, including community-directed treatment with Ivermectin (CDTI).

Although some MDAs were delayed due to administrative issues and late-receipt of drugs, all targeted MDAs for FY15 were completed by 30 September 2015.

**Ghana**

Integrated MDA for LF, onchocerciasis and STH was conducted in July 2015. It included 29 districts endemic for LF and STH and 85 districts endemic for onchocerciasis. Two districts were also endemic for LF and onchocerciasis. Therefore a total of 112 districts were involved in the integrated MDA – 29 districts were treated with a combination ivermectin and albendazole while the remaining 83 districts (endemic for onchocerciasis only) were treated with ivermectin only. FY2014 second round onchocerciasis MDA treatment for 44 districts classified as either hyperendemic or mesoendemic for onchocerciasis was conducted in May 2015. This treatment delayed due to logistical challenges the NTDP encountered. This delay subsequently delayed start of the integrated MDA in the affected districts which had to wait to start in September. Treatment is thus currently ongoing and expected to be completed before the end of September.

**Niger**

The major activity that took place over the last six months is the organization and execution of the 8th integrated NTD mass treatment campaign, which took place from March to May 2015, after several delays, primarily due to the albendazole delivery. This campaign was preceded by the nomination of an NTD focal point by the Minister of Public Health following. After several delays, the MDA campaign for FY15, which was originally planned for November 2014, took place from March to May, 2015. The main reason for the delay was the late delivery of Albendazole, which did not occur until February 2015.

The results of the MDA, unfortunately, were not as good as had been hoped, particularly in the region of Diffa which has been experiencing insecurity due to attacks by the Nigerian Islamist group, Boko Haram. This has caused massive population movements into other areas of Niger, primarily into the region of Zinder. In addition, last year, poor harvests meant that many persons had migrated to neighboring countries in search of work.

In FY15, the National NTD Program (NTDP) had planned a second MDA campaign for lymphatic filariasis (LF) with ivermectin + albendazole (IVM+ALB) in two districts in the region of Tahoua, Bouza and Keita. These two districts had failed the TAS with a large number of positive cases.
addition, the populations of these two districts are highly nomadic, meaning that during the first MDA, much of the population is not present. In addition, there were approximately 400,000 IVM tablets that are due to expire in October 2015, and this MDA will enable the NTDP to use them prior to their expiration. Prior to starting the MDA itself sensitization caravans, consisting of vehicles traveling from village to village to project videos and lead discussions on LF were organized to ensure high coverage.

All the impact evaluations scheduled for September 2015 will be delayed until October-November 2015, as the MDA did not finish until May 2015 and DSAs need to follow at least six months after the MDA. This includes seven districts for trachoma (Dakoro, Guidan Roumdji, Madarounfa, Mainé, Mayahi, N’Guigmi and Tessaoua); nine districts for pre-TAS (Diffa, Gouré, Magaria, Mainé, Matameye, Mirriah, N’Guigmi, Tanout and Zinder); and two districts for TAS 1, Niamey II and Niamey III. In addition, the NTDP planned a trachoma coverage survey, which took place in June 2015 in two districts of Zinder (Magaria, Zinder Commune) and two districts of Maradi (Madarounfa, Dakoro).

A second LF campaign began on August 20, 2015 with a sensitization caravan to give information about LF and the MDA to the populations of Bouza and Keita, the two districts targeted for MDA. These two districts were targeted for a second MDA due to the high numbers of antigen-positive persons detected during the TAS in 2013. In addition, these populations are highly mobile, meaning that part of the population is generally gone during the typical period of MDA. In addition, this MDA was able to save approximately 400,000 tablets of IVM that is due to expire in October 2015. In addition to the sensitization caravan, social mobilization was provided through radio spots, community relays and public criers. The MDA is ongoing and data will be shared once available.

The Carter Center purchased the tetracycline eye ointment (TEO) used in the trachoma MDA for infants ages 0-6 months, pregnant women, and any other persons who cannot take azithromycin. The Carter Center purchased approximately 170,000 tubes of TEO. In addition, UNICEF contributes albendazole to deworm children ages 1-5 years, which is combined with Vitamin A distribution during Child Survival Weeks.

Sierra Leone

The period under review has been challenged with an unprecedented Ebola epidemic in Sierra Leone, which was officially declared in May 2014 and gradually brought NTD implementation to a halt in July 2014. The situation deteriorated and subsequently led to the declaration of a ‘state-of-emergency’ by the Government of Sierra Leone on Wednesday July 30, 2014, which has remained enforced to date. Consequently, all MDAs and DSAs planned after May 2014 have not been implemented, including MDA-SCH and STH in 12 HDs, MDA-LF/STH in the Western Area (WA), TAS for LF, and MDA for LF/oncho/STH in 12 HDs. As a result, the NTDP has missed almost a one year treatment cycle. Notwithstanding and although there is still transmission of the Ebola virus disease (EVD) in Sierra Leone, a lot of progress has been made in reducing the new infection rate, and more people are surviving the disease when infected. Almost all districts have surpassed the WHO recommended 42 days without recording a new EVD case. The new cases that continue to be
recorded in the north region and the Western Area of the country are localized to a particular settings or communities while the rest of the district remains free.

During the reporting period, there were also internal changes in staffing in the MoHS that involved replacement of the NTDP program manager and the Public Health Sister.

The NTDP resumed activities during the reporting period as the EVD situation improved and was stabilized. To prepare for mass drug administration (MDA), advocacy meetings to gain the support and commitment of district level stakeholders including mayors, district chairmen, councilors, paramount chiefs (traditional authorities) and other district authorities were successfully conducted in March 2015 in every district head quarter towns. Special advocacy events were also held in June 2015 targeting community authorities in the chiefdoms/districts that failed pre-Transmission Assessment Survey (Pre-TAS) in 2013. Social mobilization events were conducted including community meetings, radio discussion programs using tools including frequently asked questions, radio jingles and flyers revised to include questions relating to MDA in Ebola and post Ebola settings. Many radio discussion programs and airing of jingles were conducted throughout the period of MDA. MDA for LF, onchocerciasis and STH was conducted in 12 HDs from May to July 2015.

MDA for LF and STH will be repeated in rural and urban Western Area (WA) in October 2015 targeting 1.5 million persons using the National Immunization Day Strategy approach with community-based and fixed distribution points. MDA for schistosomiasis (SCH) will take place in 7 HDs, targeting 853,737 school aged children (SAC) and 1.7 million at risk adults also in October 2015.

**Togo**

The main activities during this period were the June/July 2015 nationwide integrated mass drug administration (MDA) to treat soil-transmitted helminths (STH), onchocerciasis, and schistosomiasis, the data entry and analysis of an integrated disease specific assessment to assess the impact of MDA on the prevalence of STH and schistosomiasis, and the implementation of coverage validation surveys in three districts and in a group of villages with persistent high prevalence of onchocerciasis. Also during this period, the Togo Ministry of Health (MOH), in collaboration with Health & Development International (HDI), submitted drug orders for the coming fiscal year and developed a new integrated neglected tropical diseases (NTD) Work Plan for FY2016.

In June/July 2015, the MOH implemented their fifth nation-wide integrated MDA to treat onchocerciasis, schistosomiasis and STH, the sixth large scale integrated MDA under USAID funding. This activity was delayed due to a problem with the albendazole delivery, but UNICEF was able to lend albendazole to the MOH for the integrated MDA. Medications (ivermectin, praziquantel, and albendazole) were provided to school-aged children and high-risk adults via a community-based,
house-to-house distribution platform. Community drug distributors (CDDs) distributed medications according to local disease prevalence, per World Health Organization (WHO) guidelines and MOH recommendations. In preparation for the MDA, the MOH organized supervisor training sessions in all five geographic regions, followed by training of the nurses, ultimately culminating in the CDD training. The MDA began in mid-June and continued through mid-July 2015. The drug distribution report forms were collected from all of the districts in August 2015 and data entry occurred in September 2015. Data analysis is ongoing and results will be available shortly. Overall, the MDA data demonstrated high treatment coverage and minimal drug losses, as in Togo’s previous MDAs. MDA coverage validation surveys were implemented in three districts and in a group of villages with persistent high prevalence of onchocerciasis. Fieldwork for this study was completed in mid-September and data entry is underway.

The basic analysis of the data from the integrated disease specific assessment for schistosomiasis and STH has been completed and the report is available. Overall, there has been significant reduction of the prevalence of both diseases throughout Togo following four to five years of MDA with praziquantel and albendazole. There is one district, Ogou, where the reduction is not as great as would be expected, and this district is one of the three targeted in the coverage survey that will be implemented in September 2015. A subset of samples from this survey are also being analyzed for antibodies to onchocerciasis (Ov16) and lymphatic filariasis (Wb123) through operational research funding from the Task Force for Global Health.

Planning for the second round of MDA that will take place in October 2015 has begun. The second round of treatment will be delivered to areas with high rates of STH (4 districts, funded by USAID) and/or onchocerciasis (11 districts, funded by the MOH/Sightsavers). The workbooks have been updated with the June/July MDA data albeit very late.

**Data Management and Dissemination**

All 5 countries have submitted their FY2015SAR2 workbooks that are currently being reviewed. The challenge encountered this time with submission of work books is that almost all of the countries submitted data for the MDAs conducted in the last 6 months of FY2015 very late because the MDAs were either started late or results were submitted late. The issue of delayed MDAs and late reporting will be addressed by the END in Africa project in FY2016 in collaboration with sub grantees as delayed MDAs and late reporting of MDA results has become persistent in some END in Africa implementing countries.

**Routine Program Monitoring**

FHI 360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. FHI 360 usually provides TA to sub grantees and NTDPs in END in Africa countries in order to strengthen data management skills among M&E staff and program managers. In the absence of an M&E Advisor, the project Technical Advisor monitored country M&E activities on a regular basis. Information was collected through phone calls, monthly reports, workbooks, work plans and emails. Unfortunately, all TAs relating to M&E (on the WHO
Joint Reporting template, the integrated national Database, and DQA) that were requested by the countries could not be provided because of the absence of an M&E Advisor. All these TAs are now postponed to FY2016 and will be provided by the new M&E Advisor who starts work at the end of October 2016.

With receipt of all workbooks for FY2015 SAR2 from all 5 countries, the situation is as follows: 29,086,718 persons were treated for at least 1 NTD and 63,838,219 treatments were provided in FY2015 overall.

MDA

Burkina Faso: Since the start of FY2015 Burkina Faso has faced political disruptions. However, the situation stabilized between January and September 2015 when a military coup took place in the country. Although some MDAs were delayed due to administrative issues and late-receipt of drugs, all targeted MDAs for FY2015 were completed by 30 September 2015.

The LF MDA with IVM and ALB was delayed from its scheduled time of the second week in June until July 25-August 1, due to the late arrival of ALB. All 25 districts targeted for treatment completed MDAs: 21 in July 2015 and 4 in August 2015 with Oncho (see below). The second round of MDA in 4 HDs in the Sud-Ouest region took place from 11-20 September as below for oncho and data are not yet available.

USAID supported two rounds of MDA for Oncho in the 4 targeted districts in the Sud-Ouest Region in FY15 as for LF above. One was conducted March 22-28 (after SAR1 was submitted), together with LF in those four HDs. The second round took place from September 11-20. Data from this round is not yet available.

The MDA for SCH was held from April 1-6. All 26 targeted districts completed MDAs. Of these 26 HDs, STH was also treated during the SCH MDA in 8 HDs.

For STH, 33 districts received treatment with ALB against 37 districts planned to be targeted with USAID funding. Albendazole is distributed with IVM in districts endemic for LF, which accounts for 25 of the 37 districts targeted. In districts that have stopped treatment for LF, but that are endemic for SCH, ALB is distributed with PZQ. Twelve of 37 targeted districts were to treat STH with SCH MDA. The SCH MDA was scheduled earlier than the LF MDA, and the ALB was late to arrive. To maintain the treatment schedule, the SCH MDA took place as planned in April, but STH was not treated in 4 HDs because the remaining stock on hand of ALB from the previous MDA was not sufficient to cover all 12 districts. So, 25 HDs treated STH with LF MDA and 8 HDs treated STH with SCH MDA, for a total of 33 of 37 districts.

The trachoma MDA was held June 8-13. The government was unable to purchase the tetracycline eye ointment as planned, and another donor could not be found, so TEO was not provided during the MDA.
**Ghana:** Integrated Mass Drug Administration for lymphatic filariasis (LF), onchocerciasis and Soil transmitted helminths (STH) was conducted in July 2015. It included 29 districts endemic for LF and STH and 85 districts endemic for onchocerciasis. Two districts were also endemic for LF and onchocerciasis. Therefore a total of 112 districts were involved in the integrated MDA – 29 districts were treated with a combination ivermectin and albendazole while the remaining 83 districts (endemic for onchocerciasis only) were treated with ivermectin only. FY2014 second round onchocerciasis MDA treatment for 44 districts classified as either hyperendemic or mesoendemic for onchocerciasis was conducted in May 2015. This treatment delayed due to logistical challenges the NTDP encountered. This delay subsequently delayed start of the integrated MDA in the affected districts which had to wait to start in September. Because MDA was completed in some districts in September 2015 results and the workbooks were submitted late.

**Niger:** Due to the delay of the FY14 integrated MDA for LF/schisto/trachoma that was conducted in March 2014 instead of November 2013 and the cascade effect of this delay, other FY14 and FY15 activities were delayed. This was further compounded by the late arrival of albendazole in February 2015, which was needed for LF treatment. Drugs were subsequently distributed to the regions and MDA started before the end of March 2015. Results of the integrated MDA will be reported in the FY15 SAR2.

After several delays, the MDA campaign for FY15, which was originally planned for November 2014, took place from March to May, 2015. The main reason for the delay was the late delivery of Albendazole, which did not occur until February 2015. The official launch of the MDA took place on March 5, 2015 and was presided over by The Minister of Public Health. After the launch, sensitization meetings were held to ensure that administrative, traditional, and religious authorities were aware of the MDA and would advocate for their populations to take part. Following these sensitization meetings, cascade trainings trained 347 head nurses and more than 17,000 community drug distributors (CDDs). Three Ministry of Public Health (MoPH) teams and one HKI team supervised the campaign for a period of about two weeks.

A second LF campaign began on August 20, 2015 with a sensitization caravan to give information about LF and the MDA to the populations of Bouza and Keita, the two districts targeted for MDA. These two districts were targeted for a second MDA due to the high numbers of antigen-positive persons detected during the TAS in 2013. In addition, these populations are highly mobile, meaning that part of the population is generally gone during the typical period of MDA. In addition, this MDA was able to save approximately 400,000 tablets of IVM that is due to expire in October 2015. In addition to the sensitization caravan, social mobilization was provided through radio spots, community relays and public criers. The MDA is ongoing and data will be shared once available.

Concerning partner support, The Carter Center purchased the tetracycline eye ointment (TEO) used in the trachoma MDA for infants ages 0-6 months, pregnant women, and any other persons who cannot take azithromycin. The Carter Center purchased approximately 170,000 tubes of
TEO. In addition, UNICEF contributes albendazole to deworm children ages 1-5 years, which is combined with Vitamin A distribution during Child Survival Weeks.

**Sierra Leone:** An outbreak of Ebola Virus Disease (EVD) in Sierra Leone that started in May 2014 had dealt a huge blow to the NTD program for almost a year. All NTD and other public health program activities were suspended in the country for almost a year as the outbreak spread to all 14 districts. Currently, the situation has improved significantly as the country recorded zero new cases last week for the first time. The NTD program restarted its activities in February 2015 after successful MDA for Malaria and vaccination campaign were conducted nationwide. The usual preparatory activities for MDAs were conducted between February and May 2015. An integrated MDA for LF and onchocerciasis was conducted in the 12 provincial districts in May-July 2015. The Technical Advisor (TA) of the END in Africa project traveled to Sierra Leone to support the National NTD Program as MDA was restarted and conducted supervision/monitoring of field activities to determine feasibility of conducting a successful MDA campaign at this stage. During his visit the TA was able to discuss activities already conducted and the plans for the rest of FY2015. Visit to the headquarter districts of the 3 provinces (Bombali, Bo and Kenema districts) were conducted to verify the feasibility of the MDA with the DMOs and the district NTD FPs. Likewise visits were conducted to some communities to observe the execution of the LF/oncho/STH MDA in Kenema district. The TA will continue to support the NTD program in Sierra Leone so that the effect of the EVD will be minimal.

During the period under review, MDA for LF, oncho & STH in 12 HDs was conducted from May – July 2015 with funds from END in Africa through USAID. 100% geographic coverage for LF, onchocerciasis & STH was achieved in all the 12 districts.

Sightsavers and APOC have historically been the other two major partners in the implementation of MDA LF, onchocerciasis and STH in the 12 HDs. Since APOC is closing at the end of 2015, they did not provide any funds for the implementation of the MDA and their funding gap was filled by END in Africa through USAID. The support from Sightsavers was mainly towards implementation of onchocerciasis activities but since the three diseases are co-endemic, all funds provided by partners are put in “a single funding basket” and utilized towards in the implementation of activities. Technical support and supervision of activity implementation were provided by HKI in collaboration with Sightsavers during the reporting period.

**Togo:** The NTDP in Togo had planned to conduct integrated schisto/STH/oncho MDA in in April/May 2015. A nationwide integrated MDA to treat STH, schistosomiasis, and onchocerciasis was conducted in June/July 2015. The MDA was later than expected due to a late delivery of albendazole, but was accomplished through the generosity of UNICEF, who loaned albendazole to the NTD Program. Since the MDA was delayed, data entry was also delayed and workbooks were updated with FY2015 SAR2 MDA results and submitted late. Coverage numbers and final reports are expected in October.

The graph below provides the total population treated and the number of treatments provided END in Africa SAR, April 1 – September 30, 2015.
since the inception of the END in Africa project, by year and cumulatively.

**Figure 1: Cumulative Treatments provided**

As we can see in this graph, the cumulative number of people treated for at least one NTD through END in Africa is 153,258,298 while the cumulative number of treatments provided is 339,740,259.

Overall, the number of people treated and the number of treatments provided tends to be fluctuating, as the number of districts stopping MDA increases (table 10 and 11). The possible explanation is the change in number of districts treated for schisto and STH from year to year. Schisto treatment is dependent on the schisto prevalence for each district and the frequency of treatment. There are years when all schisto endemic districts are treated and years when only those districts that should be treated each year are treated. A similar situation exists for STH as STH MDA is usually integrated with either LF MDA or schisto MDA in districts that are LF/STH coendemic or LF/STH coendemic. Therefore if less districts are treated for LF (as MDA is stopped) and for schisto (depending on treatment frequencies) then the treatments conducted for STH also reduces sometimes significantly.

Finally, it’s worth noting that only Ghana reported 2 SAEs in connection with schisto MDA conducted in November/December 2014, among which one died after reaching the Hospital. Post Mortem report indicated that the death was not directly linked to the ingestion of the praziquantel and albendazole.
Impact Assessment

DSAs conducted in the 5 countries in FY2015 included pre-TAS and TAS for LF; epidemiological and entomological surveys for oncho; impact assessment survey for trachoma; and impact assessment for schisto and STH. Coverage surveys conducted are also mentioned in this section. To measure the impact of MDAs on disease prevalence in the countries, the NTDPs supported the following DSAs:

- **Pre-TAS was conducted in 27 HDs: 15 in Ghana, 2 in Niger and 10 in Burkina Faso. In Ghana Pre-TAS was conducted in 15 districts in January and February 2015 collecting a total sample of 13,069 but sample reading was completed in June 2015. A total of 76 samples tested positive with 5 districts passing the pre-TAS and 10 failing. This means that the 5 passing districts will conduct TAS 1 in FY2016 to determine if MDA can be stopped in those districts. In Niger, 2 other districts (Niamey II & III) conducted Pre-TAS in October 2014 and passed the pre-TAS with microfilaria prevalence <1%. TAS will therefore be implemented in these HDs in FY16 at least 6 months after the completion of the last MDA. Pre-TAS was done in 17 sentinel and spot-check sites located in 10 HDs across 4 regions. The prevalence of microfilaria is satisfactory for 14 sites, and exceeds 1% for three sites: two in the Centre Est Region and one in the Sud Ouest. Five districts (Zabré, Sapouy, Léo, Boromo, and Dédougou) will proceed to TAS followed by MDA in FY16. MDAs will continue in the other five districts (Bittou, Dano, Diébougou, Ouargaye and Garango). A programmatic decision was made to forego TAS in FY16 in four districts (Bittou, Garango, Dano, Diébougou) despite mf prevalence less than 1% due to discordance in results from sites in the same district or region and proximity to areas where transmission continues. This decision will be presented to the next RPRG. Pre-TAS in seven sites were funded by USAID, while pre-TAS in the remaining districts were funded by the Filaria Program Support Unit (FPSU).**

- **TAS1 for stopping MDA was conducted in 22 HDs: 9 in Burkina Faso, 7 in Ghana and 6 in Niger. In Burkina Faso TAS1 was conducted in 10 districts of four regions. The districts were grouped into five evaluation units (EU) and all the 5 EUs passed the TAS. All the 7 HDs in Ghana also passed the TAS1 and will stop MDA. Among the 6 districts in Niger 5 out of the 6 districts passed. Therefore, 21 out of 22 districts (9 in Burkina Faso, 7 in Ghana and 5 in Niger) will stop MDA in 2016. In Sierra Leone, TAS for stopping MDA in 8 HDs will now be conducted in 2017 due to the Ebola epidemic.**

- **TAS2 (the first post-MDA TAS) was conducted in 7 districts of Burkina Faso (3 EU). TAS2 was conducted in the Plateau Central Region (Boussé, Ziniaré and Zorgho HDs as one EU) from July 20-28. Three HDs in the Sahel Region (Dori, Djibo, and Gorom-Gorom) constituted another EU, which were surveyed from August 1-8. 1,900 children in the Plateau Central and 2,051 in the Sahel (Dori, Djibo, and Gorom HDs) were surveyed with no positive results detected in either region. The third EU, the Baskuy HD in the Center Region, also presented satisfactory results.**
TAS3 was conducted in 15 HDs: 2 districts in Burkina Faso, 5 in Ghana and 8 in Togo. TAS3 concerned the remaining 3 districts (2 EU). In Burkina Faso TAS3 surveys were conducted in two EUs covering 3 HDs (Dandé, Dô, and Houndé) in the Hauts Bassins Region from August 20-28. No positive cases were detected among the 1,742 children surveyed in the Houndé EU or the 1,708 children surveyed in the Dô-Dandé EU. These results confirm the halt of transmission in these areas. TAS3 will also be conducted in one additional EU covering 3 HDs in Hauts Bassins (Dafra, Lena, and Karangasso Vigué) in November 2015. The Government of Burkina Faso is covering the costs of the survey, but ICT cards are covered by USAID/END in Africa. In Ghana all the 5 districts that conducted the TAS3 passed. For Togo, the third and final TAS or second post-MDA TAS for LF (TAS3) was completed in January 2015 to confirm the interruption of LF transmission in the eight previously endemic districts of Togo. Final results of this TAS3 are available and shows that all the 8 districts passed the TAS3. The MOH will now begin preparing a dossier to submit to WHO for verification of LF elimination in Togo. Traditional, WHO-prescribed post-MDA LF surveillance will stop at the end of FY2015, but findings from the period of this report indicate that LF transmission is no longer occurring in Togo. The third TAS report is included as an appendix of this document. Given that LF still exists in its neighboring countries, Togo nevertheless needs to design its own LF surveillance approach to detect any re-introduction of LF from other countries.

Trachoma impact assessment surveys: In Burkina Faso trachoma assessment surveys were conducted in four districts that had TF prevalence among children 1-9 years is between 5-9.9% at baseline. Districts close to 10% were prioritized. Surveys were conducted in the Kaya and Barsalogho districts (Centre Nord Region) March 23 and April 5, and from April 8 - 19 in the Fada and Gayéri districts (Est Region). Results of the reevaluation of prevalence in 2015 as compared to baseline are: Kaya 5.21% vs. 9.43%; Barsalogho 3.36% vs. 9.75%; Fada 5.84% vs. 7.5%, and Gayéri 8.50% vs. 7.55%. Conforming to revised WHO SOPs which states that districts may undergo at least one round of MDA where TF prevalence among children 1-9 years is between 5-9.9%, the Kaya, Fada, and Gayéri districts will each conduct one round of MDA in 2016. Impact surveys following three rounds of treatment in the Dandé, Dafra, Karangasso-Vigué and Signonghin districts were planned for September 2015, but have been postponed until November 2015, due to the delayed trachoma MDA. District-level trachoma impact survey was conducted in 7 HDs in Niger. Results show that 6 out of the 7 HDs had below 5% TF prevalence among children 1-9 years. These HDs will now stop MD for trachoma in 2016.

Integrated schisto-VELT evaluation: In Niger two HDs were assessed In October 2014 for the impact of MDA with praziquantel on schisto in Niger. Arlit had a prevalence of 1.2% S. haematobium and N’guigmi had a prevalence of 12.8%. Since all districts endemic for schisto have completed assessments following at least 7 consecutive rounds of MDA, the results of all of these assessments were reviewed in a meeting in November 2014 by schisto experts, and the treatment strategy was revised based on the survey results to
ensure treatment is in line with WHO and National Program guidelines. Participants in this meeting included experts from the NTDP, FHI360, HKI, Schistosomiasis Control Initiative (SCI) and RISEAL. Based on the results of the assessments for schisto, effective as of FY16, 25 HDs will receive MDA once every 2 years, 11 HDs will receive treatment annually and 4 HDs will receive treatment twice annually.

- In Togo the results of the integrated impact assessment for schistosomiasis and STH will soon be available. This survey measured the prevalence and intensity of infection with schistosomiasis and STH in school-aged children (SAC). This activity employed urine examination for S. haematobium using urine dipsticks and urine filtration and stool examination for S. mansoni and STH using Kato Katz assays. The Ov16 rapid test was also employed in children age 6 to 9 years as part of the country’s effort to determine the prevalence of onchocerciasis and the extent of onchocerciasis transmission in this cohort of children born since the start of nationwide MDA for onchocerciasis. The results demonstrate good control of these diseases, with a few areas where further work is needed. The data are being used to update the treatment strategies for these diseases. The results will be used to lobby both within and outside Togo for support to sustain these gains. The report of this activity will be available in October 2015.

- Oncho evaluations: Entomological and epidemiological surveys for 2014 funded by Sightsavers were delayed and undertaken in September-December 2014 in Ghana. Entomological survey was conducted in 8 districts of 5 regions along identified river basins. Black fly samples were collected from 8 communities in all. Out of 6,187 black flies collected and dissected 1,240 were parous. The results indicates that active transmission of Onchocerca volvulus is still ongoing in the Tain, Oti and Tano river basins. Epidemiological survey on the other hand was conducted in 56 sentinel villages along the Black Volta, Pru, Tano, Asukawkaw, Tain, Oti, Daka, Densu, Birim and Bia river basins. The microfilaria prevalence in the sentinel sites sampled ranged for 0% to 17.2% with 14 out of 56 sites recording microfilaria prevalence above 1%. This means that only 75% of sentinel sites recorded prevalence less than 1%. In January 2015, an epidemiological survey for onchocerciasis was also conducted in three HDs (Kollo, Say and Téra) in Niger with the aim of determining the presence of disease recrudescence. The prevalence in all districts was 0%, indicating that Niger is well on its way to prepare its elimination dossier.

- Coverage surveys conducted: In Burkina Faso therapeutic coverage surveys for onchocerciasis were conducted in 6 districts 12-17 May. Four districts (Batié, Dano, Diébéougou and Gaoua) in the Sud Ouest Region, were supported by USAID through the END in Africa project. The final, validated results and report are not yet available. From 27-29 July, a training of trainers for the six oncho-endemic districts was held in the Banfora Region on community self-monitoring. Two representatives from each district and the regional health directorates participated in the training. In Niger the results of the trachoma coverage survey that was carried out in June 2015 in four districts (Magaria, Zinder, Madarounfa et Dakoro) are not yet available. However, as previously explained,
the results will determine whether actual coverage approaches reported coverage, and may identify whether there are problems with reporting or distribution. This can be incorporated into the cascade trainings prior to MDA and identifying areas of low coverage where additional supervision may be needed in future MDAs.

Two countries (Niger and Sierra Leone) noted challenges they are having with implementation of DSAs:

**Sierra Leone Challenges:** The 2004 national population census was conducted just after the civil war when many Sierra Leoneans were either internally or externally displaced. The census figures are grossly underestimated and this has been a huge challenge for the NTDP and partners working in the country. Therefore, the NTDP relies on CDD census figures for rural settings and WHO estimated numbers that has been used during NIDs for urban settings to forecast for drugs and target population during MDA. A national population and housing census is anticipated at the end of 2015 which will help the program to address inaccurate denominators especially for urban settings. Another major challenge in M&E activities is the poor road network, especially during the peak of the rainy season. This often causes fatigue among team members, especially where villages are far apart. Sometimes DHMTs have to hire boats and canoes to access these areas and additional days are provided for team members in order to monitor/supervise these communities.

**Niger challenges:** Certain problems in Niger make M&E difficult in Niger right now. The poor road system always makes it a challenge to reach the villages targeted by the evaluation, and rental vehicles are not always in good enough condition to handle the roads without experiencing problems. However, the main problem that will be faced by the NTDP when the DSA are conducted is the security situation. Pre-TAS is scheduled for the three districts of the Diffa region, which has been the site of ongoing attacks by Boko Haram and a counter-insurgency led by a coalition of forces from Niger, Nigeria and Chad. HKI is working with the NTDP to determine the feasibility and security needs for these surveys. In addition, demographic data have been a constant challenge in Niger, since different programs have been using different sources of data for the population denominator, which means that coverage results across disease cannot be compared. This was discussed over the last six months and it was determined that all NTD disease program will use the same overall population data for the denominators (the 2012 general census, with a growth factor). The schistosomiasis program has planned to re-actualize the list and populations of endemic villages in FY16.
Overall, 131 out of 2,213 (59.3%) LF endemic health districts have stopped MDA, and 84 out of 1,204 (70%) trachoma endemic health districts have stopped MDA, which brings the number of districts to be treated in FY2015, to 95 for LF and to 19 for trachoma.

**Training**

In this reporting period 66,648 people were trained to conduct and/or supervise MDAs, or to perform other M&E related activities with data still to be reported for supervisors, health providers and CDDs trained in Burkina Faso. Training sessions were cascaded and organized mainly around MDA or DSA activities. All countries disaggregated trainee data by gender. Available data suggests that 23.9% of the trainees were female (15,898 out of 66,648). The number of trainees by category is presented in table 15 of appendix 1.

**Technical Assistance and Capacity Building on M&E**

FHI 360 and partners continued to support the selected five countries in developing sustainable M&E systems for NTDPs. TA comprises routine activities and ad hoc activities that are requested, based upon country needs. It is worth noting that a large number of HDs in the supported countries are stopping MDA for LF and Trachoma (59.3% of districts targeted for LF and 70% of districts targeted for Trachoma). During the reporting period, the END in Africa project continued to collaborate with NTD partners (Task Force for Global health, WHO HQ and RTI international) to determine the way forward on post-MDA surveillance for LF and Trachoma, based on current WHO guidelines on the 2 diseases and the experience in post-MDA surveillance in the 5 END in Africa countries. These guidelines were discussed during the joint END in Africa/ENVISION meeting for elimination planning that took place in Accra 21-23 April 2015 with the participation of the USAID NTD program and other NTD partners such as RTI International, HKI, HDI, NTDPs, Task Force for Global health, CDC, and the World Bank. It is hoped that recommendations for post MDA surveillance made to countries in respect of LF, trachoma and onchocerciasis will be followed.

**Knowledge Management**

END in Africa recognizes the importance of keeping the broader NTD and global health community informed about the project’s and countries’ progress toward eliminating and controlling NTDs. As END in Africa project lead, FHI360 carefully documents and shares information regularly through multiple formats, in addition to supporting the USAID NTD communications team as well as

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3 The number of districts has changed mainly because of redistricting that occurred in Burkina Faso- there are now 70 districts instead of 63 and numbers for diseases targeted have also changed.
4 The proportion of districts that have stopped MDA for trachoma is less than for FY2014 because there has been redistricting in Burkina Faso (the total number of districts has changed from 63 to 70 and the numbers of districts targeted for the diseases have also changed) and change of WHO standard operating procedures (SOPs) on trachoma, which recommends at least 1 year of treatment for districts that have TF prevalence between among children 1-9 years old 5% and 9.99%. Previous WHO guidelines had not recommended treatment of such districts and they were considered non-endemic. Now they are among those considered endemic until impact assessment demonstrates that TF prevalence has dropped to below 5%.
cultivating partnerships in the NTD and related communities. Specifically, the team:

1) Informs countries, partners, donors and colleagues in the NTD community about the project’s progress and impact to date;
2) Creates or contributes to dialogue among the NTD community on shared challenges, issues and concerns;
3) Showcases cost efficiencies, improved equity in healthcare and the public health impact of NTD control efforts and advocates for the expansion of partnerships and funding for such efforts;
4) Multiplies the project’s impact by informing NTD control efforts in non-END in Africa countries that are still struggling to control NTD transmission; and
5) Improves awareness about NTDs among global health professionals and the general public.

Major activities completed during the semester:

- Coordinated, researched, wrote, edited and produced a series of 5 country brochures outlining the END in Africa project’s achievements and activities in each country as well as a new brochure outlining END in Africa for the USAID/Ivory Coast office.
- Developed, coordinated and produced materials for the Spring USAID NTD Partners Meeting in Accra, Ghana.
- Coordinated with USAID NTD Senior Communication Advisor (SCA) to co-write, develop images and produce a blog piece on NTDs for USAID’s Impact blog, published on April 15, 2015 prior to the occasion of the USAID/GH Bureau head’s testifying on Capitol Hill before the House Foreign Affairs Global Health Subcommittee. Also worked with the SCA to promote the blog piece within FHI360, on the website and in social media, the NTD community and the broader global health community.
- Updated content on the Approach, Progress and Impact sections of the END in Africa website. The website is the END in Africa project’s most important knowledge management and communication tool. It showcases the project’s progress, results, success stories, lessons learned and impact.
- Coordinated, researched, wrote, edited, produced and published 7 success stories, articles or blog pieces. See below for the publication schedule. These included:

  1) A review of Burkina Faso’s NTD Program: Progress, challenges and next steps
  2) Planning for elimination within the USAID NTD portfolio
  3) On the ground during Niger’s eighth annual integrated MDA for NTDs
  4) Benchmarking organizational capabilities: Where to begin?
  5) Down but not out: Sierra Leone’s NTD Program restarts activities as the Ebola threat subsides
  6) Using TIPAC data to drive resource mobilization
Helen Keller International and TOMS: Motivating Community Drug Distributors in Sierra Leone

- Composed, posted and tracked tweets and tweet conversations on the END in Africa Twitter account so as to broaden the reach of END in Africa’s success stories, progress and news; raise awareness about project results, best practices, and lessons learned; engage and strengthen alliances with partners and colleagues in the NTD community; and increase engagement and information exchange with the public and the NTD community.
- Between April 1, 2015 and August 18, 2015, the END in Africa website had 1,484 total visits, who viewed a total of 2,897 pages. Of these visitors, 1,078 were "unique visitors" (meaning first-time visitors); the remaining 406 were repeat visits from people who had visited the website previously at least once. This represents a 29% increase in repeat users of the website as compared to the last semester, which indicates that more and more people are returning to the site multiple times.
- END in Africa’s influence in the Twittersphere has grown by 19% between April 13, 2015 and August 18, 2015, increasing from 280 to 332 followers. The project has been using the @ENDinAfrica Twitter feed strategically to increase awareness and engage NTD partners and related communities on issues involving NTD control and elimination. Over this time period, @ENDinAfrica was mentioned 13 times in tweets by other organizations; END in Africa tweets were retweeted 9 times by others and favorite by others 11 times.
- Updated END in Africa’s SharePoint site with photos and KM-related content.
- Continued work to broaden and maintain collaborative partnerships with organizations in the broader NTD and knowledge management communities, and shared and exchanged information, publications, data, photos and other knowledge products with the same. Worked with the Trachoma Coalition, K4Health Idea Lab and the World Health Organization’s Special Programme for Research and Training in Tropical Diseases (TDR), to raise awareness about opportunities to share NTD innovations and solutions.
- Provided editorial and quality control services to END in Africa partners and sub grantees on various END in Africa publications to improve product quality and ensure compliance with USAID publication guidelines and the END in Africa Branding and Marking Plan.
- Updated and expanded END in Africa’s contact and information dissemination database; used this database to disseminate key project success stories and articles of interest throughout the semester.
- Continued to coordinate, support and maintain the END in Africa article publication schedule and tracking tool. The tool ensures timely, well-researched, effective dissemination of information on the successes of project implementation in the beneficiary countries, including success stories, lessons learned and best practices. It is used to track publications submitted in peer-reviewed journals, as well as technical articles and blog posts. More specifically, the project team is using the tool to identify, schedule and track the progress of articles as they move from the conception stage to final publication; it is particularly useful for ensuring the integrity and
accuracy of articles and publications requiring input, collaboration and approval from multiple parties.

- Wrote and disseminated the Spring 2015 issue of the END Notes e-newsletter to the END in Africa contact email list. The e-newsletter serves as a tool for disseminating END in Africa’s accumulated project knowledge, as well as for engaging and collaborating with partners and others in the NTD community on issues of shared concern.

- Contributed to group discussions on the NTD Communicators Google Group, KM4DEV, HIPNET and the Infectious Diseases listserv. These groups aim to increase collaboration among knowledge and communications managers through information and network sharing, cross-promotions, and creation of synergies.

- Worked with staff from the Sabin Vaccine Institute and the Trachoma Coalition to expand collaboration and joint communication efforts.

- Monitored the Sabin Institute’s efforts to advance NTD Legislation and the Post-2015 MDG agenda as it relates to NTDs.

- Responded to public requests for information on the END in Africa project.

- Worked with ENVISION on coordinating content for the Spring NTD Partners Meeting as well as to promote the NTD webinar on Completing the WHO joint application package.
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Title</th>
<th>Summary</th>
<th>Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)</th>
<th>Time frame</th>
<th>Responsible</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Strategic changes within END in Africa project as countries move towards LF and trachoma elimination</td>
<td>A brief assessment of the changes in terms of post-MDA surveillance and project continuation beyond 2015.</td>
<td>PRP A B</td>
<td>Yes</td>
<td>Nov 2014</td>
<td>JBK and Kathy: Published in the END website</td>
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<tr>
<td>2.</td>
<td>How the Ebola Viral Disease has impacted on the END in Africa project</td>
<td>A brief update on the effect of the EVD in Sierra Leone</td>
<td>PRP A B</td>
<td>Yes</td>
<td>Dec 2014</td>
<td>JBK and Kathy: Published in the END website</td>
</tr>
<tr>
<td>3.</td>
<td>Diversification is good for business…and for NTD programs</td>
<td>A blog from Deloitte on helping NTD Program managers leverage private sector funding</td>
<td>PRP A B</td>
<td>Yes</td>
<td>Dec 2014</td>
<td>JBK and Kathy: Published in the END website</td>
</tr>
<tr>
<td>4.</td>
<td>Review of Schistosomiasis treatment strategies in Niger</td>
<td>This will be based on the planned review in November 2014</td>
<td>PRP A B</td>
<td>Yes</td>
<td>Feb 2015</td>
<td>JBK and Kathy: Published in the END website</td>
</tr>
<tr>
<td>5.</td>
<td>WHO/TDR calls for nominations for solutions to NTDs in Africa</td>
<td>Blog on fellowship program opportunity at the WHO's Special Programme for Research and Training in Tropical Diseases</td>
<td>PRP A B</td>
<td>Yes</td>
<td>Feb 2015</td>
<td>Kathy: Published on the END website</td>
</tr>
<tr>
<td>6.</td>
<td>Update on schistosomiasis (Bilharzia) elimination in Ghana</td>
<td>This will be a discussion on the planned survey to determine situation of schistosomiasis in Ghana after 5 years of treatment</td>
<td>PRP A B</td>
<td>Yes</td>
<td>Feb 2015</td>
<td>JBK and Kathy: Published in the END website</td>
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<tr>
<td>7.</td>
<td>Using a Finance Strategy to Enable Sustainability</td>
<td>Discusses the benefits of a finance strategy and Deloitte’s experience working with the GHS in Ghana</td>
<td>PRP A B</td>
<td>Yes</td>
<td>Mar 2015</td>
<td>Deloitte &amp; Kathy: Published: END website</td>
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<tr>
<td>8.</td>
<td>A Review of Burkina Faso’s NTD Program: Progress, Challenges and Next Steps</td>
<td>Discusses progress to date in Burkina’s NTD control and elimination efforts as well as ongoing challenges and proposed solutions to the same.</td>
<td>PRP A B</td>
<td>Yes</td>
<td>April 2015</td>
<td>JBK and Kathy: Published on the END website</td>
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<tr>
<td>9.</td>
<td>Planning for elimination within the USAID NTD portfolio</td>
<td>Discussion of next steps and challenges along the path to NTD elimination in END in Africa countries.</td>
<td>PRP A B</td>
<td>Yes</td>
<td>May 2015</td>
<td>JBK and Kathy: Published on the END website</td>
</tr>
<tr>
<td>10.</td>
<td>On the ground during Niger’s eighth annual integrated MDA for NTDs</td>
<td>A report on field visit written by the team working with the NTDP Niger</td>
<td>PRP A B</td>
<td>Yes</td>
<td>June 2015</td>
<td>HKI, JBK and Kathy: Published in the END website</td>
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<tr>
<td>11. <strong>Benchmarking organizational capabilities: Where to begin?</strong></td>
<td>Blog from Deloitte on NTD financial planning and resource mobilization</td>
<td>Yes</td>
<td>June 2015</td>
<td>Deloitte and Kathy</td>
<td>Published in the END website</td>
<td></td>
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<tr>
<td>12. <strong>Down but not out: Sierra Leone’s NTD Program restarts activities as the Ebola threat subsides</strong></td>
<td>Update on END in Africa activities and restarting NTD MDA in Sierra Leone in the aftermath of the Ebola situation</td>
<td>Yes</td>
<td>June 2015</td>
<td>JBK and Kathy</td>
<td>Published in the END website</td>
<td></td>
</tr>
<tr>
<td>13. <strong>Using TiPAC data to drive resource mobilization</strong></td>
<td>Discusses the benefits of using TiPAC data to support resource mobilization activities, based on Deloitte’s experience working with NTDP Togo</td>
<td>Yes</td>
<td>July 2015</td>
<td>Deloitte and Kathy</td>
<td>Published: END website</td>
<td></td>
</tr>
<tr>
<td>14. <strong>Helen Keller International and TOMS: Motivating Community Drug Distributors in Sierra Leone</strong></td>
<td>Describes END in Africa’s collaboration with TOMS Shoes, which donates shoes for CDDs and their families in Sierra Leone</td>
<td>Yes</td>
<td>August 2015</td>
<td>HKI and Kathy</td>
<td>Published: END website</td>
<td></td>
</tr>
</tbody>
</table>
Major Activities Planned for the Next Six Months

Program Management and Implementation (FHI 360):

- Continue to provide technical support and leadership to END in Africa Project sub grantees and NTDPs in countries where project is operating, including design, development, planning, implementation, execution, capacity-building, evaluation of NTD projects and programs operating at country and regional level.
- The technical advisor will provide technical assistance to address requests from the NTDPs in the END in Africa implementing countries in FY2016 in line with TA requests made for FY2016.
- Continue to improve coordination and collaboration with other agencies and organizations that are involved in the control/elimination of the 5 NTDs targeted by the END in Africa project.
- Continue to work with sub grantees, NTDPs and colleagues of the END in Africa consortium to document program successes, best practices and lessons learned to improve visibility of the END in Africa project.
- Participation in USAID’s partners meeting on December 2 and 3 in Washington DC, USA.
- Continue to support general coordination of the END in Africa project by ensuring that the NTDPs of the 5 END in Africa implementing countries submit requests for impact assessment surveys (pre-TAS, TAS, trachoma impact assessment) to the WHO NTD RPRG for approval before surveys are conducted and ensure reports of these surveys are submitted to the NTD RPRG for review, acceptance and guidance on the way forward.
- Expand END in Africa into Ivory Coast with project start up, working with the MOH and FHI Ivory Coast. Specific activities include work planning, completing FOG packages and hiring of new FHI staff.

Burkina Faso:

- Extension of FOGs to complete activities and reporting that were delayed during FY15 due to late receipt of drugs and political unrest.
- Complete TA to train PNMTN and HKI project staff on the WHO integrated NTD data base. (This activity was in progress in September but had to be ended mid-way through due to the politico-military crisis)
- Conduct trachoma impact surveys in four HDs: Dandé, Dafra, Karangasso-Vigué and Signonghin.
- Hold validation workshop with international experts on the PNMTN post-MDA surveillance plan for trachoma and LF.
- Conduct training, hold organizational meetings, and institute passive surveillance system for LF in two regions: Centre Nord and Centre Ouest.
- Organize TA for DQA.
Niger:

- Trachoma impact assessments in 7 districts
- Pre-TAS evaluation in 9 districts
- TAS 1 evaluation in 2 districts (Niamey II and Niamey III)
- NTD Coordination meeting
- Meetings with the Governors to ensure that the FOGs are signed quickly in order to avoid delays in activities
- FY16 MDA
- Annual NTD partners’ meeting
- Cross-border meeting with Burkina Faso
- Task Force meeting
- Update of SCH endemic villages
- Epidemiological assessments for onchocerciasis elimination validation in 4 districts
- Entomological assessments for onchocerciasis elimination validation in 4 districts
- Data Quality Assessment TA

Sierra Leone:

- Annual Review Meeting for NTDs – January 2016
- Training
  - MDA against SCH-STH in 7 districts for supervisors, DHMT staff and PHU staff – September 2015
  - MDA against LF-STH in the WA for supervisors, PHU staff and Community Health worker – September 2015
  - Training of Trainers, PHU staff, MCH Aides, and CDDs for MDA LF, onchocerciasis & STH in 12 HDs in January/February 2016
- Advocacy meetings and social mobilization
  - MDA for SCH-STH in 7 districts - October 2015
  - MDA for LF-STH in the WA – October 2015
  - MDA LF, onchocerciasis & STH in 12 HDs in March 2016
  - Cross-border meetings in support of MDA in February 2016
- Distribution of drug for MDA SCH-STH in 7 Districts – September 2015
- Distribution of drugs for the MDA LF-STH in the WA – October 2015
- Distribution of TOMS Shoes for CDD Motivation – November/December 2015

Togo:

- October 2015 – Conduct MDA in high-STH-burden areas; Produce report of June/July 2015 MDA; HDI-Togo and HDI-HQ team participates in ASTMH meeting in Philadelphia, PA; Onchocerciasis surveillance activities
- November 2015 – October MDA data is collected at the local level; Onchocerciasis surveillance activities
December 2015 – Data from October 2015 MDA are entered and analyzed; Onchocerciasis elimination committee inaugural meeting; Onchocerciasis entomological surveys
January 2016 – Refine MDA training materials; Conduct NTD Program stakeholder meeting; Finalize microplans, budget; Receive all medication; Onchocerciasis entomological surveys
February 2016 – Reproduce training materials for MDA; Revise, produce, distribute messages for social mobilization; Onchocerciasis entomological surveys
March 2016 – Continue preparations for April 2016 MDA; Finalize Praziquantel application; Implement training of supervisors, nurses, and CDDs; Onchocerciasis surveillance activities; Onchocerciasis research activities in collaboration with CDC

Ghana:
- Conduct SCH/STH impact assessment survey in October 2016
- Hold annual NTDP planning meeting in October, 2015.
- Conduct integrated SCH/STH school-based MDA in November
- Conduct Trachoma Pre-validation survey in the first quarter of FY16
- Conduct TAS in 69 districts by in January 2016.

Ivory Coast:
- Conduct workshop to review, revise and update M&E tools currently being used by the NTDP.
- Conduct training on SAFE Strategy
- Conduct training on Integrated NTD database and DQA
- Conduct training on Supervision Methods for Central level staff
- Conduct training on integrated NTD database Software in 12 districts
- Conduct training of Health District staff and CDDs to implement LF-oncho- STH MDA in 38 Health Districts.
- Conduct refinement mapping for LF in 14 Health districts.
- Conduct LF baseline survey in 39 Health districts.
- Develop Institutional movies for NTDs.
- Reproduce materials for sensitization and social Mobilization.

SCM:
- Support national NTD programs and implementing partners as they finalize their 2017 Praziquantel forecasts.
- Provide technical assistance as needed and as requested to handle expired drugs.
- Workshop on SCM for NTD drugs for Anglophones countries with support from MSH.
- Coordinate with and support NTDPs to receive PZQ supplies for FY2016.

M&E:
- In collaboration with all stakeholders/partners in the End in Africa coalition, support and monitor implementation of annual country-level work plans and support MOHs and sub grantees in the implementation of the M&E aspects of the annual work plans.
• Support general capacity building efforts within countries by directly providing technical assistance to countries on M&E related activities according to approved work plans, as agreed with USAID.

• Monitor the design and implementation of DSAs to ensure that all approved DSAs are soundly executed according to WHO guidelines. This will include active participation in the development and review of survey protocols, training of research teams, supervision of field activities relating to all DSAs as part of the FHI 360 technical team, and provision of technical advice on the way forward for the various NTDs based on DSA results.

• Support general project coordination by ensuring that the NTDPs of the 6 supported countries submit requests for DSAs/impact assessment surveys (pre-TAS, TAS, trachoma impact assessments) to the WHO NTD Regional Peer Review Group (RPRG) for approval before surveys are conducted and ensure that reports of these surveys are submitted to the NTD.

• Support countries as they submit annual reports and requests to the WHO NTD RPRG for review, acceptance and guidance on the way forward.

• Train and advise sub grantees and national NTDPs on the use of M&E tools and implementation of M&E processes, including indicators, data collection techniques and methodologies, data collection and analysis, and reporting protocols.

• Coordinate data management, documentation and dissemination within the END in Africa project. The M&E Specialist will coordinate the review of project data through a continuous process that involves USAID, ENVISION, sub grantees, and national NTDPs.

• Consistency and accuracy will be assessed taking into account reporting deadlines.

• Monitor project performance including NTD program coverage and NTD program progress in stopping district and/or sub-district MDA.

• Participate in the supervision of MDA campaigns in each of the 5 END in Africa implementing countries.

• Participate in the writing and review of the Reports that the END in Africa project submits to the USAID NTD program. These include 2 End in Africa Semiannual Progress Reports submitted in October and April each year, and the End in Africa Annual Work Plan submitted in September each year.

Financial Management

Ghana

• Support TIPAC implementation for 2016
• Enhance country capacity to use TIPAC outputs for decision-making
• Support FOG management, planning and program performance management
• Define and implement operational performance measurement indicators
• Support the generation of DPH buy-in for NTD programming to get NTDP activities on the GHS calendar
• Continue supporting the updated GHS/NTDP Advocacy Strategy
• Update the GHS/NTDP Finance Strategy PMP
• Support partnership management and reporting capabilities to manage incoming resources and implementing partners
• Continue dialogue between private firms, NGOs, civil society, and policy makers to identify partnerships and possibly mobilize resources
• Finalize and submit Oncho proposal to Standard Charter
• Support establishment of Partnership Unit within GHS/PPME
• Support inter-country coordinating mechanism for NTD programming, partnerships, and coordination
• Support updating of the next NTD Master Plan for Ghana

Sierra Leone
• Introduce and strengthen country capacity to implement TIPAC and utilize data for planning and decision making
• Support development of the next NTD Master Plan for Sierra Leone

Togo
• Enhance country capabilities to translate data into information and use that data/information for decision-making
• TIPAC Finalization incorporating additional activities included on the master plan and Utilization
• Work with NTDP to develop NTD finance strategies, sustainability planning and advocacy
• Support refinement of NTD Master Plan

Burkina Faso
• Provide targeted support to NTDP across leadership, data management, and planning functions

Niger
• Update TIPAC data for 2016
• Enhance country capacity to use TIPAC outputs for decision-making
• Contribute to integrated NTD database development
• Plan and execute Financial Sustainability Workshops
• Update Advocacy and Communications Plan

Cote d’Ivoire
• Together with local stakeholders, validate END in Africa workplan to support Cote d’Ivoire
• Support the NTDP in developing their NTD Master Plan and associated budgets
• Support establishment of FOG and implementation of TIPAC
• Institute performance management approach for NTD value chain
• Introduce basic data management and planning tools
• Establish a country coordinating mechanism to support integration, coordination and implementation of the NTDP
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<tr>
<th>Traveler</th>
<th>From</th>
<th>To</th>
<th># Trips</th>
<th>Duration</th>
<th>Month</th>
<th>Purpose</th>
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<tr>
<td>Bolivar Pou, Project Director</td>
<td>W/DC</td>
<td>Niger Burkina Togo SLeone Ghana Ivory C</td>
<td>6</td>
<td>1 week each</td>
<td>May June July</td>
<td>FY2017 Country work planning sessions with key stakeholders.</td>
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<tr>
<td>M&amp;E Specialist</td>
<td>Ghana</td>
<td>Burkina Niger Togo SLeone Ivory C</td>
<td>5</td>
<td>1 week</td>
<td>May June July</td>
<td>Participate as NTD M&amp;E technical resource in the development of country work plans.</td>
</tr>
<tr>
<td>Joseph Koroma Assoc. Technical Director</td>
<td>Ghana</td>
<td>Burkina Niger Togo SLeone Ivory C</td>
<td>5</td>
<td>1 week</td>
<td>May June July</td>
<td>Participate as NTD technical resource in the development of country work plans.</td>
</tr>
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<td>Bolivar Pou, Project Director</td>
<td>W/DC</td>
<td>Ghana</td>
<td>2</td>
<td>1 week</td>
<td>April</td>
<td>Semi-annual review.</td>
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<tr>
<td>Bolivar Pou, Project Director</td>
<td>W/DC</td>
<td>Ivory C</td>
<td>3</td>
<td>1 week each</td>
<td>TBD</td>
<td>Field trip for monitoring project implementation.</td>
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<tr>
<td>Bolivar Pou, Project Director</td>
<td>W/DC</td>
<td>Ghana</td>
<td>1</td>
<td>2 weeks</td>
<td>August</td>
<td>End in Africa Work plan 2017</td>
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<tr>
<td>M&amp;E Specialist</td>
<td>Ghana</td>
<td>Burkina Niger Ivory C</td>
<td>3</td>
<td>1 week</td>
<td>TBD</td>
<td>Capacity building on DQA tool and workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.</td>
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<tr>
<td>Justin Tine</td>
<td>Senegal</td>
<td>Burkina Togo Niger Ivory C</td>
<td>2</td>
<td>1 week in each country</td>
<td>TBD</td>
<td>Continue support for TIPAC. Mentoring on Project Management. Work Planning Resources mobilization.</td>
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<tr>
<td>Kingsley Frimpong</td>
<td>Ghana</td>
<td>S Leone</td>
<td>2</td>
<td>2 weeks</td>
<td>TBD</td>
<td>Continue support for TIPAC implementation and yearly update. Resources mobilization.</td>
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<tr>
<td>Kimberly Switlick- Prose</td>
<td>W/DC</td>
<td>Ghana</td>
<td>1</td>
<td>1 week in each country</td>
<td>TBD</td>
<td>Continue capacity building on Resources Mobilization in Ghana.</td>
</tr>
<tr>
<td>Joseph Koroma Assoc. Technical Director</td>
<td>Ghana</td>
<td>W/DC WHO Niger Burkina Togo SLeone Ivory C</td>
<td>15</td>
<td>TBD</td>
<td>TBD</td>
<td>Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.</td>
</tr>
<tr>
<td>Traveler</td>
<td>From</td>
<td>To</td>
<td># Trips</td>
<td>Duration</td>
<td>Month</td>
<td>Purpose</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>----</td>
<td>---------</td>
<td>---------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>MOH NTD Focal Points TBD</td>
<td>Ghana Burkina Niger Togo S Leone Ivory C</td>
<td>TBD</td>
<td>12</td>
<td>TBD</td>
<td>TBD</td>
<td>Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be request for each trip.</td>
</tr>
<tr>
<td>US-based short-term technical assistance (STTA) provider</td>
<td>W/DC</td>
<td>Togo Niger Burkina Niger S Leone</td>
<td>5</td>
<td>TBD</td>
<td>TBD</td>
<td>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.</td>
</tr>
</tbody>
</table>
Appendice
## Appendix 1: MDA Reporting of Integrated NTD Control

### Table 7: Number of people treated, All funding, FY2015

<table>
<thead>
<tr>
<th>NTD</th>
<th>Ghana</th>
<th>Niger</th>
<th>Sierra Leone</th>
<th>Togo</th>
<th>Burkina Faso</th>
<th>Total treated FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>LF</td>
<td>1,754,833</td>
<td>7,165,277</td>
<td>4,065,939</td>
<td>NA</td>
<td>5,386,442</td>
<td>18,372,491</td>
</tr>
<tr>
<td>Oncho</td>
<td>3,307,735</td>
<td>NA</td>
<td>2,642,193</td>
<td>2,737,512</td>
<td>214,186</td>
<td>8,901,626</td>
</tr>
<tr>
<td>SCH</td>
<td>*</td>
<td>5,958,290</td>
<td>*</td>
<td>2,147,220</td>
<td>4,186,609</td>
<td>12,292,119</td>
</tr>
<tr>
<td>STH</td>
<td>429,934</td>
<td>8,124,855</td>
<td>4,065,939</td>
<td>1,540,297</td>
<td>**</td>
<td>14,161,025</td>
</tr>
<tr>
<td>Trachoma</td>
<td>NA</td>
<td>3,672,039</td>
<td>NA</td>
<td>NA</td>
<td>1,090,258</td>
<td>4,762,297</td>
</tr>
<tr>
<td>Treatment provided</td>
<td>5,492,502</td>
<td>24,920,461</td>
<td>10,774,071</td>
<td>6,662,871</td>
<td>17,526,837</td>
<td>65,376,742</td>
</tr>
<tr>
<td>Treated for at least one NTD</td>
<td>4,845,599</td>
<td>9,068,274</td>
<td>4,065,939</td>
<td>3,210,688</td>
<td>8,427,958</td>
<td>29,618,458</td>
</tr>
</tbody>
</table>

*The planned FY2015 MDA for schisto is yet to be conducted in Ghana and Sierra Leone.

** Data not available at the time of the report.

### Table 8: Number of people treated through USAID funding, FY2015

<table>
<thead>
<tr>
<th>NTD</th>
<th>Ghana</th>
<th>Niger</th>
<th>Sierra Leone</th>
<th>Togo</th>
<th>Burkina Faso</th>
<th>Total treated FY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>LF</td>
<td>1,754,833</td>
<td>7,165,277</td>
<td>4,065,939</td>
<td>NA</td>
<td>4,641,284</td>
<td>17,627,333</td>
</tr>
<tr>
<td>Oncho</td>
<td>3,307,735</td>
<td>NA</td>
<td>2,642,193</td>
<td>2,737,512</td>
<td>165,979</td>
<td>8,853,419</td>
</tr>
<tr>
<td>SCH</td>
<td>*</td>
<td>5,958,290</td>
<td>*</td>
<td>2,147,220</td>
<td>4,186,609</td>
<td>12,292,119</td>
</tr>
<tr>
<td>STH</td>
<td>429,934</td>
<td>8,124,855</td>
<td>4,065,939</td>
<td>1,540,297</td>
<td>5,904,184</td>
<td>20,065,209</td>
</tr>
<tr>
<td>Trachoma</td>
<td>NA</td>
<td>3,672,039</td>
<td>NA</td>
<td>NA</td>
<td>1,090,258</td>
<td>4,762,297</td>
</tr>
<tr>
<td>Treatment provided</td>
<td>5,492,502</td>
<td>24,920,461</td>
<td>10,774,071</td>
<td>6,662,871</td>
<td>15,988,314</td>
<td>63,838,219</td>
</tr>
<tr>
<td>Treated for at least one NTD</td>
<td>4,845,599</td>
<td>9,068,274</td>
<td>4,065,939</td>
<td>3,210,688</td>
<td>7,896,218</td>
<td>29,086,718</td>
</tr>
</tbody>
</table>

* The planned FY2015 MDA for schisto is yet to be conducted in Ghana and Sierra Leone.
Table 9: Gender distribution: Percentage male treated over the females by NTD and by country, 2015*

<table>
<thead>
<tr>
<th>Country</th>
<th>LF Male</th>
<th>LF Female</th>
<th>Oncho Male</th>
<th>Oncho Female</th>
<th>SCH Male</th>
<th>SCH Female</th>
<th>STH Male</th>
<th>STH Female</th>
<th>Trachoma Male</th>
<th>Trachoma Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>48.07%</td>
<td>49.54%</td>
<td>49.54%</td>
<td>50.46%</td>
<td>49.09%</td>
<td>50.91%</td>
<td>7.84%</td>
<td>8.30%</td>
<td>48.65%</td>
<td>51.35%</td>
</tr>
<tr>
<td>Ghana</td>
<td>47.80%</td>
<td>52.20%</td>
<td>48.12%</td>
<td>51.51%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Niger</td>
<td>50.00%</td>
<td>50.00%</td>
<td>-</td>
<td>-</td>
<td>50.00%</td>
<td>50.00%</td>
<td>50.00%</td>
<td>50.00%</td>
<td>0.36%</td>
<td>0.46%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>47.92%</td>
<td>52.08%</td>
<td>47.90%</td>
<td>52.10%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>47.92%</td>
<td>52.08%</td>
<td>NA</td>
</tr>
<tr>
<td>Togo</td>
<td>NA</td>
<td>NA</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>49.86%</td>
<td>50.14%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Table 10: Number of people treated for at least one NTD, USAID funds, annually accumulative number treated, as of SAR2 2015, USAID FUNDS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>9,953,928</td>
<td>11,425,882</td>
<td>10,766,545</td>
<td>9,806,303</td>
<td>7,896,218</td>
<td>49,848,876</td>
</tr>
<tr>
<td>Ghana</td>
<td>0</td>
<td>8,932,210</td>
<td>8,260,837</td>
<td>9,620,862</td>
<td>4,845,599</td>
<td>31,659,508</td>
</tr>
<tr>
<td>Niger</td>
<td>8,672,220</td>
<td>10,226,100</td>
<td>960,145</td>
<td>9,907,579</td>
<td>9,068,274</td>
<td>38,834,318</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3,908,514</td>
<td>5,242,394</td>
<td>5,214,790</td>
<td>4,091,497</td>
<td>4,065,939</td>
<td>22,523,134</td>
</tr>
<tr>
<td>Togo</td>
<td>1,248,393</td>
<td>2,792,591</td>
<td>2,909,823</td>
<td>230,967</td>
<td>3,210,688</td>
<td>10,392,462</td>
</tr>
<tr>
<td>Total</td>
<td>23,783,055</td>
<td>38,619,177</td>
<td>28,112,140</td>
<td>33,657,208</td>
<td>29,086,718</td>
<td>153,258,298</td>
</tr>
</tbody>
</table>
Table 11: Accumulative Number Treated, as of SAR2 FY2015, USAID Funds

ACCUMULATIVE NUMBER TREATMENTS PROVIDED, AS of SAR2 2015, USAID FUNDS

<table>
<thead>
<tr>
<th>Country</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Accumulative numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>20,842,690</td>
<td>24,460,183</td>
<td>20,094,365</td>
<td>19,815,380</td>
<td>15,988,314</td>
<td>101,200,932</td>
</tr>
<tr>
<td>Ghana</td>
<td>0</td>
<td>20,315,518</td>
<td>14,712,196</td>
<td>14,681,359</td>
<td>5,492,502</td>
<td>55,201,575</td>
</tr>
<tr>
<td>Niger</td>
<td>22,417,876</td>
<td>28,004,828</td>
<td>1,822,325</td>
<td>24,523,339</td>
<td>24,920,461</td>
<td>10,688,829</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>10,263,686</td>
<td>14,754,384</td>
<td>14,670,706</td>
<td>10,850,359</td>
<td>10,774,071</td>
<td>61,313,206</td>
</tr>
<tr>
<td>Togo</td>
<td>2,252,012</td>
<td>5,491,657</td>
<td>5,698,210</td>
<td>230,967</td>
<td>6,662,871</td>
<td>20,335,717</td>
</tr>
<tr>
<td>Total</td>
<td>55,776,264</td>
<td>93,026,570</td>
<td>56,997,802</td>
<td>70,101,404</td>
<td>63,838,219</td>
<td>339,740,259</td>
</tr>
</tbody>
</table>

Table 12: Districts endemic at baseline and number of districts that stopped MDA, by NTD SAR2 FY2015

<table>
<thead>
<tr>
<th>Country</th>
<th># Known endemic districts by 2009</th>
<th># Districts stopped PC (at least at district level for trachoma), by end SAR2, FY2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LF</td>
<td>Oncho</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Ghana</td>
<td>98</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>76</td>
<td>0</td>
</tr>
<tr>
<td>Niger</td>
<td>31</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>NA</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Togo</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>221</td>
<td>135</td>
</tr>
</tbody>
</table>

|                | 131 (59.28%) | 0 (0%) | 0 (0%) | 0 (0%) | 84 (70%) |

*#s in red are endemic districts and #s in black are districts that were endemic but have stopped treatment.
Table 13: Number of districts assessed during FY2015

<table>
<thead>
<tr>
<th>Country</th>
<th>Pre-TAS</th>
<th>TAS</th>
<th>TAS 1</th>
<th>TAS 2</th>
<th>SCH</th>
<th>STH</th>
<th>Trachoma</th>
<th>Oncho</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>10</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>Epi Eva: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ento: 0</td>
</tr>
<tr>
<td>Ghana</td>
<td>15</td>
<td>7</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Epi Eva: 30</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ento: 8</td>
</tr>
<tr>
<td>Niger</td>
<td>2</td>
<td>6**</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>7***</td>
<td>Epi Eva: 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ento: 0</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
<td>Epi Eva: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ento: 0</td>
</tr>
<tr>
<td>Togo</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>8</td>
<td>35</td>
<td>35</td>
<td>NA</td>
<td>Epi Eva: 32</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ento: 0</td>
</tr>
</tbody>
</table>

*Burkina Faso: TAS1 was delayed due to the late arrival of ICT cards but conducted in 10 HDs and all passed the TAS.
**Niger: TAS1 conducted in 5 EUs for 6 HDs and 4 EUs out of 5 passed the TAS. 5 HDs will stop MDA starting 2016.
***Niger: Impact assessment survey conducted in 7 HDs and 6 out of 7 HDs have <5% and will stop MDA starting 2016.
****Ghana: Epidemiological evaluation was conducted in 56 sentinel sites of 30 HDs.

Table 14: Program and Epidemiological coverage, FY2015, USAID funds*

<table>
<thead>
<tr>
<th>Country</th>
<th>Program</th>
<th>Epi %</th>
<th>Program</th>
<th>Epi %</th>
<th>Program</th>
<th>Epi %</th>
<th>Program</th>
<th>Epi %</th>
<th>Program</th>
<th>Epi %</th>
<th>Program</th>
<th>Epi %</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>101.35%</td>
<td>81.46%</td>
<td>90.38%</td>
<td>73.19%</td>
<td>72.44%</td>
<td>65.93%</td>
<td>71.37%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>116.62%</td>
<td>72.11%</td>
<td>103.49%</td>
<td>83.62%</td>
<td>-</td>
<td>76.44%</td>
<td>95.39%</td>
<td>82.55%</td>
<td>98.04%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>91.77%</td>
<td>60.59%</td>
<td>-</td>
<td>-</td>
<td>102.45%</td>
<td>91.10%</td>
<td>-</td>
<td>43.49%</td>
<td>100.71%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>172.18%</td>
<td>32.00%</td>
<td>90.38%</td>
<td>17.99%</td>
<td>74.21%</td>
<td>45.30%</td>
<td>57.09%</td>
<td>71.37%</td>
<td>25.99%</td>
<td>100.32%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Togo</td>
<td>90.88%</td>
<td>92.32%</td>
<td>-</td>
<td>-</td>
<td>70.87%</td>
<td>66.67%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

*No MDA is reported for this period as the MDA for schisto in Ghana is reported in the FY14 SAR2 workbooks (i.e. Reported for FY2014), and MDAs in Burkina Faso and Niger are still ongoing and will be reported in the next FY2015SAR2.
Table 15: Total trained during FY2015, by country and socio-professional category

<table>
<thead>
<tr>
<th>Category</th>
<th>Burkina</th>
<th>Ghana</th>
<th>Niger</th>
<th>Sierra Leone</th>
<th>Togo</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT</td>
<td>39</td>
<td>40</td>
<td>9</td>
<td>36</td>
<td>671</td>
<td>795</td>
</tr>
<tr>
<td>Supervisors</td>
<td>-</td>
<td>1,682</td>
<td>1,204</td>
<td>-</td>
<td>117</td>
<td>3,003</td>
</tr>
<tr>
<td>Health Providers</td>
<td>15</td>
<td>-</td>
<td>156</td>
<td>31</td>
<td>72</td>
<td>274</td>
</tr>
<tr>
<td>CDDs</td>
<td>-</td>
<td>9,961</td>
<td>19,163</td>
<td>22,000</td>
<td>10,318</td>
<td>61,442</td>
</tr>
<tr>
<td>Others (Lab &amp; Program Staff for Schisto/STH Evaluation)</td>
<td>16</td>
<td>24</td>
<td>41</td>
<td>1130</td>
<td>13</td>
<td>1,224</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
<td><strong>11,617</strong></td>
<td><strong>20,573</strong></td>
<td><strong>23,197</strong></td>
<td><strong>11,191</strong></td>
<td><strong>66,648</strong></td>
</tr>
<tr>
<td>Total female</td>
<td>64</td>
<td>3,218</td>
<td>4,051</td>
<td>6,285</td>
<td>2,280</td>
<td>15,898</td>
</tr>
<tr>
<td>Total male</td>
<td>6</td>
<td>8,489</td>
<td>16,522</td>
<td>16,912</td>
<td>10,911</td>
<td>52,840</td>
</tr>
</tbody>
</table>

Table 16: Donations beyond USAID and major pharmaceutical donors

<table>
<thead>
<tr>
<th>Country</th>
<th>Items</th>
<th>Quantities</th>
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Appendix 2: Country Program Summaries

Burkina Faso

A number of activities relating to mass drug administration, monitoring and evaluation, including disease specific assessment, and other cross-cutting activities such as behavior change communication (BCC) and short-term technical assistance (STTA) were carried out in FY2015 to enable the Burkina Faso Ministry of Health (MOH), through the PNMTN, to advance toward its objectives to control/eliminate the 5 NTDs targeted through preventive chemotherapy (PC NTDs).

Following delays in the first half of the year due to popular uprisings, the resignation of the President, and subsequent political transition in all ministries, the Programme National de lutte contre les Maladies Tropicales Negligées (PNMTN) was able to conduct a number of activities in the second semester and get largely caught up on activities planned for FY15.

MDAs for all five PC NTDs were implemented with the USAID support:

- 25 of 25 targeted health districts (HD) conducted MDA for lymphatic filariasis (LF) and soil transmitted helminths (STH);
- 4 of 4 targeted HD implemented MDA against onchocerciasis;
- 26 of 26 targeted HD implemented MDA against schistosomiasis;
- 33 of 37 targeted HD treated for STH: 25 of 25 targeted with LF MDA and 8 of 12 targeted with SCH MDA. The late arrival of ALB prevented treatment in four districts that treat STH with SCH.
- 5 HD completed trachoma MDA;

Monitoring and evaluation activities to assess the coverage and impact of LF MDAs included data collection at sentinel and control (spot check) sites, transmission assessment surveys (TAS), and coverage surveys. Nocturnal microfilaremia evaluations were done at 17 sentinel and spot-check sites located in 10 HDs across 4 regions, all for pre-TAS. TAS1 were conducted in 10 districts in four regions. The districts were grouped into five evaluation units (EU). TAS2 was conducted in 7 districts (3 EU); TAS3 concerned the remaining 3 districts (2 EU). Results were satisfactory overall. Therapeutic coverage surveys conducted in 3 districts indicated an observed coverage similar to reported coverage.

Additional disease specific assessments were conducted in four (4) HDs in the Centre Nord and Est Regions. Results of trachoma mapping conducted between 2007 and 2010 indicated that baseline prevalence of TF in children aged 1 to 9 years between 5 and 9.9% in 14 HDs. Four of these districts were resurveyed during this reporting period. One district now shows TF prevalence below 5%, while three remain between 5 and 9.9%. Under the new World Health Organization (WHO) guidelines, one round of MDA with azithromycin is planned in FY16 in these three districts.
A high-level panel of national and international LF experts convened in Ouagadougou on August 12-14 to review the national LF strategy that has been in place since 2001 and to recommend on the elimination strategies for the next phase. Details are provided in the STTA section.

1. **MDA Assessments**
The FY15 Disease and Program workbook are being updated based on the results still being received from the PNMTN on the MDAs that took place in this reporting period. Some districts that implemented the LF MDA July 25-August 1 and those participating in the 2nd LF/OV MDA September 11-20 are still submitting results and reports to the PNMTN. The FY15 workbooks will be updated when data are made available—expected to be received, entered, and validated by end November.

2. **Changes in MDA Strategy**
One change in trachoma MDA strategy was made this semester. However, the ability to implement the change in FY16 will be determined by Zx availability. 16 Districts with baseline prevalence between 5-9.9% that have never conducted trachoma MDA, and 2 districts with prevalence between 5-9.9% following impact evaluation. According to WHO guidelines, these districts will hold one annual round of district-wide MDA with Zx, with impact evaluation no more than 6 months following MDA.

3. **Training**
Many training activities were conducted in preparation for the MDAs. Prior to implementing each MDA, training/refresher trainings were held at each operational level from the national (central) to the first-line facilities to ensure that all actors were prepared for their role in the campaign, including supervision, drug logistics, managing any SAEs, drug distribution, and reporting. Some HDs have not yet submitted final reports on the MDAs, which has hampered efforts to create an overall total for actors trained in FY15. Complete data will be updated in the Workbooks as soon as they become available—expected no later than end October, with verification of data entry by end November.

4. **Community Mobilization, IEC materials, Registers, Publications and Presentations**
A variety of communications activities were conducted to improve the target population’s participation in the MDA campaigns that were planned and executed. They included:

- “Advocacy Day” was held prior to the MDAs for LF/STH, trachoma, SCH, and OV in all 13 regions. Local political, administrative, religious, and traditional leaders were invited to events led by regional health officials and presided over by the governors of each region.
- Conceptualized the design for posters and informational brochures on LF, schisto, trachoma and oncho.
- Four TV broadcasts of 1-2 minutes were produced in French and three local languages (Mooré, Dioula, and Fulfuldé) for LF MDA
Radio broadcasts in French and local languages (including Mooré, Dioula, Fulfuldé, Lobiri, Bwamu, Dagari, Katsena, Gulmancéma, and Bissa) were realized. The broadcasts were in two lengths: brief public service announcements providing MDA dates and information, and 15 minute micro-programs that included interviews with health officials on more detailed NTD information including treatment protocols, target population, importance of high coverage/participation, what to do if an SAE is experienced, etc.

- Public service announcements of up to 60 seconds (one minute) in length.
- Meetings with print journalists and radio announcers were organized in each region to provide NTD information, ensure that radio announcers are prepared to discuss NTDs in radio programs, and discuss the important role journalists and the media can play in the successful implementation of MDAs and NTD activities.
- Twenty five districts prepared and broadcast prepared by the regional level on LF and STH prior to, during, and after the LF/STH MDA.
- Public criers were used before and during each MDA in all endemic villages to inform the public of the MDA and encourage participation and adherence to the treatment protocol.

An article titled *Elimination of Soil-Transmitted Helminthiasis as a Public Health Problem in Burkina Faso and Community-based Pilot Assessment via Lymphatic Filariasis Transmission Assessment Surveys* is in progress and will be submitted for publication in the near future.

5. **Supervision**
Supervision for each campaign is conducted at each level, by the MOH/PNMTN and project partners. Each level of the MOH supervises along the chain of command, with national supervising regional, regional supervising districts, and district staff supervising the CHSP/first-line facility. Supervision is sometimes conducted jointly, with staff from partners and MOH national through district level visiting facilities together. Other times it is conducted independently, with supervisors from different levels and partners pairing up and visiting different facilities.

The supervisory teams in each district and at the regional level meet in the district or regional capital every evening during the campaign to discuss observations, note any areas that need improvement, address any issues with drug supply, and prepare a plan for the following day. Restitution meetings held after the campaigns allow the districts and regions to review the campaign, including coverage, difficulties faced, supervisory reports, and successes, in order to make necessary improvements prior to the next campaign.

6. **Supply Chain Management**
During this six-month period, the main activities in the area of drug and consumables supply chain included:

- 8,720,700 ALB tablets and 16,107,500 IVM tablets were received by the national program and transferred to the regions according to calculated need and stock on hand.
• 2,700,000 tablets of Zithromax and 3,264 bottles of syrup were received by the national program. The PNMTN/national government was not able to provide the tetracycline 1% eye ointment needed for infants for the trachoma MDAs in 5 districts as planned, due to budgetary constraints.

• 11,200 ICT cards were received by the MOH. All but 2,000 have been used to date. The TAS3 scheduled in the Hauts Bassins Region in November 2015 targets 1,800 subjects, so the 2,000 remaining ICT cards should cover the need.

• JSI provided TA to support improved supply chain management (SCM) for NTD drugs. The TA was a follow-on from TA provided in FY14, during which a manual on drug management procedures was developed, data collection tools were reviewed and modified, and regional and district staff trained on SCM. The FY15 TA assessed the uptake and use of the logistics procedure manual by districts and regions, and identified any areas still in need of improvement to propose corrective measures. Four regions were included in the evaluation: Hauts bassins, Centre Est, Centre Sud and Sahel. Selection of the regions was based on several criteria, including having conducted an MDA in FY15 with use of the SCM manual, geographic area (one region per zone), and availability of key staff. Findings were largely positive, with specific findings noted below regarding strengths and areas needing additional improvement.

• Requests for Zx, ALB, and IVM were prepared and submitted to appropriate channels before the deadline.

• Strengths:
  o Sufficient quantities of NTD drugs were in place and available at the regional and district levels for the MDAs. Any shortfalls at the CHPS level during the MDAs were managed within a day through communication with the district level for any quantity reallocations needed between CHPS during the campaigns.
  o No stock-outs were observed during MDAs.
  o No expired NTD drugs were observed in any facility visited by TA/evaluators.
  o Two key persons from each region were trained on SCM, were present in the Region during the evaluation visit, and were able to demonstrate correct application of concepts learned during training in their region.
  o The procedure manuals were available and easily accessible to staff at the regional and district levels.
  o Forms and tools covered in the manual were being used correctly in the pharmacy departments at health districts visited.
  o SCM was covered in training at each level before MDAs

• Weaknesses:
  o Difficulties were experienced in the transport of drugs from the Regional to District level and in the management of remaining stock after MDAs. The issues will be addressed in future MDAs through refresher training/additional emphasis at pre-MDA training and on-site supervisory visits.
- The late arrival of ALB required a delay of six weeks in the LF MDA, but the effort by WHO to supply the drug prior to Ramadan and the rainy season was much appreciated by Project partners.
- The lack of tetracycline eye ointment for infants under 6 months of age for the trachoma MDA in five districts due to national budget constraints was regrettable. The PNMTN is looking for supplementary sources of funding or in-kind donations to prevent the issue in the future and has also made a request for purchase of TEO within the FY16 work plan. No further technical assistance is required to address these issues, as they will be addressed by PNMTN and partners as described.

7. Program Monitoring and Evaluation
Monitoring and evaluation activities were conducted for all PC-NTDs. For SCH and STH, M&E activities included routine reporting: no impact assessments or data collection at sentinel or control sites were done during this period. For trachoma, prevalence surveys were conducted in four districts that had TF prevalence among children 1-9 years is between 5-9.9% at baseline. Impact surveys following three rounds of treatment in the Dandé, Dafra, Karangasso-Vigué and Signonghin districts were planned for September 2015, but have been postponed until November 2015, due to the delayed trachoma MDA.

Monitoring and evaluation activities to assess the coverage and impact of LF MDAs included data collection at sentinel and control sites for pre-TAS, transmission assessment surveys (TAS), and coverage surveys. Pre-TAS was done at 17 sentinel and spot-check sites located in 10 HDs across 4 regions. The prevalence of microfilaria is satisfactory at 14 sites, and exceeds 1% at three sites: two in the Centre Est Region and one in the Sud Ouest. Five districts will proceed to TAS followed by MDA in FY16. MDAs will continue in the other five districts. A programmatic decision was made to forego TAS in FY16 in four districts despite mf prevalence less than 1% due to discordance in results from sites in the same district or region and proximity to areas where transmission continues. This decision will be presented to the next RPRG. Seven sites were funded by USAID, the remainder by FPSU.

TAS were conducted in 10 districts in four regions. The districts were grouped into five evaluation units (EU). TAS2 was conducted in 7 districts (3 EU); TAS3 concerned the remaining 3 districts (2 EU). TAS2 surveys were conducted in the Plateau Central Region (Boussé, Ziniaré and Zorgho HDs as one EU) from July 20-28. Three HDs in the Sahel Region (Dori, Djibo, and Gorom-Gorom) constituted another EU, which were surveyed from August 1-8. 1,900 children in the Plateau Central and 2,051 in the Sahel (Dori, Djibo, and Gorom HDs) were surveyed with no positive results detected in either region. The third EU, the Baskuy HD in the Center Region, also presented satisfactory results. TAS3 surveys were conducted in two EUs covering 3 HDs (Dandé, Dô, and Houndé) in the Hauts Bassins Region from August 20-28. No positive cases were detected among the 1,742 children surveyed in the Houndé EU or the 1,708 children surveyed in the Dô-Dandé EU. These results confirm the halt of transmission in these areas. TAS3 will also be conducted in one additional EU covering 3 HDs in
Hauts Bassins (Dafra, Lena, and Karangasso Vigué) in November 2015. The Government of Burkina Faso is covering the costs of the survey, but ICT cards are covered by USAID/END in Africa.

For onchocerciasis, therapeutic coverage surveys were conducted in 6 districts from the 12-17 May. Four (Batié, Dano, Diébougou and Gaoua) in the Sud Ouest Region, were supported by USAID through the END in Africa project. The final, validated results and report are not yet available. From the 27-29 July, a training of trainers for the six endemic districts was held in the Banfora Region on community self-monitoring. Two representatives from each district and the regional health directorates participated in the training. Details are provided in the Training/Capacity Building section, above.

8. Transition and Post-Elimination Strategy
A number of activities were implemented this reporting period that serve to prepare the MOH for the eventual withdrawal of financial and technical support from USAID, FHI360, and HKI. TA was started on the NTD data management using the integrated data base (training interrupted by the politico-military crisis that began 16 September). A follow-up TA on the SCM for NTD drugs, which will apply to other health commodities, was conducted to evaluate uptake of concepts and propose recommendations for continued improvement. Continued support on M&E activities including prevalence surveys, impact evaluations, and action plans provide skills that are applicable to similar tasks going forward. A follow-up session on TIPAC will allow the MOH to identify areas in need of support, combined with advocacy activities in the context of project activities also provide opportunity for the national program to be self-sufficient in the future.

9. Short-Term Technical Assistance
During this reporting period, of the six remaining STTA requests, three were completed, one was partially completed, and two were postponed until FY16:

- JSI provided TA from 23 April to 6 May 2015 to support improved SCM for NTD drugs. The TA was a follow-on from TA provided in FY14, during which a manual on drug management procedures was developed, data collection tools were reviewed and modified, and regional and district staff trained on SCM. The FY15 TA assessed the uptake and use of the logistics procedure manual by districts and regions, and identified any areas still in need of improvement to propose corrective measures. Four health regions (Hauts Bassins, Sahel, Centre Sud and Centre Est) participated in the evaluation during the schistosomiasis MDA. Findings were largely positive, with specific notes and recommendations included in the previous section on Supply Chain Management.
- Deloitte provided TA from May 12-15, leading a workshop with the national program and END in Africa team members from HKI. The workshop was a follow-on to the TIPAC training in FY14, and allowed the PNMTN to continue to update the TIPAC tool. The update was not complete, and it was not clear how well the data and tool could be used
going forward for planning and advocacy. However, further discussions among partners during the FY16 work plan validation workshop resulted in the inclusion of a STTA request in FY16 to discuss financial sustainability of program activities with greater emphasis on providing examples of how the results of TIPAC have been used to improve planning, advocacy, and sustainability in other countries, including Ghana.

- The Expert Review of the LF strategy was held from August 12 to 14 in Ouagadougou. The workshop brought together experts from WHO, FPSU/LSHTM, END in Africa, HKI, and the PNMTN to discuss the overall strategy, persistence of disease following more than 7 rounds of treatment, and recommendations going forward. NTD staff from Guinea and Guinea Bissau were also present to learn experience from Burkina Faso with the support from WHO. Recommendations include the establishment of two rounds of MDA annually in additional districts in other regions where LF persists, strengthening the morbidity component, and conducting operations research to ascertain the reasons for disease persistence in some areas. The report will be shared when available.

- The TA to train members of the PNMTN and partners on the use of the integrated NTD database was scheduled for September 16-19 in Koudougou. The training was suspended after 2 days due to the politico-military crisis. A date has not been set to complete the training, but is under discussion with the consultant and PNMTN.

- Two TA requests have been postponed until FY16. The TA to provide data quality assessment (DQA) training was postponed until FY16 due to limited time remaining in FY15 and non-availability of a qualified trainer during the period proposed by the national program. The support for a validation workshop with international experts on the PNMTN post-MDA surveillance plan for trachoma and LF will be held in quarter 1 of FY16.

10. Government Involvement
During this reporting period, the MOH created an NTD steering committee that will guide and oversee the planning and synergies between the increasing number of funded NTD projects in the country, including from the World Bank, USAID, and smaller donors. The government has expressed appreciation to all NTD donors and its commitment to ensuring transparency and complementarity of the funding sources and activities. The central level team is engaged in all M&E activities, requiring significant number of field visits and time in the districts to lead and supervise DSAs. The MOH has been available and engaged in the TA sessions, and has led work planning and partner visits, as well.

11. Proposed Plans for Additional Support to National NTD Program

Burkina Faso is one of three countries implementing the Morbidity Management and Disability Prevention (MMDP) Project in FY16. The project will provide support for trachomatous trichiasis (TT) surgeries to prevent blindness due to trachoma, hydrocele surgeries, and morbidity management for LF patients in the Centre-Nord Region. HKI is both the prime grantee and
implementing partner in Burkina Faso and Cameroon. HKI has given a sub-award to RTI International in Ethiopia.

HKI has also submitted proposals to provide eye health services to school-aged children in two districts. Should funding be awarded, the projects will be implemented in collaboration with the National Blindness Prevention Program and the trachoma unit of PNMTN.

FHI360 is concluding a pilot project in the Nord Region to integrate NTD themes, information, and activities into WASH activities at the district and community level. The work is being conducted in collaboration with the IEC unit of the PNMTN.

12. Lessons Learned/Challenges
Difficulties with data collection and recording were noted during MDAs in FY14, particularly at peripheral and district levels. In FY15, training sessions spent more time on correct completion of forms, and supervisory visits at the CSPS level included closer scrutiny of tally sheets and reports to provide on-site assistance to CDDs in correctly recording and reporting treatments distributed, refusals, etc. Scrutiny of reports and forms is also helpful at the district level to reinforce the importance of the reporting tools and the value of accurate data collection, recording and reporting to improve the quality of data collection and reporting of treatment coverage. The STTA on DQA that is planned in FY16 should also serve to improve data reporting.

Onchocerciasis coverage surveys conducted in the Sud-Ouest region in 2014 also identified shortcomings that allowed several corrective measures in FY15 in the context of training, supervision, and implementation: correcting errors on registration and treatment cards, and tracking community members to farming hamlets to find those away from home. However, tracing community members to farming sites is time consuming, and may be difficult to sustain with the current numbers of CDDs. An increase in the number of CDDs for OV has been requested in the FY16 workplan to address this issue.

13. Major Activities for the next six months
- Extension of FOGs to complete activities and reporting that were delayed during FY15 due to late receipt of drugs and political unrest.
- Complete TA to train PNMTN and HKI project staff on the WHO integrated NTD data base. (This activity was in progress in September but had to be ended mid-way through due to the politico-military crisis)
- Conduct trachoma impact surveys in four HDs: Dandé, Dafra, Karangasso-Vigué and Signonghin.
- Hold validation workshop with international experts on the PNMTN post-MDA surveillance plan for trachoma and LF.
- Conduct training, hold organizational meetings, and institute passive surveillance system for LF in two regions: Centre Nord and Centre Ouest.
- Organize TA for DQA.
Niger

The major activity that took place over the last six months is the organization and execution of the 8th integrated Neglected Tropical Disease (NTD) mass treatment campaign, which took place from March to May 2015, after several delays, primarily due to the albendazole delivery. This campaign was preceded by the nomination of an NTD focal point by the Minister of Public Health.

The results of the mass drug administration (MDA), unfortunately, were not as good as had been hoped, particularly in the region of Diffa which has been experiencing insecurity due to attacks by the Nigerian Islamist group, Boko Haram. This has caused massive population movements into other areas of Niger, primarily into the region of Zinder. In addition, last year, poor harvests meant that many persons had migrated to neighboring countries in search of work.

In FY15, the National NTD Program (NTDP) had planned a second MDA campaign for lymphatic filariasis (LF) with ivermectin + albendazole (IVM+ALB) in two districts in the region of Tahoua, Bouza and Keita. These two districts had failed the TAS with a large number of positive cases. In addition, the populations of these two districts are highly nomadic, meaning that during the first MDA, much of the population is not present. In addition, there were approximately 400,000 IVM tablets that are due to expire in October 2015, and this MDA will enable the NTDP to use them prior to their expiration. Prior to starting the MDA itself sensitization caravans, consisting of vehicles traveling from village to village to project videos and lead discussions on LF were organized to ensure high coverage.

In order to improve program planning, a training in TIPAC was organized with the assistance of Deloitte from April 27 to May 7, 2015. All central and regional level NTD personnel took part in this technical assistance (TA).

A TA was also held with assistance from JSI on management of logistics and medication. The first part of the TA took place from July 13-17, 2015 in the regions of Maradi and Tahoua, and was an evaluation of the supply chain management and data collection tool revision that took place in 2014. The second part of the TA took place in Niamey from July 21-25, 2015. This activity was to provide capacity building for the regional NTD focal points and drug storage warehouse managers on dejunking and improving the usage of storage space in warehouses.

In addition, a physical inventory of the drug currently stored at the National Office for Pharmaceutical and Chemical Products (ONPPC) took place from June 3-16, 2015 in Niamey. Several recommendations were developed, including keeping all NTD drugs in a single warehouse, the utilization of stock cards, the designation of one person to be responsible for the NTD drugs, and regular submission of reports of the stock to the NTDP and HKI.

In preparation for the FY16 NTD MDA, which the NTDP had initially planned to take place in November 2015 (during the FY16 workplan development), microplanning meetings for the
campaign (i.e. budgeting the needs in terms of funds and supplies at the district level) took place in June 2015 in all regions. However, since the workplanning, the NTDP has been informed that not all drugs will be received by November to carry out MDA as planned. The IVM, ALB and Zithromax will likely not arrive until December 2015. This means that the next MDA may not be able to take place until January or February 2016. However, the NTDP did receive the praziquantel (PZQ) for the FY16 MDA.

All the impact evaluations scheduled for September 2015 will be delayed until October-November 2015, as the MDA did not finish until May and they need to follow at least six months after the MDA. In addition, the NTDP planned a trachoma coverage survey, which took place in June 2015 in two districts of Zinder (Magaria, Zinder Commune) and two districts of Maradi (Madarounfa, Dakoro). The data are currently being entered and once available, will be shared with END in Africa and used to determine whether actual coverage approaches reported coverage, and recommendations on improving distribution and/or reporting will be made and put into place prior to the next MDA.

Finally, a coordination meeting was held on August 20, 2015. The purpose of this meeting was to discuss the organization of the second LF MDA in the districts of Bouza and Keita, the planned physical inventory for NTD medications, the development of the new NTD Strategic Plan for the period of 2016-2020 and the rest of the activities planned for FY15.

1. MDA Assessment
   Please refer to the FY2015 workbooks.

2. Changes in MDA

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3. **Training**

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

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

At the community level, the MDA campaign began with information and sensitization sessions by approximately 4,250 public criers, who go from door to door to let the population know of the date of the MDA campaign. In addition, approximately 2,700 relay women hold sensitization meetings on the different NTDs in homes. They also discuss the purposes of the MDA, the distribution strategy, the targeted populations and potential side effects from the medication. In addition 76 community radio stations throughout the districts with MDA broadcast messages, such as the dates of the MDA and the importance of taking the medication. These messages were broadcast in local languages, such as Hausa and Djerma, depending on the languages most spoken in a given district.

At the national level, radio and television spots were also used to publicize the MDA. The spots were broadcast for 10 days with three broadcasts per day, with three themes: 1) the modes of transmission and prevalence of the different NTDs; 2) the way NTDs are treated; and 3) the benefits of taking the drugs during MDA, as well as potential side effects. The spots are broadcast in French, Hausa, and Djerma.

The second LF MDA in Bouza and Keita districts was marked by the organization of a sensitization caravan, which traveled to several villages in these districts with the goal of improving coverage.
among the populations in these districts. The caravan consists of a team of communication experts from the NTDP, representatives from the region of Tahoua and the two districts, as well as the head nurses of the different CSIs in the villages visited. The group visits the villages during the evening when families have come back from the field. Videos on NTDs are projected, and the teams also give talks on the importance of MDAs to treat and prevent these diseases. The team also animates a question and answer period.

5. Supervision
At each level of supervision, supervisory checklists are used to ensure that all aspects of the MDA are reviewed and carried out according to WHO and MoPH guidelines or regulations. In addition, where bottlenecks are detected or issues encountered, supervisory teams contact a team at the next higher level to discuss the issue and solutions. One observation that all supervisory teams had was that the amount of work that each CDD is expected to do is too much. Therefore, the recommendation to decrease the workload (decreasing the number of persons each CDD needs to treat from 500 to 300) was integrated into the FY16 workplan.

Another point that was discovered during the MDA supervision was that the registers used by the CDDs have too few pages to mark all medication given, and too many pages are given to register secondary effects. This recommendation was incorporated into the registers given to CDDs for the 2nd LF campaign currently underway in Bouza and Keita. This will also be incorporated into the FY16 MDA campaign.

In addition, the data collection and analysis has not been prioritized in the past; therefore, the data manager in each district and at the regional levels will be charged with collecting, collating and analyzing the MDA data.

The supervision of the coverage survey carried out after the MDA enabled the NTDP to ensure that the protocol was followed. There were two steps to the coverage survey: 1) to review the data in the registers to obtain an idea of the actual number of persons treated and 2) a survey to estimate coverage. The data can be compared to determine whether the results are reliable.

6. Supply Chain Management
In 2013, JSI provided technical assistance in the form of a supply chain management (SCM) audit in order to assist Niger with issues surrounding SCM for NTD drugs. An evaluation of the different recommendations from that TA was then conducted from July 13-17, 2015. The second part of the 2015 TA was a training to provide capacity-building for the regional NTD focal points and drug storage warehouse managers on dejunking and improving the usage of storage space in warehouses. The dates of this training were July 21-25, 2015.

The complete physical inventory planned for FY15 has not yet been conducted; it is planned to take place at the end of September, following the second LF MDA in the districts of Bouza and Keita. However, the results for the physical inventory at the ONPPC are available and are shown in the
table below. This year, once the physical inventory in the field is completed, the NTDP will plan a session to analyze the findings of the physical inventory. In addition, due to the amount of praziquantel set to expire at the end of calendar year 2015/beginning of 2016, the NTDP and HKI Niger are in discussions on how to start the MDA for schistosomiasis earlier than the other drug packages (the IVM, ALB and Zithromax are not expected to arrive in Niger until December; it will likely not be possible to distribute those drugs until late January 2016.

Since 2013, the NTDP has been able to receive customs clearance through UNITRAV, the transit service in the MoPH. However, as there is not a clear calendar/action plan for SCM following the clearance, there have been issues to ensure that the drug is immediately stored at the ONPPC. This is generally because the ONPPC has received information about the delivery at the last minute, and given their other duties, may not be immediately available. During the workplanning meeting in June 2015, the NTDP determined that it would implicate the Directorate of Pharmacies to improve this process and to ensure that the MoPH is responsible for the drug once it arrives. A plan was made that each year, at the beginning of MDA, a plan of action would be developed based on the planned arrival of the MDA drugs. The paperwork to clear the drug will be completed, the storage place at ONPPC will be prepared, and the reception documents will be prepared (stock cards, goods received notice, receipt of delivery).

Based on the existing stock at the district level for each drug, each program will develop a plan to put the additional drug required for that district. Unfortunately, while has continuously been the plan, the NTDP still has problems in the execution of this plan. In general, there is a difference between the stock reported by the districts during the MDA evaluations and the actual stock. This should have been mitigated following the physical inventory in 2014; however, as explained above, the physical inventory data did not undergo an analysis by the NTDP. For the physical inventory in FY15, an analysis of the results is planned. The NTDP also plans to put a team into place to monitor the physical inventory and supervise the teams conducting the inventory.

In addition, another major problem with SCM during the last six months is in relationship to the delivery of the NTD drugs by ONPPC, which required additional funds in order to correct problems with the amount of drugs placed in each district. This is one of the reasons that the NTDP determined that in the FY16 MDA, it will also involve the Directorate of Pharmacies of the MoPH, since this will make sure that the MoPH is involved with all aspects of drug receipt and delivery. In addition, a series of meetings are planned to ensure that information is shared across all actors at the central level involved with the delivery of drug. HKI will also revise the terms of the contract with the ONPPC to ensure that ONPPC is responsible for similar issues, should they again arise. In addition, the nomination of the new NTD focal point should also improve this process since there will be one central point of communication. Finally, clear lines of responsibility by the different SCM actors have been established. The ONPPC will be responsible for storing the drug and delivering the drug to the districts. The Directorate of Pharmacies will be responsible for the actual logistics and management of the drug throughout the SCM process.
7. Program Monitoring and Evaluation

There have been no major changes in M&E in the last six months, since the main activity was the MDA, and most M&E activities need to follow at least six months after the completion of the MDA. There was a coverage survey carried out following the MDA, specifically for trachoma. The main observation was that any future coverage surveys should involve all NTD programs and not just trachoma.

The results of the trachoma coverage survey are not yet available. However, as previously explained, the results will determine whether actual coverage approaches reported coverage, and may identify whether there are problems with reporting or distribution. This can be incorporated into the cascade trainings prior to MDA and identifying areas of low coverage where additional supervision may be needed in future MDAs.

Besides the coverage survey, which was carried out in June 2015 in four districts (Magaria, Zinder, Madarounfa et Dakoro), the other planned DSA for FY15 (in the table below) have not yet been carried out, since they have to take place at least six months following the MDA. Since the MDA ended at the beginning of May, they will now take place around the end of October-November 2015.

Certain problems in Niger make M&E difficult in Niger right now. The poor road system always makes it a challenge to reach the villages targeted by the evaluation, and rental vehicles are not always in good enough condition to handle the roads without experiencing problems. However, the main problem that will be faced by the NTDP when the DSA are conducted is the security situation. Pre-TAS is scheduled for the three districts of the Diffa region, which has been the site of ongoing attacks by Boko Haram and a counter-insurgency led by a coalition of forces from Niger, Nigeria and Chad. HKI is working with the NTDP to determine the feasibility and security needs for these surveys.

In addition, demographic data have been a constant challenge in Niger, since different programs have been using different sources of data for the population denominator, which means that coverage results across disease cannot be compared. This was discussed over the last six months and it was determined that all NTD disease program will use the same overall population data for the denominators (the 2012 general census, with a growth factor). The schistosomiasis program has planned to reactualize the list and populations of endemic villages in FY16.

There was also an observation that a greater emphasis needs to be placed on the analysis of different types of data. For example, the physical inventory data were never properly analysed following the FY14 MDA, but there is a recognition that this is an important need following the FY15 MDA. Likewise, the NTDP plans to involve the district and regional data managers in the collecte, collation and analysis of the MDA data.

In addition an M&E team internal to HKI will be formed to review the progress against indicators for all projects HKI is supporting, including the END in Africa project. The team will consist of the HKI
MEAL manager, the NTD M&E officer, and Vitamin A supplementation.

1. Transition and Post-Elimination Strategy
Niger has determined that its elimination date for trachoma will be in 2017 and LF will be in 2020. While this is the same date for LF, this is an updated date for trachoma. This is primarily due to the surveillance surveys (the two-year follow-up surveys after TF<5%), and the outstanding trichiasis backlog. In addition, the LF and trachoma programs plan to develop post-MDA elimination plans that will later be submitted for validation by external experts.

However, in order to ensure that diseases continue to receive support following the closure of projects such as END in Africa, the MoPH is working on an integrated health program, which will join all vertical disease programs and integrate their activities little by little. This will enable the MoPH to search for partners and funding that are not disease-specific and enable the MoPH to adequately address the needs of all diseases.

2. Short-term Technical Assistance

<table>
<thead>
<tr>
<th>Task-TA needed (illustrative example below)</th>
<th>Why needed</th>
<th>Technical skill required</th>
<th>Number of Days required and anticipated quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in FOG management</td>
<td>To ensure that new personnel are provided with an opportunity to learn about FOG management</td>
<td>Expertise in FOG management</td>
<td>1 week</td>
</tr>
<tr>
<td>TIPAC adaptation by Deloitte</td>
<td>To update the data and adapt to the new master plan</td>
<td>Expertise in TIPAC</td>
<td>10 days</td>
</tr>
</tbody>
</table>

10. Government Involvement
Niger currently has a master plan for the period of 2012-2016. HKI, through the END in Africa project, will support the NTD Coordination to develop its annual plan for 2016 during the month of September 2015. This will be through a workshop with the different NTD disease coordinators, central directors within the MoPH, representatives from the school health office, representatives from the different regions, as well as technical and financial partners.

The NTD-specific Master Plan for Niger will expire in 2016, and the country is involved in the development of a new plan for the period of 2016-2020. The plan will define the policies of Niger in health matters and will place an emphasis on NTDs. The document is currently being finalized.

In addition, in the new health development plan (2016-2020), NTDs will be prioritized, which will likely lead to a budget line within the MoPH’s budget. There was previously a budget line that had
been cut, but with NTDs prioritized in the new plan, the NTDP is hopeful that government funding will be restored and accessible.

The MoPH is currently creating a task force for all the disease programs, in support of its plans to integrate all disease programs. NTDs will be part of this task force. The Task Force should be operationalized during FY16.

An NTD focal point was named through government circular N°000162/MSP/DGR/DRH/DAP on 11 mai 2015. The new NTD focal point is Dr. Aichatou Alfari. This follows the promise the Minister of Public Health made in March 2015 following a visit by representatives from FHI360, HKI and the PNSO. The Ministry provided office space for the NTD Focal Point and HKI, through the END in Africa project, provided her with office and computer equipment and supplies.

No new donor support has started yet; however, the World Bank NTD project has just been approved by the two parties, but implementation will not begin until sometime in late 2016.

11. Proposed Plans for Additional Support to National NTD Program
   Niger will be a recipient of World Bank funds for malaria and NTDs; however, the timeframe with which those funds will be available will likely be at least one year away. These funds will primarily be used for preventive malaria treatment in districts bordering Burkina Faso and Mali, but some funds may support NTDs, including morbidity management for LF and trichiasis. Currently, trichiasis surgery is supported through HKI and The Carter Center with funding from the Conrad N. Hilton Foundation.

12. Lessons Learned
   In previous MDAs, it was identified that community-level public criers and women relays were necessary to reach the populations to ensure that they knew when the MDAs would take place and the reasons for taking the NTD drugs. This is because populations are used to receiving information personally; this is then reinforced through radio messaging. In addition, other health programs use sensitization caravanes to draw attention to their activities to improve community participation. For this reason, the NTDP determined that it would use them in the districts of Bouza and Keita only, during the 2nd LF MDA. Due to the high number of antigen-positive cases during the TAS 1 in 2013, it was determined that it is likely that more participation by the population would be necessary to ensure that the epidemiological coverage rates would be met.

Independent monitoring of the MDA was also carried out and enabled the NTDP to identify areas where coverage was less than optimal, as well as bottlenecks towards completing the MDA. The primary issues that were detected include certain areas where the amount of drug was insufficient; certain CDDs not conducting door-to-door MDA; supervision from the districts lacking in certain areas; and reports not being filled out correctly. Solutions to these issues included communicating momentary drug shortages to head nurses, who then obtained drug from other areas within their zones or from the district level; speaking with CDDs who were not complying with the door-to-door
methodology about the necessity of doing so; for supervision, it is proposed that personnel from
the epidemiological surveillance services at the district level be implicated during the MDAs to
ensure better supervision; and working with CDDs on correctly filling out data collection tools. One
other issue that came up is the compensation of CDDs; in FY16, while the amount of compensation
given to CDDs has not been increased, the NTDP determined that it would decrease the workload
for each CDD by decreasing the number of persons each CDD needs to reach from 500 to 300.

13. Major Activities for the next six months

- Trachoma impact assessments in 7 districts (Dakoro, Guidan Roumdji, Madarounfa, Mainé,
  Mayahi, N’Guigmi et Tessaoua)
- PréTAS evaluation in 9 districts (Diffa, Gouré, Magaria, Mainé, Matameye, Mirriah,
  N’Guigmi, Tanout et Zinder)
- TAS 1 evaluation in 2 districts (Niamey II and Niamey III)
- NTD Coordination meeting
- Meetings with the Governors to ensure that the FOGs are signed quickly in order to avoid
delays in activities
- FY16 MDA
  - Contract with the ONPPC signed
  - Cascade trainings for MDA (district health and education staff; health center heads;
    community distributors and teachers)
  - Radio and television messaging on NTDs developed and broadcast prior to MDA
  - Engagement of town criers and relay women to disseminate MDA schedule
    information
  - Awareness-raising caravans in districts with low MDA coverage in the FY15 MDA
  - National launch of MDA for NTDs
  - Supervision for the MDA
  - Independent monitoring of MDA
  - National post-MDA 2015 review meeting
- Annual NTD partners’ meeting
- Cross-border meeting with Burkina Faso
- Task Force meeting
- Update of SCH endemic villages
- Epidemiological assessments for onchocerciasis elimination validation in 4 districts
- Entomological assessments for onchocerciasis elimination validation in 4 districts
- Data Quality Assessment TA
Sierra Leone

With receding of EVD cases the Neglected Tropical Diseases Program (NTDP) resumed activities during the reporting period. To prepare for mass drug administration (MDA), advocacy meetings to gain the support and commitment of district level stakeholders including mayors, district chairmen, councilors, paramount chiefs (traditional authorities) and other district authorities were successfully conducted in March 2015 in every district head quarter towns. Special advocacy events were also held in June 2015 targeting community authorities in the chiefdoms/districts that failed pre-Transmission Assessment Survey (Pre-TAS) in 2013. Social mobilization events were conducted including community meetings, radio discussion programs using tools including frequently asked questions, radio jingles and flyers revised to include questions relating to MDA in Ebola and post Ebola settings. Many radio discussion programs and airing of jingles were conducted throughout the period of MDA.

Fiscal year (FY) 16 work plan sessions were held, which began with a series of macro planning meetings. Recommendations from micro planning meetings held at the district levels by various stakeholders were fed into macro planning level at the national level. At the macro planning meetings, target populations for all health districts (HDs) and the timing for mass drug administration (MDA) for lymphatic filariasis (LF), onchocerciasis and soil transmitted helminths (STH) in 12 HDs were agreed. The work plan was validated with participation of the Ministry of Health and Sanitation (MOHS), USAID, Family Health International (FHI) 360, Helen Keller International (HKI) Headquarters and regional staff, HKI Country Office NTD staff, Program Manager of Sightsavers and WHO Technical Advisor in June 2015.

MDA refresher training sessions was conducted for 1,130 peripheral health unit (PHU) staff and 22,000 community drug distributors (CDDs) for LF, onchocerciasis and STH in 12 HDs.

MDA for LF, onchocerciasis and STH was conducted in 12 HDs from May to July 2015, treating 4 million persons for LF & STH and 2.6 million people for onchocerciasis, both reaching an estimated epidemiological coverage of 78%. End-Process independent monitoring (IM) showed that 75% of eligible persons ingested both Ivermectin (IVM) and Albendazole (ALB) during MDA LF, onchocerciasis and STH in 12 HDs, slightly below WHO recommended program coverage of 80%. However, the NTDP achieved > 65% epidemiological coverage despite the Ebola Virus Disease (EVD) outbreak in the country. This can be largely attributed to the series of planning meetings and the intensive advocacy and social mobilization meetings conducted with tailored messages addressing issues around MDA in the context of EVD.

MDA for LF and STH will be repeated in rural and urban Western Area (WA) in the first to second week of October 2015 targeting 1.5 million persons using the National Immunization Day Strategy approach with community-based and fixed distribution points. MDA for schistosomiasis (SCH) will take place in 7 HDs, targeting 853,737 school aged children (SAC) and 1.7 million at risk adults from late September to early October 2015.

END in Africa SAR, April 1 – September 30, 2015
Monitoring and supportive supervisions of MDA were carried out by the District Health Management Team (DHMTs), staff of the NTDP, HKI and Sightsavers. In addition, In-process independent monitoring (IM) of MDA was also conducted by independent monitors selected from various tertiary institutions such as N’jala University, the University of Sierra Leone, Institute of Public Administration and Management, and other tertiary institutions in the country. Both the supportive supervision and the In-process IM helped to identify any obstacles and enable to put in place swift corrective measures by the DHMT and PHU staff to improve MDA coverage.

During the reporting period there was a tremendous effort to recruit more females as CDDs. At the moment, approximately 76% of CDDs are male and 24% are female. However, majority of the PHU staff are female (802 out of 1,227) and they are the frontline supervisors. Among the reasons for the low proportion of female to male CDDs is the very low literacy level among rural women and also the fact that they are often occupied with family and engaged in domestic and farming work. Although the current male to female CDDs ratio does not affect the MDA implementation, this is an issue the NTDP would like to continually improve, as females volunteers are more likely to stay in the communities compared to their male counterpart who often go in search of job opportunities such as in mining districts.

All funds received from different sources, including African Program for Onchocerciasis Control (APOC) and Sightsavers, for NTDs control/elimination activities were integrated into one funding basket and were used effectively and efficiently to maximize the benefits. Each partner contribution to NTDP was communicated to all partners to identify any funding gaps and also for transparency.

As the Government of Sierra Leone (GoSL) looks towards strengthening the health sector through the post-Ebola recovery plan, the key areas that require attention are training of technicians for surveillance activities prior to the disease specific assessments scheduled for FY16 and FY17. Morbidity management is also another area that requires attention. The number of persons with morbidity for LF is estimated at 3,600 and there is need to provide support to these individuals. Also, continuous community sensitization to rebuild confidence of communities on health workers is also key to improve MDA coverage in subsequent MDAs.

1. MDA Assessments
No MDA assessments were conducted during the reporting period

2. Changes in MDA Strategy
There has been no change in MDA strategy based on disease-specific assessments during the reporting period. All treatments are currently based on the baseline data.

3. Training
The following trainings were completed during the reporting period:

- Training and refresher training of PHU staff at district level for MDA LF, onchocerciasis & STH 12 HDs;
- Training and refresher training of CDDs and Maternal Child Health (MCH) Aides trainees to conduct MDA LF-onchocerciasis, STH in villages and district headquarter towns respectively;
- Training of independent monitors to monitor MDA LF, onchocerciasis, STH in 12 HDs;


During the reporting period, several activities were undertaken in order to mobilize communities to achieve a high drug coverage.

Prior to the community sensitization meetings, social mobilization guidelines and FAQs were revised to include issues raised by communities about EVD and MDA. At the village level, the PHU staff held pre-MDA meetings attended by traditional leaders, section chiefs, headmen, religious leaders, youth groups and local teachers. Also at the village level, the services of at least 7,000 town criers were utilized to inform over 14,000 communities about sensitization meetings at the request of the village chief and also inform the people about the availability of the MDA drugs and the need for every eligible person to comply with the treatment.

A total of 900 integrated training manuals for PHU staff, 2,000 village treatment registers for CDDs and 15,000 FAQs for community sensitization meetings were reproduced and distributed for MDA LF-onchocerciasis- STH in 12 HDs. In addition, the NTDP, HKI and JSI finalized and printed MDA tip sheets on the roles and responsibilities for CDDs and district personnel in waste management.

Community radio stations and the commercial ‘Star Radio’ that transmits nation-wide were used to disseminate well-tailored, pre-tested messages through interactive, live panelist broadcasts. Position statements for each radio broadcast were developed to ensure that key NTD messages are repeatedly delivered in various forms during each broadcast by the panelists. The public continued to participate through text messages and phone calls during the live panelist broadcasts to enhance the discussion. Jingles were produced and translated into the main local languages (Mende, Temne, Limba, Krio, Kissi, Loko and Kono) and for two months at main community radios prior and during MDA to ensure issues about MDA in the context of post-Ebola settings were addressed.

During the Ebola outbreak, traditional leaders played a great role in raising awareness about the disease. These same traditional leaders, which include women, also helped to sensitize communities about the importance of taking the NTD drugs and boost the confidence/trust between communities and health workers due the Ebola outbreak.

Commercial motor bike riders who are often on the move were included in advocacy and social mobilization efforts to sensitize them to raise awareness to others and participate in MDA.

5. Supervision

As in previous MDAs, funds were made available to the NTDP for regular maintenance of their vehicles to enable supervision of MDA activities at all levels, including supervision of hard-to-reach communities. At the district level, motorcycles were hired for the NTD focal persons and funds were provided to cover the cost of fuel to aid effective supervision. Furthermore, at the PHU level, funds were provided to cover the cost of transportation for PHU staff to supervise their catchment
communities during MDA activities.

In order to ensure that WHO guidelines are adhered to and MoHS regulations followed, the series of planning meetings held prior to activity implementations provided the platform to discuss current WHO guidelines and MoHS regulations and how they could be incorporated in to our activities.

As a way of ensuring that MDA targets were met, in-process and end-process IM was conducted for the MDA during the reporting period. The in-process IM was performed during the MDA. The aim was to find out the progress of the MDA and to report any short-comings to the NTDP for corrective measures before the end of the MDA. Results of the end-process IM, which was conducted after the MDA, were used to validate the NTDP tallies. Data on the knowledge of the communities about NTDs and MDA were also collected. These will be communicated to the DHMTs during the annual review meeting in January 2016 for appropriate measures to be taken in subsequent social mobilizations. In addition to the independent monitoring, supportive supervisions were also undertaken at national, district and community levels. HKI, Sightsavers and the NTDP supervised trainings, advocacy, some community meetings and the MDAs. The DHMTS also supervise the community meetings and implemented by PHU staff and CDDs respectively. With support from the community leaders, the PHU staff supervised the CDDs during the MDA ensuring that appropriate protocols were observed and adequate drugs provided.

The in-process monitoring and the supportive supervision helped to identify short-comings for corrective measures. The IMs reported their findings to HKI, NTDP and the NTD focal persons on a daily basis. All of the issues encountered during supportive supervisions were communicated to the NTDP immediately for corrective actions. The common problems often reported were failure to give combined doses of IVM+ALB, directly observed treatment not followed, delay in distribution, additional drugs not collected from PHUs on time, etc.

Following the refresher training, the CDDs updated their village registers. The data from each village register was collated by the PHU In-charge, verified by NTD focal person and then forwarded to NTDP at the national level. The results of the eligible village census data was used to request the quantity of drugs needed for MDA. During MDA, the CDDs administered the drug based on the census data, but were advised to add new community members to the register who were not present during the period of the census and administer the drugs to them as well.

6. **Supply Chain Management**

During the period under review, the Supply Chain Management (SCM) activities included distribution of logistics, materials and drugs for the LF, onchocerciasis & STH MDA in 12 HDs. The IVM, ALB and Praziquantel arrived in country in July 2014 for the 2015 MDA LF, onchocerciasis and STH in 12 HDs, MDA LF, STH in the WA and MDA SCH in 7 HDs but were not used due to the EVD and were stored at the NTD warehouse in Makeni. Prior to the MDA in May 2015, the drugs were supplied to the various DHMTs based on the district CDD census data. The DHMTs in-turn supplied the various PHUs with drug based on the PHU CDD census data, and the PHUs gave the drug to the CDDs in the various communities based on their eligible village census data. Other logistics such as the dose
poles (for semi urban and urban settings), pencils, pens, and polythene bags were distributed to the various DHMTs and onwards to the communities, based on the number of CDDs.

Following MDA in the 12 HDs, the remaining drugs were quantified and returned to the district drug store in each district headquarters town. These will be returned to the NTDP warehouse in Makeni. SCM topics were part of the training package for PHU staff and CDDs at all levels. The national program, HKI and JSI finalized tip sheets on waste management for CDDs and PHU staff which will be distributed to all CDDs and PHUs in the country during the FY16 refresher training sessions of PHU staff and CDDs.

The major strength in the supply chain system is the exemption of all NTD drugs and other supplies from customs payment. In addition, there is a special warehouse for NTD drugs and logistics. This makes it easier to access and distribute NTD drugs in time for MDA.

The major weakness, is the lack of functional vehicles to transport drugs and other logistics to PHUs. The NTDP vehicles are no longer road worthy following their utilization during the EVD epidemic, and DHMTs also face similar challenge. Both the NTDP and DHMTs vehicles were actively involved in the response against the EVD. A request for vehicles has been made in the FY16 work plan and that the USAID representative who attended the FY16 work planning session promised to look into USAID providing Ebola response vehicles to the NTDP once they are no longer needed for the Ebola effort.

7. Program Monitoring and Evaluation
During the period under review, several M&E activities were implemented. Funds were provided by HKI to support all data collections including results using standardized reporting tools. All training provided to members of the DHMT, PHU staff, and CDDs included the use of updated M&E tools such as village registers, tally sheets, census forms and summary sheets. During the MDA, these tools were provided at each level. In order to properly monitor MDA activities, community registers were provided to distributors to capture drug distribution and other demographic information. This information was sent upwards and summarized at PHU level, district level, up until it reached the national level using the appropriate tools and was then submitted to HKI and other partners. Questionnaires were also provided to capture treatment data.

In order to improve monitoring and evaluation of the national NTDP, HKI revised and updated evaluation questionnaires to evaluate the knowledge gained by communities during community sensitization meetings. Also, a questionnaire was developed and administered to CDDs to determine the impact of Ebola hazard allowance on community volunteering. Even though some of the CDDs were utilized during the Ebola outbreak as contact tracers, members of social mobilization and burial teams and compensation for that work, the results of the survey showed that most CDDs are willing to continue volunteering for the NTD program. This will be further discussed in the annual review meeting. The results of this survey have been submitted in abstract form for presentation at the American Society of Tropical Medicine meeting in Philadelphia, from October 25-29, 2015; HKI has not yet received notice of whether this abstract has been accepted.
The sampling for the end-process independent monitoring conducted for MDA against LF-Onchocerciasis-STH in 12 districts was modified such that a global positioning system (GPS) tracking device was installed on the mobile phones to track the movement of monitors in the clusters they were assigned to ensure they went to pre-selected clusters. In addition, a household questionnaire was administered to determine reasons for non-compliance. Data analysis is ongoing and once finalized, recommendations will be generated and incorporated into the social mobilization guidelines and IEC materials for subsequent campaigns.

One major challenge for M&E during the reporting period was the fact that MDA happened during the peak of the rainy season. Some communities were not accessible due to poor road networks hence the national program, HKI and other partners could not monitor these communities. Also, the NTDP vehicles were actively involved in the Ebola fight and are no longer road worthy making it very hard for the national program to monitor activities. In addition, NTD focal persons had two roles to play at the same time. They were actively engaged in Ebola surveillance activities and MDA activities.

In order to ensure that M&E needs are effectively met, the NTDP have requested TA to train MoHS staff on construction and management of Integrated NTD Database to improve NTD data management in the country. Another TA has been requested to help the NTDP to conduct a data quality assessment in the country. These TAs are expected to take place in FY16.

There was no change in M&E strategy during the reporting period. The TAS which was previously scheduled in FY14 have been postponed to FY17 due to EVD and the NTDP’s decision that communities need sufficient to recover once the epidemic has officially ended will provide information on whether MDA will be stopped in those districts and proceed to post MDA surveillance.

As a way of ensuring that the reported coverage reflects the actual treatment, the End-Process IM which was conducted at the end of the campaign was used to validate the NTDP reported coverage and recommended areas that needed improvement for the next MDA. The results of the end-process monitoring showed that 75% of the eligible persons interviewed at household level recalled taking both IVM and ALB. There was no significant difference between the national reported drug coverage and IM results.

During the period under review, no disease-specific assessment was implemented. Due to the EVD outbreak, all DSAs have been deferred to FY16 (SCH) and FY17 (Pre-TAS and TAS) to allow the population to recover from post-Ebola trauma.

No Data Quality Assessment (DQA) has been implemented in Sierra Leone. The NTDP has requested a TA for orientation on the implementation of a DQA in FY16. The results from the DQA training will help NTDP implement a DQA and help strengthen the data quality of the NTD Program through a review of the consistency in data and reporting at the various levels.

8. Transition and Post-Elimination Strategy
The Ebola outbreak in May 2014 disrupted NTD activities in the country. All DSAs have been deferred
to FY16 and FY17 when the population will have recovered from post EVD. During the period under review no specific post elimination strategy was achieved.

Another step taken by MoHS during the reporting period to ensure sustainability, was to work with partners to synchronize the activities of all volunteers including CDDs and bring them under one umbrella called “Community Health Workers Program” and will be directly supervised by the DHMTs. This may help minimize CDD attrition as they will be utilized by multiple programs and gain more recognition.

9. Short Term Technical
No Technical Assistance (TA) was received during the period under review. All TAs proposed to FY15 were postponed to FY16 due to the EVD outbreak.

10. Government Involvement
During the period under review, three coordination meetings took place at the national level. These meetings were geared towards activity implementation and proposed timelines for MDA activities for SCH in 7 HDs and LF- STH in the Western Area.

No Task Force meetings were held during the reporting period. An NTD Task force meeting is scheduled for late October 2015 to discuss the results of 2015 MDA LF, onchocerciasis and STH in 12 HDs and the challenges faced in the context of EVD.

The MoHS annual work plan includes a budget line to cover administrative cost for NTDP secretariat, but the release of funds remains a challenge and there was no increase of Government budget line to NTDP during the reporting period. With the exception of funds from Sightsavers no additional funding was received by NTDP from another partner during the reporting period. The funds expected from APOC were not received and funding gap was filled by END in Africa/USAID. No new NTDP staff were appointed or additional office space provided during the reporting period. During the NTD annual work plan meeting, the MoHS also acknowledged that APOC will be closing at the end of 2015 and the MOHS will need to absorb essential staff that were supported by APOC into MoHS payroll was also discussed. The MoHS pledged to support the NTDP in absorbing these essential staff into the NTDP regular salary scheme.

11. Proposed Plans for Additional Support to National NTD Program
The National School and Adolescent Health Program (NSAHP) continues to support the NTDP in the SCH and STH programs. The water, sanitation and hygiene (WASH) program of the NSAHP is one of the areas identified for possible collaboration as we move towards elimination. NTDP and NSAHP had planned to integrate messages on SCH and STH in WASH programs with support from UNICEF, but this was greatly affected by the Ebola outbreak in the country and has not yet been accomplished. There are still plans to embark on this, as the MoHS continues to engage the public on how to maintain IPC practices at all levels. The NSAHP, UNICEF and other partners are planning to provide a second round of deworming to school-going children in the 12 HDs in mid-September 2015. HKI and NTDP have been asked to provide technical support.
No activities were implemented to support morbidity management during the reporting period. In the past, Johnson & Johnson provided funds to support NTDP to conduct hydrocele surgeries. The current backlog of hydrocele patients requiring surgery is estimated 3,600 costing about $265,787. Recently, the NTDP met with the oversight committee on the post-Ebola recovery plan and requested the support of GoSL for morbidity management. In the coming months, the national program will engage senior MoHS staff for continued support to the program especially in the area of surveillance and morbidity management.

12. Lessons Learned/Challenges
October and November remain the ideal months for CDDs to volunteer. This ‘window of opportunity’ was not utilized in the FY15 MDA due to the Ebola outbreak. May-July are the peak of farming activities in Sierra Leone and therefore a difficult time for CDDs to volunteer, especially when most districts had already gone a whole year without effective farming activities. In addition, despite the fact the country was still reporting new EVD cases, the NTDP and partners worked tirelessly to accomplish a successful MDA. The use of community radios to broadcast jingles and live interactive discussions and to hold community meetings with stakeholders have been key to achieving good coverage in previous campaigns. These strategies were again implemented with modifications to include the context of EVD, which helped achieve a good coverage. Social mobilization guidelines and IEC materials were revised to address issues and concerns surrounding EVD and MDA in the bid to improve drug coverage. This same strategy will be utilized in subsequent MDAs.

In-Process IM conducted during the MDA has been very instrumental in improving the final MDA coverage. The monitors report on a daily basis to HKI, NTDP and DHMT and any issues such as noncompliance, mal-distribution, stock-outs, etc. that might hinder a successful campaign are resolved immediately.

13. Major Activities for the next six months
- Annual Review Meeting for NTDs – January 2016
- Training
  - MDA against SCH-STH in 7 districts for supervisors, DHMT staff and PHU staff September 2015
  - MDA against LF-STH in the WA for supervisors, PHU staff and Community Health worker – September 2015
  - Training of Trainers, PHU staff, MCH Aides, and CDDs for MDA LF, onchocerciasis & STH in 12 HDs in January/February 2016
- Advocacy meetings and social mobilization
  - MDA for SCH-STH in 7 districts - October 2015
  - MDA for LF-STH in the WA – October 2015
  - MDA LF, onchocerciasis & STH in 12 HDs in March 2016
  - Cross-border meetings in support of MDA in February 2016
- Distribution of drug for MDA SCH-STH in 7 Districts – September 2015
- Distribution of drugs for the MDA LF-STH in the WA – October 2015
- Distribution of TOMS Shoes for CDD Motivation – November/December 2015
Togo

The main activities during this period were the June/July 2015 nationwide integrated mass drug administration (MDA) to treat soil-transmitted helminths (STH), onchocerciasis, and schistosomiasis, the data entry and analysis of an integrated disease specific assessment to assess the impact of MDA on the prevalence of STH and schistosomiasis, and the implementation of coverage validation surveys in three districts and in a group of villages with persistent high prevalence of onchocerciasis. Also during this period, the Togo Ministry of Health (MOH), in collaboration with Health & Development International (HDI), submitted drug orders for the coming fiscal year and developed a new integrated neglected tropical diseases (NTD) Work Plan for FY2016.

In June/July 2015, the MOH implemented their fifth nation-wide integrated MDA to treat onchocerciasis, schistosomiasis and STH, the sixth large scale integrated MDA under USAID funding. This activity was delayed due to a problem with the albendazole delivery, but UNICEF was able to lend albendazole to the MOH for the integrated MDA. Medications (ivermectin, praziquantel, and albendazole) were provided to school-aged children and high-risk adults via a community-based, house-to-house distribution platform. Community drug distributors (CDDs) distributed medications according to local disease prevalence, per World Health Organization (WHO) guidelines and MOH recommendations. In preparation for the MDA, the MOH organized supervisor training sessions in all five geographic regions, followed by training of the nurses, ultimately culminating in the CDD training. The MDA began in mid-June and continued through mid-July 2015. The drug distribution report forms were collected from all of the districts in August 2015 and data entry occurred in September 2015. Data analysis is ongoing and results will be available shortly. Overall, we expect the data will demonstrate high treatment coverage and minimal drug losses, as in Togo's previous MDAs. MDA coverage validation surveys were implemented in three districts and in a group of villages with persistent high prevalence of onchocerciasis. Fieldwork for this study was completed in mid-September and data entry is underway.

The basic analysis of the data from the integrated disease specific assessment for schistosomiasis and STH has been completed and the report is available. Overall, there has been the prevalence of both diseases throughout Togo is greatly reduced following four to five years of MDA with praziquantel and albendazole. There is one district, Ogou, where the reduction is not as great as would be expected, and this district is one of the three targeted in the coverage survey that will be implemented in September 2015. A subset of samples from this survey are also being analyzed for antibodies to onchocerciasis (Ov16) and lymphatic filariasis (Wb123) through operational research funding from the Task Force for Global Health.

Planning for the second round of MDA that will take place in October 2015 has begun. The second round of treatment will be delivered to areas with high rates of STH (4 districts, funded by USAID) and/or onchocerciasis (11 districts, funded by the MOH/Sightsavers). The MOH will finalize drug distribution plans as soon as the Spring MDA data are completely analyzed.
Collaborations among the Integrated NTD Program, HDI-Togo, and the Onchocerciasis Program are being strengthened. The MOH, HDI, and Onchocerciasis Program are collaboratively developing detailed and integrated implementation plans at the central level for distribution of medications and data analysis. In addition, USAID has agreed to fund a number of onchocerciasis surveillance activities, which requires a new level of collaboration among the Onchocerciasis Program, Integrated NTD Program, and HDI.

Finally, the MOH has worked with HDI, USAID, FHI 360, and other partners to develop a new Work Plan, and the MOH worked with HDI to generate drug orders for the upcoming fiscal year. Overall, this has been a highly successful six-month period. Although the final treatment numbers have not yet been calculated for the recent nation-wide MDA, we expect that the coverage will be excellent this time too, and we look forward to continued successful activities.

1. **MDA Assessments**
The workbooks have not yet been updated with the June/July MDA numbers. We will update them as soon as they are finalized and confirmed by the MOH.

2. **Changes in MDA Strategy**
Outside the capital of Lomé, all school-aged children will receive at least one dose of albendazole each year. This will begin in FY 2016. Change was made to Togo MOH policy to ensure all children receive annual deworming and maximally reduce the prevalence of STH in Togo.

3. **Training**
The details of various categories of persons trained disaggregated by sex will be updated in the workbooks.

4. **Community Mobilization, IEC materials, Registers, Publications and Presentations**
During the June/July 2015 integrated MDA, town criers were used to publicize the campaign. The MOH developed radio spots (in French, as well as nine different local languages) to encourage individuals to participate in the MDA.

The community drug distributors (CDDs) have dose poles and educational flip charts that can be reused every year. Use of the flip charts as an educational tool was stressed during all levels of the cascade training sessions.

5. **Supervision**
The Togo Integrated NTD Program conducts training and supervision using a cascade approach. Each level trains and supervises the next lower level, from central to region-, district-, and finally to the PHU-level. During MDA activities, drugs are delivered to each level, and ultimately reach the CDDs. After the MDA is complete, CDDs return any remaining medication along with treatment records to their local nurse supervisor, who then collates the medications and data and returns them to his or her district supervisor. Supervisors also examine registers and summary sheets to confirm that data have been correctly recorded in the registers.
As part of the supervision process, a rapid evaluation is conducted in which a random sample of villages is selected for close examination. Adherence to treatment targets and coverage of the village are assessed. Problems identified are quickly investigated and corrective actions are taken while the MDA is still in progress. If there are issues that need to be investigated beyond that village, that is done quickly.

Supervisors also investigate all problems reported by the implementers. Problems in implementation of the integrated MDA are identified during field supervisory visits, during post-MDA reviews when drugs and data are returned to the nurses and district supervisors, and at a central level after data are analyzed. If implementation problems are identified in a particular geographic area, these problems are addressed during the next round of training and more attention is paid to that area during future MDAs by the central supervisors in order to resolve the issues.

PHU-level drug distribution guides that conform to WHO treatment guidelines (based on disease prevalence) and MOH recommendations are distributed to every CDD. After the MDA, reported coverage is calculated and compared to the intended distribution plan. Feedback on any errors is given to the PHUs and CDDs where the error occurred.

6. Supply Chain Management
The June/July MDA should have been held in April, but was delayed due to a late albendazole delivery. The albendazole application was submitted on December 11, 2014, after the WHO deadline, and receipt was confirmed on December 12, 2014. Unfortunately, the application was not sent to the next administrative level, and the application was not processed. This was not discovered until the MOH requested an update on April 10, 2015, and the WHO recognized that no order was pending. Ultimately, the WHO agreed to fill Togo’s order (as well as Mali, who experienced a similar problem), but the drugs were not received until after the MDA began. Luckily, UNICEF agreed to lend the Integrated NTD Program the albendazole that was needed. Once the donated albendazole was received in Togo, the MOH repaid the borrowed albendazole. In the future, the MOH and HDI will follow up with WHO and request an update on the drug application well in advance of integrated MDA activities. In addition, HDI helped ensure the MOH submitted the albendazole application prior to the August 15th deadline this year, in order to ensure that the WHO has adequate time to process the application.

Other than that major problem, supply chain management is generally a strength of the Togo MOH Integrated NTD Program. Once the Togo MOH had all of the medications, the MOH delivered them to the regions according to a drug distribution plan that was generated collaboratively by the Togo MOH and HDI. Once in the regions, the drugs were then distributed to the districts and peripheral health units (PHUs). At each step of the process, the number of drugs being distributed was documented and inventory forms were signed. Once the MDA was completed, the remaining drugs, as well as the reporting forms, flowed back up the chain from community drug distributor (CDD) to PHU, district, region, and ultimately back to Lomé. At each step, drug distribution records
were checked against the number of drugs received, and any losses were documented. During the June/July MDA, losses and wastage are expected to be minimal, but we have not received final reports and medications from a few districts.

7. Program Monitoring and Evaluation
The Togo MOH is continuing to use the existing monitoring and evaluation (M&E) framework and tools supplied by FHI 360. The Coverage Survey results in 2012 indicated that coverage is high, but there is room for improvement with respect to the educational component of MDAs; the flip charts were not used as much as they should have been. The importance of the educational component of the activity was emphasized in recent MDA trainings. A second coverage survey was implemented in September, and once these data are available they will allow the Togo Integrated NTD Program to determine whether more needs to be done to strengthen the coverage or education components of the MDA.

Traditional, WHO-prescribed post-MDA LF surveillance will stop at the end of FY2015, but findings from the period of this report indicate that LF transmission is no longer occurring in Togo. The third TAS report is included as an appendix of this document. Given that LF still exists in its neighboring countries, Togo nevertheless needs to design its own LF surveillance approach to detect any reintroduction of LF from other countries.

The results of the integrated impact assessment for schistosomiasis and STH will soon be available. This survey measured the prevalence and intensity of infection with schistosomiasis and STH in school-aged children (SAC). This activity employed urine examination for S. haematobium using urine dipsticks and urine filtration and stool examination for S. mansoni and STH using Kato Katz assays. The Ov16 rapid test was also employed in children age 6 to 9 years as part of the country’s effort to determine the prevalence of onchocerciasis and the extent of onchocerciasis transmission in this cohort of children born since the start of nationwide MDA for onchocerciasis. The results demonstrate good control of these diseases, with a few areas where further work is needed. The data are being used to update the treatment strategies for these diseases. The results will be used to lobby both within and outside Togo for support to sustain these gains. The report of this activity will be available in October.

8. Transition and Post-Elimination Strategy
The MOH is demonstrating commitment to the integrated NTD program in a number of important ways. The Togo MOH is currently finalizing the 2016-2020 NTD five-year plan and is taking on additional responsibility for management and analysis of the Integrated NTD Program data, including the completion of drug requests, analysis of the MDA data, and fixed obligation grant (FOG) deliverables. The Togo MOH will submit a dossier requesting validation of the elimination of LF as a public health problem to WHO. The MOH also hopes to submit a dossier for verification of elimination of transmission of LF, but WHO guidelines are lacking and ongoing MDA with ivermectin for onchocerciasis may be a barrier to verification.

9. Short-Term Technical Assistance
Deloitte led a TIPAC training in Togo in March. The MOH NTD team, as well as HDI-Togo

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representatives participated in this training. Supply chain management training did not take place during this FY, although the MOH and HDI-Togo received copies of the French version of the Guide to Health Care Waste Management for Community Health Workers.

10. Government Involvement
The government of Togo continues to be strongly supportive of the Integrated NTD Control Program. The MOH has held numerous coordination meetings over the past six months to discuss the June/July MDA implementation, integrated disease specific assessment, and coverage survey preparations. A meeting was convened to review and validate the new 5-year strategic plan for NTD control: 2016-2020. The Togo MOH is also developing their data management and analytical capabilities.

11. Proposed Plans for Additional Support
The Togo Integrated NTD Program has relied on broad partnerships to accomplish goals and continues to encourage active participation by a variety of partners. For example, the MOH works with the WHO to successfully obtain the duty-free release of the MDA medication and materials for epidemiologic assessments from Customs. In addition, the MOH has worked with UNICEF to implement integrated MDAs. The further integration with the Onchocerciasis Program will facilitate integrated MDAs over the short-term, and over the long-term, will allow the MOH to more easily accomplish the goal of onchocerciasis elimination in Togo. Finally, the MOH and HDI have received funding from the BMGF to train CDDs to identify cases of hydrocele and trichiasis in their communities, and once cases have been identified, to provide surgery to those requiring it. We are grateful that this funding fills a gap in the existing integrated NTD activities. Morbidity management funding was previously available to train nurses to help the community members afflicted with lymphedema or hydrocele; that funding source is no longer available so there are no morbidity management activities ongoing. The MOH is working together with HDI and Sightsavers to maximize blindness prevention in the community, utilizing both Sightsavers and BMGF funding.

12. Lessons Learned/Challenges
Integrated MDA coverage in Togo has always been very high; however, the Togo MOH continues to improve the training in a number of ways. The training materials were updated in advance of the training cascade for the June/July MDA. The data from the previous year were analyzed and geographic locations were identified in which coverage was relatively low or in which individuals were inappropriately treated. Special efforts were made to ensure that training in those problematic locations was strengthened, and that those in charge of supervision were aware of the problems. Trainers stressed the use of the educational flip charts, which were not being widely used in some areas, as determined by a previous coverage survey.

13. Major Activities for the next six months
• October 2015 – Conduct MDA in high-STH-burden areas; Produce report of June/July 2015 MDA; HDI-Togo and HDI-HQ team participates in ASTMH meeting in Philadelphia, PA;
Onchocerciasis surveillance activities

- November 2015 – October MDA data is collected at the local level; Onchocerciasis surveillance activities
- December 2015 – Data from October 2015 MDA are entered and analyzed; Onchocerciasis elimination committee inaugural meeting; Onchocerciasis entomological surveys
- January 2016 – Refine MDA training materials; Conduct NTD Program stakeholder meeting; Finalize microplans, budget; Receive all medication; Onchocerciasis entomological surveys
- February 2016 – Reproduce training materials for MDA; Revise, produce, distribute messages for social mobilization; Onchocerciasis entomological surveys
- March 2016 – Continue preparations for April 2016 MDA; Finalize Praziquantel application; Implement training of supervisors, nurses, and CDDs; Onchocerciasis surveillance activities; Onchocerciasis research activities in collaboration with CDC
Ghana

The focus of the NTDP in FY2015 is to conduct a pre-validation trachoma survey having stopped treatment in all endemic districts, scale down LF MDA significantly following conduct of TAS in 24 evaluation units (EU) while progressively increasing post MDA surveillance, conduct pre-TAS in 15 districts and TAS in 4 EUs (12 districts), conduct integrated MDA for 29 LF districts, 85 onchocerciasis districts and 216 districts for STH, second round onchocerciasis MDA in 45 hyperendemic districts. The program also aims produce IEC materials and engage the NTD ambassador to enhance advocacy for the NTDs, conduct quarterly ICCC meetings and continue engagement with private sector for support for NTD activities. The NTDP achieved these objectives but most delayed hence results of MDA are not yet complete. Five districts out of the 15 that conducted pre-TAS in the period passed. All 12 districts were TAS was conducted passed. The results will be submitted to RPRG for approval. The program successfully conducted a work planning meeting in June 2015. The USAID has approved activities and budgets of the NTDP for FY2016. The Master Plan document was reviewed to extend its tenure to 2020.

The first END in Africa and ENVISION Joint Meeting for Elimination Planning was held at Labadi Beach Hotel on Accra on 21-23 April, 2015. The meeting was attended by all countries supported by USAID through END in Africa (Ghana, Sierra Leone, Burkina Faso, Niger and Togo) and ENVISION (Mali, Benin, Nepal, Haiti and Uganda). It was also attended by USAID, the World Bank, Task Force, RTI and FHI 360. The meeting was a success and met the expectation of participants as indicated by Emily Wainwright of USAID in her wrap up to close the meeting.

The NTDP conducted Work Planning Meeting on June 29, July 2-3, 2015 at the Alisa Hotel in Accra. It was attended by partners including FHI 360, Sightsavers, Volta River Authority (VRA), and Partnership for Child Development (PCD), WHO and the School Health Education Program (SHEP) of the Ghana Education Service. The meeting discussed proposed NTDP activities for 2016 and the corresponding budgets. Partners and the NTDP arrived at relevant activities for 2016 while partners indicated broadly their areas of support. All NTDP activities received support apart from morbidity management. The USAID was by far the largest funder of the NTDP followed by Sightsavers. PCD indicated that support provided for STH had concluded in 2015. VRA pledged continued support to community SCH treatment.

1. MDA Assessments

Pre-TAS was conducted in 15 districts in January and February 2015 collecting a total sample of 13,069 but sample reading was completed in June. A total of 76 samples tested positive with 5 districts passing the pre-TAS and 10 failing. This means that the 5 passing districts will conduct TAS 1 in FY2016 to determine if MDA can be stopped in those districts.

The NTDP conducted transmission assessment survey in 12 districts clustered into 4 enumeration areas (EUs) in March – April 2015. Seven of the districts were conducting first TAS after passing
Pre-TAS and the other 5 districts were conducting third TAS. The results of TAS in the 7 districts was used to determine if MDA can be stopped while TAS in the 5 districts was used to assess recrudescence. TAS was conducted by using ICT cards. A total of 6,469 pupils were sampled in 164 schools in the 4 EUs. Only positive test results was obtained with 258 tests showing non-response. All 12 districts thus passed the TAS. MDA will be stopped in the 7 districts where TASS 1 was conducted while the 5 districts conducting TAS 3 will enter into a phase of ongoing surveillance. Entomological surveillance for black flies in 18 districts in ongoing since July.

The Pre-TAS and TAS results of the 5 and 12 districts respectively will be submitted to RPRG for approval.

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

There has been no change in MDA strategy over the period. However, following results of TAS conducted, MDA will be stopped in 7 additional districts that have passed TAS following RPRG approval. This will bring the number districts stooping MDA for LF to 76 leaving 22 districts that will conduct MDAs in FY16

3. Training

Training was conducted for health staff and staff and GES staff at the national, regional, district and sub-district levels. The details of various categories of persons trained disaggregated by sex is updated in the workbooks.


The NTDP organized a two-day IEC material development workshop on April 28-29th, 2015 at the Chances Hotel, Ho. It was attended by technical officers of the NTDP and Regional Health Promotion officers of the Ghana Health Services from all 10 regions of the country. The workshop developed creative briefs for all 5 PC NTDs for the 20 double-phased billboards to be located in all regions the country. The workshop also reviewed the school-based and community-based MDA posters for reproduction.

Vendors awarded IEC materials have delivered 20,000 each of the community-based and school-based posters, 10,000 reviewed community registers and 2,000,000 parent notification forms. The community based registers and posters have been distributed while rest will be distributed during the school-based MDA in November. The billboard development is the stage of pretesting of approved designs. 10,000 copies on Patient handbook on morbidity management is under production. All the IEC materials are funded by USAID.

5. Supervision

The NTDP was supported to conduct supervision at all levels financially and technically. Financial support was provided to the program through the FOG to in health and education workers to supervise school based MDA. Also Technical support was provided in the form of FH1360 staff working with NTDP joined the team to supervise during the MDA. The checklist for monitoring was designed to address help address specific requirements and standards of WHO.
6. Supply Chain Management
Supply chain management especially accounting for used drug and transporting same to regional medical stores for safe keeping continues to be a huge challenge confronting the NTDP. USAID, FHI360 and JSI have developed a simple guideline to support districts in managing medicines before and after MDA. A similar guideline targeting MDA waste management for CDDs was also developed. The documents have been produced and supplied to the NTDP in August. It is expected that they health staff and CDDs will be trained on tools before distribution

7. Program Monitoring and Evaluation
Data quality assessment was postponed by a month but completed in 4 districts of 4 regions 29th October 2015. Findings of the assessment will be provided after the report is validated by the NTDP.

8. Transition and Post-Elimination Strategy
As part of improving M&E for NTDs, the Program conducted DQA in 4 districts of 4 regions and it is expected that findings of the assessment will be used to improve NTD data management in the coming years

The Program continued to rollout a data entry tool developed for all the Districts to manage their data and provide feedback to the sub-districts. Some selected staff from the target districts and regions were trained to use the tool and ensure data availability at all levels of the health system. This will also ensure that districts take ownership of their own work and activities by analyzing and giving feedback to their sub-districts and the communities they serve.

TAS was conducted for 12 districts (TAS1 for stopping MDA in 7 districts and TAS3 or second post-MDA TAS in 5 districts that stopped MDA in 2010). Results show that all 12 districts passed the TAS bringing the number of districts that have stopped MDA for LF to 76 out of the 98 LF endemic districts. Among the 15 districts that conducted pre-TAS, only 7 passed the pre-TAS with LF mf prevalence below 1%. This means that these 7 will conduct TAS in FY2016 and the 8 continue to be among the list of districts considered ‘hotspots’ for LF (for Ghana these are districts that have failed pre-TAS at least once). FHI360 and the NTDP is currently working with the international NTD community and the Task Force for Global Health to identify the appropriate solution to this problem in Ghana. In FY2016 TAS will be conducted in a total of 71 districts (TAS1 for stopping MDA bin 7 districts and TAS2 or first post-MDA TAS in the 64 districts that conducted TAS1 in FY2014 and stopped MDA. The trachoma pre-validation survey planned for September 2015 was postponed and will now be conducted first quarter of FY2016.

9. Short Term Technical Assistance
The NTDP has contracted technical assistance from the Noguchi Memorial Institute for Medical Research (NMIMR) to train 30 laboratory and program staff to conduct SCH/STH survey. The training is scheduled for the September 21-25, 2015.

10. Government Involvement

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The Ghana Health Service appointed a distinguished person, Dr Joyce Aryee as the NTD ambassador in 2014. As part of equipping her with the requisite knowledge about NTDs and orienting her on the activities of the NTDP, a half day seminar was organized on 9th June, 2015 at the Novotel Hotel in Accra. The NTDP management and program officers made presentations on overview of the NTDP, disease specific presentations, funding sources and funding gaps, resource mobilization strategies and efforts, partners and challenges. Staff of END in Africa Project in FHI 360 also participated in the seminar.

The seminar was followed by a half-day media engagement on 17th June, 2015 to inform and equip the media on NTDP activities and to solicit their support towards advocacy and social mobilization for NTDP activities. It was also an opportunity to present the NTD Ambassador to the media. It was organized at the Ghana International Press Centre which also serves as the headquarters of the Ghana Journalists Association (GJA). The event was coordinated by the GJA. The event was attended by about 34 journalists/reporters from 17 state-owned and private press houses. They represented 6 TV stations and 6 radio stations broadcasting in both English and local languages. Five print media houses including the state newspaper and the Ghana News Agency attended. The seminar was opened with a statement from the GJA president. The NTD ambassador was the guest speaker while the Deputy NTDP Manager made presentations on NTDs and NTDP activities. One-pager briefs on the 5 NTDs using preventive chemotherapy were used developed presented to all the journalists. NTDP and NTDs received wide publicity following event including primetime news items, feature articles and brief documentaries on major TV networks.

As part of publicity and social mobilization for the integrated MDA a national MDA launch took place on 19th May in the Ashanti Regional capital Kumasi. It was attended by the Deputy Director Ghana Health Service, the Ashanti Regional Director of Health Service, Representatives of all 10 regional health administrations, partners, traditional rulers, and students of health training institutions. The 2015 MDA was launched by the Deputy Director General of the Ghana Health Services. The event was covered by both state-owned and private press houses including TV stations. It was featured in prime time news and print media.

11. Proposed Plans for Additional Support
The NTDP through its resource mobilization effort secured commitment from one indigenous private organization to support morbidity management in one region of Ghana with about $85,000. The memorandum of understanding (MOU) was expected to be signed in May 2015 but this fell through with the organization postponing the signing of the MOU indefinitely. However they continue to engage the NTDP.

12. Lessons Learned/Challenges
The NTDP identified challenges with computation of treatment coverages especially at lower levels of the health system. To minimize errors associated with reporting MDA data the Monitoring and Evaluation officer developed an excel reporting template which automatically sums treatment by community, sub-district and districts as well as compute treatment coverage at the various levels.
Regional Health Information officers from the Ghana Health Service were trained on the tool and resources provided to conduct trainings at the districts and sub-district levels.

13. Major Activities for the next six months

- Conduct SCH/STH impact assessment survey in October 2016
- Hold annual NTDP planning meeting in October, 2015.
- Conduct integrated SCH/STH school-based MDA in November
- Conduct Trachoma Pre-validation survey in the first quarter of FY16
- Conduct TAS in 69 districts by in January 2016.