



End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

October 2011 – March 2012

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.

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Acronyms and Abbreviations

ADS	Automated Directives Systems
ALB	Albendazole
AOTR	Agreement Officer's Technical Representative
CDD	Community Drugs Distributors
CERMES	Centre de Recherche Médicale et Sanitaire
CPIRS	Commodity Procurement Information Requests
CRS	Catholic Relief Services
DHTMs	District Health Management Teams
EMMP	Environmental Management and Mitigation Plan
FGAT	Financial Gap Analysis Tool
GHS	Ghana Health Services (GHS)
GSK	GlaxoSmithKline
HDI	Health & Development International
HKI	Helen Keller International
HQ	Headquarters
IVM	Ivemerctin
ICCC	Intra Country Coordinating Committee
JSI	JSI Research and Training Institute, Inc.
KM	Knowledge Management
LATH	Liverpool Associates for Tropical Health
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
NTD	Neglected Tropical Diseases
NTDCP	NTD Control Program
OAA	Office of Agreements and Acquisitions
ONPPC	The National Office of Pharmaceutical and Chemical Products
PCT	Preventive Chemotherapy
PD	Program Description
PHU	Peripheral Health Unit
PZQ	Praziquantel
RFA	Request for Application
R4D	Results for Development
RISEAL	RISEAL
SAR	Semi-Annual Report
SAT	Subaward Tracking
SCM	Supply Chain Management
SFRS	Subawardee Financial Reports
SOW	Scope of Work

TA	Technical Assistance
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

Executive Summary

This semi-annual report outlines the progress made during the first and second quarters in Year Two (FY 2012) of the five-year Cooperative Agreement No. AID-OAA-A-10-00050, “Control of Neglected Tropical Diseases (NTD) Track 2A Africa”, which began on September 30, 2010. The project is titled “End Neglected Tropical Diseases in Africa”, or “END in Africa”. The five countries chosen by USAID for the operational portfolio for FY2011 include: Burkina Faso, Niger, Togo, Ghana, and Sierra Leone. These countries have remained in the portfolio with no changes during the period under review.

During this reporting period, FHI 360 and its consortium achieved all major anticipated activities outlined in the preceding Semi-Annual Report (April-September 2011). This included finalizing and executing all sub agreements that had previously been pending (write out OAA) (OAA) approval, and conducting planning meetings in all five countries in collaboration with USAID and the respective MOHs and Sub grantees. FY 2012 Work plans have been approved by USAID for Ghana, Togo and Sierra Leone, Burkina and Niger. FHI 360 monitored all sub agreements to ensure compliance with reporting, spending, and cost share requirements according to USAID regulations.

During this period under review, FHI 360 worked in collaboration with JSI to solidify drug procurement and Supply Chain Management (SCM) processes. JSI, in collaboration with the MOH and sub grantees conducted needs assessment projections in order to quantify drug needs for the 2012 MDAs. A Rapid Assessment tool designed to improve the planning process and execution of future MDAs was used during the assessments. The tool will help strengthen countries’ SCM. FHI 360, in conjunction with USAID, chose Missionpharma to supply the drugs for the 2012 MDAs. OAA approved the procurement at the end of January and the drugs are currently being manufactured for delivery to the countries starting in April 2012.

Deloitte conducted financial sampling of MDA transactions of the MOHs in Burkina and Niger as defined under the 2nd tier sub agreements. Deloitte produced a report highlighting their findings entitled “Financial Sampling of MDA Expenditures”, which was presented to USAID in February 2012. Key findings outlined in the report included: 1) appropriate implementation partner official approval of the disbursement was evidenced; 2) quotes were obtained when required; 3) checks were signed by authorized personnel and check details matched information included in bank statements; 4) charges were necessary and reasonable, as defined by OMB Circular A-122. Recommendations included providing MOH staff guidance on certain record keeping skills and overall MOH capacity building. Sampling of transactions under the second tier sub agreements are scheduled for Ghana, Togo and Sierra Leone after the completion of the forthcoming MDAs and vouchers are processed.

The focus of M&E activities during the period included assessing the capacity of M&E systems for NTDs in respective countries, supporting countries in the development of their respective work plans, maximizing opportunities for learning NTD strategies and guidelines, generating program results, and supporting country programs in the monitoring of NTDs. The rapid M&E appraisal conducted in four countries proved useful in providing inputs to RTI/WHO in the development of the new WHO tool for situation analysis of M&E in country programs.

FHI 360 and its consortium successfully conducted an MDA in Sierra Leone during the period under review. Sierra Leone MDA data for the period, as well as data for the 2011 MDAs that were conducted in Burkina Faso and Niger, were validated and reported to USAID. The results of the reported data indicate that preventive chemotherapy (PCT) for the selected five NTDs [lymphatic filariasis (LF), soil transmitted helminthes (STH), onchocerciasis, schistosomiasis and trachoma] was provided in a total of 102 districts. The amount of treatment included: 17,728,299 treatments with ivermectin (IVM); 18,146,286 treatments with albendazole (ALB); 4,157,782 treatments with praziquantel (PZQ), and 8,941,308 treatments with azithromycin and tetracycline. Overall, 48.9 million treatments were provided to over 22.5 million persons for NTDs in Burkina, Niger and Sierra Leone. MDA is currently being implemented in Ghana. MDAs for 2012 will begin next quarter in the remaining four countries.

In order to measure impact of MDA on disease prevalence, the National Neglected Tropical Diseases Control Program (NTDCPs) supported disease-specific assessments in line with WHO guidelines in Burkina Faso, Niger, Sierra Leone and Ghana in the reporting period.

FHI 360 continued to provide leadership and comprehensive project support through its office in Washington, DC and Regional Hub in Accra, Ghana. As noted in the previous Semi-Annual Report (SAR), the project is overseen by the Project Director, and supported by the Program Officer in the US office. In November 2011, Isaac A. Asante was recruited for the role of Senior Grants Manager based in Accra. In this position, Mr. Asante oversees the daily and long-term management of the grants for all country sub grantees.

In the next six months, FHI 360 will continue to implement the END in Africa project activities as outlined in the Annual Workplan 2012. FHI 360 and partners will work to support HKI, HDI, and CRS on the implementation of their projects in each country including MDAs and 2nd tier sub agreements. In addition, FHI 360 will collaborate with LATH to hire a Knowledge Manager, and thereby complete the remaining item from the previous SAR. This is an action item that was placed on hold during the period under review per a request from USAID. Finally, FHI 360 will continue to ensure that all sub grantees and partners remain compliant to all approved sub agreements on all financial, reporting, and project implementation activities.

Project Management

During the period under review, FHI 360 executed various activities to ensure the continued progress of the goals outlined in the END in Africa workplan. The following section outlines some of the key accomplishments related to project management.

- An Amendment was created and approved for the LATH subagreement to increase their Obligated Amount for 2012, as they had reached their spending limit for 2011. The Total Estimated Award for the agreement remains the same.
- FHI 360 continued to hold bi-weekly meetings with USAID, with other participants attending as needed. These meetings continue to provide opportunities to identify pending issues, proactively anticipate and troubleshoot any conflicts or challenges, and map out short-, medium- or long-term strategies on a regular basis.
- In February 2011, it was determined that each month, one biweekly meeting will be replaced with a stakeholder-wide conference call, which will include participants from FHI 360 DC, END in Africa Regional Hub in Ghana, JSI, LATH, and Deloitte.
- A day-long “Partners Meeting” retreat conducted by USAID was held on December 19, 2011. Attendees included representatives from FHI 360 for END in Africa and END in Asia, JSI, LATH, Deloitte, and the RTI ENVISION project. The purpose of the meeting was to bring together all stakeholders to set goals and outline the overall scope of the END and ENVISION projects, including how they will work together, reporting requirements, communications strategies, overall management structures, and information sharing.
- In the previous period under review, Isaac A. Asante accepted the position of Senior Grants Manager, based in Accra, Ghana. In October 2011, he assumed the role full-time and oversees the day-to-day grants management for country subgrantees in addition to general program activity oversight. The change in structure and addition of this new position has made the communications, reporting, and management structure more aligned with the needs of the project.

The Subaward Tracking (SAT) System has been incorporated as a regularly-used program management instrument in both the DC and Ghana regional Hub offices. The Program Officer in DC uses the SAT to monitor the monthly and historic expenditures of domestic partners JSI, LATH, and Deloitte. The Senior Grants Manager in Accra uses the system to monitor the Sub awardee Financial reports (SFRs) for all country sub-grantees. All data are cross-checked and approved by the Project Director, and are also monitored by the FHI 360 Operations Finance representative.

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 subgrantee activities in each country, technical assistance/capacity building, collaboration and coordination, and M&E.

Issuance and Management of Grants

- The objective under this period of review was to enter into and complete first-tier subagreements with CRS, HDI and HKI to support project implementation in Ghana, Togo, and Sierra Leone, respectively:
 - The Togo subagreement with HDI was successfully executed in October 2011
 - The Sierra Leone subagreement with HKI was successfully executed in November 2011
 - The Ghana subagreement with CRS was successfully executed in November 2011
- FHI 360 worked to support the MOH-led process for developing 2012 annual work plans for USAID-funded activities:
 - The Project Director and representatives from the Ghana regional Hub, USAID, and relevant subgrantee organizations travelled to the following countries from October-December 2011 to complete work planning activities in collaboration with the respective country MOHs:
 - Ghana (CRS)- October 24-November 5
 - Togo (HDI)- November 12-18
 - Burkina Faso (HKI)- November 26 -30
 - Niger (HKI)- Dec 2-8
 - Sierra Leone did not require a work planning session with FHI 360
 - HKI submitted their workplan to RTI and it was validated by USAID for use by FHI 360 for 2012.
 - FY 2012 Work plans for each country subgrantee were submitted in early winter according to deadlines set in the work planning meetings. FHI 360 and USAID collaborated in a review process in order to ensure that all key requirements identified in the work planning meetings were met and included within the plans.
 - 2012 Work plans for Ghana, Sierra Leone, and Togo have been finalized and approved by USAID.
 - 2012 Work plans for Burkina Faso and Niger have been approved by USAID.
- FHI 360 worked in collaboration with JSI to complete quantification and procurement of drugs to be used in the 2012 MDAs. More detailed information can be found on this deliverable under the “Procurement” section of this report.

- END in Africa country projections were shared with USAID and the NTDCP implemented by RTI to review forecasts. FHI 360 also conferred with USAID to determine if the participating countries were eligible for GlaxoSmithKline (GSK) drug donations.
 - Burkina Faso and Niger determined that their needs could be covered by GSK. As a result Dr. Pape Ndao (JSI) helped the MOH and HKI staff in both countries prepares and submit their applications to the WHO country offices.
 - Due to unspecified circumstances, in mid-February it was determined that the Geneva-based WHO point of contact had not received the applications from either country office. This development called for new copies of the report to be resubmitted quickly for consideration. A closer follow up process and new protocols for exchanging information with the MOH and Sub grantees has been implemented to reduce the possibility of a similar situation in the forthcoming years.
 - Burkina Faso and Niger ALB donations from GSK were successfully approved February 2012.
- Validated MDA data for the 2011 campaigns for Burkina, Niger and Sierra Leone were submitted to USAID and RTI for inclusion in the master database. The data from Ghana and Togo were submitted in the FY 2011 Annual Report, covering MDAs funded under the RTI award.
- During the initial phase of the program, trend analysis and longitudinal data are not available currently, however M&E structures were formalized in collaboration with RTI and USAID, and data analysis is currently underway for MDA data in Burkina Faso, Niger and Sierra Leone.
- Semi-annual reports were received from all subgrantees. These provided a full overview of activities in each country. These draft reports are currently being reviewed by FHI 360 and key points and major accomplishments from each report are contained within this Semi-Annual Report. (See Appendix 2). FHI 360, its partners, and all sub grantees are reporting their programmatic implementation and financial execution according to standard reporting forms that meet USAID requirements.
- During the period under review, the FHI 360 led consortium worked to complete rapid situation appraisal in order to support MOHs in identifying their capacity building and technical assistance needs during the development of the countries work plans.
 - Rapid situation appraisals were completed for SCM in all five countries.
 - Rapid situation appraisals for M&E were completed in Ghana, Togo, Niger and Burkina Faso.
 - WHO, in collaboration with RTI and FHI 360, developed a tool that aimed to identify ways to better implement integrated M&E for the NTDs that can be controlled and/or eliminated through a PCT strategy. As a result, FHI 360 was requested to provide support to the national NTD focal persons and data managers/M&E specialists and to follow up on the completion of the surveys. The outcomes of that

assessment will be used to improve coordination and further strengthen M&E practices for PCT.

- FHI 360 provided oversight for the execution of all 2nd tier subagreements with all subgrantees and MOHs in accordance with the USAID-approved deviation. Second tier subagreements in support of upcoming MDAs were approved between HKI and the MOH in Sierra Leone, and between CRS and the MOH in Ghana.
- Compliance with the Environmental Management and Mitigation Plan (EMMP) is ongoing and is reported semi-annually through reports from each subgrantee.
- In accordance with FHI 360 reporting requirements, subgrantees submit monthly updates of their country activities in conjunction with their monthly invoices. These reports are retained for semi-annual compilation in this report and are also shared regularly with USAID.

Summary of Sub-grantees Activities by Country

Competitively selected sub grantees are currently supporting the MOH's NTD Country Programs. HKI is working in Burkina, Niger and Sierra Leone; CRS in Ghana, and HDI in Togo.

Burkina Faso

The period of October 2011 – March 2012 was one in which many “behind the scenes” activities took place in preparation for the extensive sub grantee M&E activities for LF, schistosomiasis, and trachoma, and for the 2012 MDA campaign. In November 2011, a workshop that brought together all key local stakeholders and partners including USAID and FHI 360 took place to review the previous year's activities and draft a plan of work for the following year.

- November HKI worked on the validation and verification of MDA campaign documents received from the MOH (expenses, data, etc.).
- As part of technical assistance and capacity building, Deloitte Inc. visited the project in December to conduct a workshop in financial and administrative management. In the following month they visited HKI to conduct a financial sampling of MDA expenditures made by the MOH.
- The 2012 forecast for Praziquantel was signed by the MOH and submitted to JSI. A request was also made to WHO for ALB to be distributed during the schistosomiasis campaign in the districts of Hauts Bassins.
- In January and February, intensive attention was given to finalizing the annual 2012 work plan for NTD control in Burkina Faso, while simultaneously preparing for impact assessments.
- To strengthen program management and leadership, a number of new hires were made during the period under review, including: Director of Disease Control, NTD Program Coordinator and Coordinator for Trachoma. With the new leaders on board, several

meetings were conducted in December with key partners. The goal of the meetings was to ensure the establishment of efficient and effective lines of communication before the implementation of activities in April 2012.

- The process of installing a high-speed internet connection for the central level NTD coordination staff of the MOH was completed in January.

Overall, during the past six months, the NTD control program in Burkina Faso has demonstrated its readiness for post-endemic surveillance for trachoma and LF. It has used lessons learned from 2011 to guide preparations for the upcoming 2012 MDA campaigns, and has established strong leadership team.

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

Niger

With the MDA completed, the 6 month review period was relatively quiet for Niger. During this time, a stakeholders' evaluation workshop of the 2011 MDA was conducted to look at results, lessons learned, and to discuss and begin planning for the 2012 MDA. Representatives of each of the 7 regions where MDA was conducted, officials from the Ministry of Health, NTD National Coordinators and technical and financial partners (HKI, USAID, FHI 360) took part in the 3 day workshop.

- HKI hired two new staff members: 1) NTD Program Coordinator to oversee the 2012 MDA; 2) M&E Officer. The team is now complete and we anticipate smooth facilitation and management of future activities.
- HKI also began negotiating with The National Office of Pharmaceutical and Chemical Products (ONPPC) to play a key role in the SCM for the next distribution of NTD drugs. This year, as in past years under RISEAL, the sub-grantee had to take full responsibility for the logistics, undermining national ownership and program sustainability. At the time of writing this report, negotiations are still underway.
- In October, Dr. Pape Ndao, SCM Specialist from JSI, visited the program to provide assistance in supply chain management and PZQ and ALB forecasting. Improvements were made to the NTD drug storage facility.
- Dr. Diallo (WHO consultant) met with the NTD team to assess the drug distribution chain at each level, specifically to better understand the tasks involved and how the current supply system can be improved.
- In November, the Trachoma impact study began in Tchintabaraden, Abalak, Goure, and Tanout. It was completed in January 2012.
- 69 boxes of Zithromax for the 2012 MDA were removed from customs and transported to the drug storage facility.

- Results from the 2011 MDAs were compiled at central level.
- Deloitte visited HKI from 23rd -27th January to conduct financial sampling of MDA expenditures made by the MOH as stipulated under second-tier subagreement between HKI and the MOH.

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

Togo

The Togo NTD Program met all of the goals and expectations anticipated for this six-month period. This was primarily a period of administrative and planning activities, with the highlight being the approval of the FY2012 Work Plan and Budget.

- In November 2011 Deloitte provided a financial management training that gave all participants a better understanding of the funding process in Togo and identified best practices to follow in line with USAID regulations. FHI 360 conducted a SCMneeds assessment with MOH and HDI-Togo staff. MOH and HDI presented the local procedures and received useful feedback on areas that could be improved, including additional training for nurses in the management of medications and better plans for returning leftover drugs after the MDA.
- A workshop was held in early March and included MOH, local coordinators for Integrated NTDs, Lymphatic Filariasis, Onchocerciasis, Nutrition, Malaria, Buruli Ulcer, and Noma, as well as external partners [HDI, WHO, UNICEF, SightSavers, Plan-Togo, the Red Cross, Handicap International, and DAHW (a German group that works with leprosy and tuberculosis)]. During this meeting, the stakeholders finalized strategies and budgets for the upcoming MDA which will involve distribution of ivermectin, albendazole and praziquantel to targeted groups. During this period, Togo also finalized printed materials (e.g., training manuals, registers), generated micro-plans for drug distribution, and arranged for many of the materials needed for the upcoming MDA.
- Also in this six-month period, Togo completed the subagreement with RTI and submitted final MDA coverage, programmatic and financial reports. A new bank account was opened for FHI 360 funds.
- In November, HDI-Togo hosted a workshop to develop the work plan for 2012 with Togo MOH, HDI, USAID, and other key partners.
- In February, HDI conducted a literature review on impact assessment plans and drafted a one-page description of plans for a baseline survey. The identification of sentinel sites currently in use by other programs in Togo was also conducted.
- HDI worked with UNICEF/Nutrition Program to ensure integrated MDA in May.

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

Sierra Leone

During the period under review, PCT for onchocerciasis, LF and soil transmitted helminthes (STH) was provided in 12 districts. Prior to the MDA, village census data were updated in the village register by the community directed distributors (CDDs), checked by Peripheral Health Unit Staff (PHU) staff, collated by the NTD focal point person by chiefdom and forwarded to the NTDCP. Based on the CDDs census data, 11,572,148 tablets of Ivermectin and 3,952,525 tablets of Albendazole were supplied to the 12 provincial districts in the MDA. Other materials (e.g., dose poles, village registrars, and pencils) were supplied to facilitate the MDA. 3,908,524 persons were treated for LF and STH in FY2012, with each district reaching over 75% epidemiologic coverage. 2,446,658 persons were treated for onchocerciasis with every district reaching an epidemiologic coverage of over 75%.

- The results of PCT LF-Oncho-STH in 12 districts surpassed the expected target. The MDA targeted approximately 3.4 million individuals for LF and STH and 2.2 million for onchocerciasis in 12 provincial districts. A record treatment of 3.9 million individuals for LF and STH and 2.3 million individual for onchocerciasis in the 12 provincial districts was recorded .
- The NTDCP is on track towards control/elimination of NTDs in Sierra Leone. The results from the impact assessment of LF conducted in July-August 2011 and the results of transmission assessment for onchocerciasis show a remarkable reduction of the prevalence of both diseases. The preliminary results of the ongoing schistosomiasis and soil transmitted helminthes impact assessment are also very encouraging and are strong indicators of progress towards disease control and elimination.
- An assessment of supply chain management of the NTDCP began with technical assistance from JSI.

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

Ghana

Implementation of the “END in Africa” started in Ghana from November 2011 with the organization of a planning workshop to discuss the development of the 2012 work plan for the project. USAID, FHI 360, CRS and Ghana Health Service (GHS) participated in the planning workshop. Following the approval of the work plan, CRS worked with the NTD Program to implement activities outlined in the plan.

- To ensure a smooth program implementation and a clear understanding of the roles and responsibilities of partners as well as to enable the NTD implementation team to identify

and provide the information required by all stakeholders in NTD in the country, CRS organized a Simple Measurement of Indicators for Learning and Evidence-based Reporting (SMILER) workshop for the project team (i.e., GHS and CRS). The workshop, facilitated by Dolphin Heather, CRS' West Africa Technical Advisor on M&E. An M&E operational manual for the NTD Program was produced as a product from the workshop.

- In February, the program organized a refresher training of trainers' workshop (ToT) in Kumasi for Regional Deputy Directors of GHS and NTD Regional Focal Persons in preparation for the upcoming MDA. This training will be cascaded down to the regional level and to districts where CDD will be trained in preparation for the impending community-based MDA in March and April. During this workshop, data quality issues were discussed and strategies developed for improving the quality and timely submission of MDA data. Other challenges encountered during previous community-based MDAs were also discussed including late submission of technical and financial reports, coverage of MDAs.
- To help build the capacity of Regional Finance Officers of the GHS, a refresher training was also given to introduce them to the management of USAID funds to ensure timely and complete financial reports after the MDA.
- Finally, funding for the 2012 community based MDA has been advanced to the GHS for onward distribution to all implementing districts.
- The CRS M&E Specialist for the Ghana project was relocated from the CRS office in Tamale to Accra to work full time on the project.
- All MDA data collection tools used by the program were reviewed in December to ensure information required by all NTD stakeholders is fully captured.

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

Technical Assistance /Capacity Building

Throughout the period under review, FHI 360 and its partners assisted the MOHs in identifying their technical assistance requirements. This included creating assessment and implementation plans for capacity building activities.

Supply Chain Management

- JSI developed a rapid assessment tool for SCM, which was approved for USAID. This tool was used in all five counties during this reporting period and further details are available under the "Sierra Leone" country section.
- During the period under review, JSI sent representatives to all five countries to perform Rapid Situation Appraisals on existing NTD SCM and identify logistics for technical support in the short, medium, and long terms.

- JSI is developing a SCM and technical assistance package by country. The content and recommendations will be based on the information collected during the trips to each of the five countries.
- In October, Commodity Procurement Information Requests (CPIRs) were collected for all five countries. Quantification for all drugs needing to be procured was completed in collaboration with JSI.
- JSI supported both the initial quantification (forecasting and procurement planning) and the refinements required based on expansion of GlaxoSmithKline's (GSK) ALB donation program and new information provided by RTI staff.
- Dr. Pape Ndao traveled to Burkina Faso and Niger to directly support the MOH and the HKI in developing their forecasts. He supported Ghana from the home base in Accra and provided remote support to Togo via email. Sierra Leone completed their forecast without technical support from JSI.
- In November, requests for quotes were submitted to three companies for ALB and PZQ. - MissionPharma, IMRES, and IDA Foundation. All companies provided quotes for both drugs for all countries. All quotes were analyzed based on quality, timeframes, availability, pricing, and shipping options (both air and sea freight). Due to delays in the process, multiple quotes had expired by the time all were assessed and a provider was chosen; quotes for all three companies were extended to provide additional time for USAID approval
- In February 2012, MissionPharma was chosen to receive the contract for drug provision. The subcontract was approved by USAID and executed in February 2012. Payment and production has begun in order to meet the needs of the upcoming spring MDAs.

Figure 1: Procurement Quantities and Schedule

Country	Drugs	Quantity	Schedule of Delivery	Type of Shipping	Consignee and address
Burkina Faso	Praziquantel	9,101,701 tablets	April 2012	Air Freight	Ministry of Health, Direction de la Lutte contre la Maladie, Dr. Roger Marie Sylvestre Tiendrebeogo Avenue Thomas Sankara, Kadiogo, BP 7009 Ouagadougou, Burkina Faso Phone : 00226 50 33 49 38 Email : syltiend@hotmail.com Fax : 00226 50 31 54 40
Ghana	Praziquantel	12,478,003 tablets	May 2012	Sea Freight	Ministry of Health Ghana, Joseph Yieleh Chireh, MP Box 44 Accra, GHANA Postal Code MB Phone: +233 302 665323

Country	Drugs	Quantity	Schedule of Delivery	Type of Shipping	Consignee and address
					Email: yhireh@moh.gov.gh Fax: +233 302 663810
Niger	Praziquantel	11,096,261 tablets	April 2012	Air Freight	Ministry of Public Health, Point focal national de la lutte contre les MTN Dr. Yaye Youssouf Rue de la Presidence BP 623 Niamey, NIGER Phone: 00 227 90 54 26 78 Email: ysyaye@yahoo.fr Fax: 00 227 20 73 35 70
	Albendazole	1,024,710 tablets			
Sierra Leone	Praziquantel	4,851,193 tablets	May 2012	Air Freight	World Health Organization (WHO)/Sierra-Leone, Dr. Alemu Wondimaginehu 21 ^A , 21 ^B Riverside Drive, off King Harman Road Freetown, Sierra-Leone Phone: +232 76 604 658 Email: alemuw@sl.afro.who.int
Togo	Praziquantel	3,962,292 tablets	April 2012	Air Freight	World Health Organization (WHO)/ Togo Dr. Pierre Mpele QAD, 53 rue ADAME Lome, TOGO Phone: +228 22 21 33 60 Email: mpelep@tg.afrol.who.int Fax: +228 22 21 78 32

Financial Management

- Deloitte developed a Financial Management tool for capacity building- the Rapid Organizational Capacity Assessment Tool (ROCAT), which was presented to USAID on March 12, 2012. The ROCAT is intended to identify desired growth areas, articulate and prioritize action areas, and develop a roadmap to help users meet performance targets. END in Africa has proposed piloting the tool with the Ghana Health Service NTC program to explore the critical issues affecting the performance of their financial management system. Specifically with regards to capacity and performance within a maturity model and against self-defined performance objectives. Deloitte's Sustainability Planning and Implementation Framework helps organizations through a continuous process of self-reflection, diagnostics, and planning to establish: future vision and performance targets; baseline measurements of capacity; and, a roadmap to meet targets.

- After consultation with USAID, Deloitte sent representatives to Burkina Faso and Niger in January to conduct financial sampling of MDA expenditures. Reports on the trip and findings were submitted to USAID and FHI 360 the following month.
- Deloitte delivered training workshops to subgrantee finance/program staff and MOH/NTDCs in Togo, Burkina Faso, Niger, and Ghana to refresh their skills and knowledge of USAID Financial Management regulations.

Deviation

In the previous reporting period, FHI 360 worked with USAID to determine a solution to the issue of 2nd tier subagreements. The following provides some background information on the issue:

- Pursuant to the specifications of USAID's Automated Directives System (ADS) 302.3.3, FHI 360 submitted information supporting the requisite justification and approval (J&A) to allow first-tier sub recipients to enter into second-tier sub agreements with the MOH of selected countries. As a component of the J&A and pursuant to ADS 303.3.4, FHI 360 also requested approval to deviate from the flow-down of 22 CFR 226 Administration of Assistance Awards to US Nongovernmental Organizations. The deviation was granted to FHI 360, however the time required for approval delayed the implementation for several months.
- The OAA approved FHI 360 to enter into first-tier sub agreements with selected grantees to support the implementation of the NTD project in Burkina Faso, Niger, Ghana, Togo and Sierra Leone. Selected sub grantees are authorized then to enter into second-tier sub agreements with MOH in support the NTDCP.

In the period under review, FHI 360 and USAID have worked together to seek a permanent, all-encompassing solution to the issue of 2nd tier subagreement deviations, which would effectively cover the entire NTD portfolio through the duration of the project. The intention is to keep the deviation streamlined and minimal in terms of requirements, while still allowing FHI 360 to implement certain measures (e.g., financial review of vouchers), as necessary and in consultation with USAID. At the time of this report, discussions continue to be underway to finalize the NTD portfolio deviation.

In order to help strengthen capacities in country, Deloitte conducted training on US Government financial rules and regulations in all countries except Sierra Leone. The objective of the activity was to support MOH financial staff to increase their understanding of USG financial management requirements and practices, including compliance with the deviation. Post-training assessments in each country found that all 21 finance and 41 program staff understood the specific requirements, procedures, roles and responsibilities under the approved deviation after participating in the training.

In addition to the training sessions, Deloitte worked in Burkina Faso and Niger to conduct financial sampling of NTDCP MDA expenditures. The objective of the financial sampling work

was to ensure that proper processes are being employed to manage the USG funds related to the MDAs. This was done by obtaining samples of MDA receipts and testing transaction appropriateness through a variety of methods. Deloitte also used analytical procedures to observe the adequacy of controls and appropriateness of the MDA expenditures sampled. Deloitte provided FHI 360 and USAID with observations and recommendations to serve as good, objective baseline information that can be fed into subsequent capacity building with the MOHs for the second half of the fiscal year.

FHI 360 will continue to implement, in coordination with USAID, a cross-organizational compliance-monitoring plan for the deviation. Monitoring and field support are provided through the hub office established in Ghana and HQ when necessary. The project team uses the scheduled country visits for capturing firsthand information regarding project performance, which are coupled with the desk review of project reports and documentation following FHI 360 internal protocols. Monitoring may vary according to the performance, completeness, and quality of reports submitted by the sub grantees.

Collaboration and Coordination

END in Africa- General

- FHI 360 continued to coordinate with USAID, the MOHs of each country, and existing USG funded NTD programs to ensure an efficient transition. The Project Director, Bolivar Pou, FHI 360 Global Projects Senior Director, Tom Hardy, and members of USAID visited Ghana to meet with NTD stakeholders to ensure continued collaboration and improved information sharing.
- FHI 360 supported work planning and stakeholders. All meetings were conducted as planned.
- As a result of the December Partners meeting, communication and collaboration between FHI 360, RTI, partners, and USAID has been streamlined. Communication systems have been established to help capture and share relevant information efficiently and effectively among all relevant stakeholders.
- FHI 360 and Paula Nersesian from JSI met with representatives for the Results for Development Institute (R4D) to assist in their Praziquantel Supply Project.
- Dr. Mposo Ntumbanzondo, the Sr. M&E Officer in the Regional Hub in Ghana attended 1) the work planning sessions in the 5 selected countries 2) the meeting with USAID and RTI in December 2011, to begin strategizing about M&E plans and discussing the development of improved M&E tools, 3) the third Meeting of NTD-STAG Global Working Group on Monitoring & Evaluation, aimed at preparing a working paper for the NTD/STAG meeting to be held in April 2012, and to determine the priority NTD activities for WHO in 2012, and 4) the training session on the revised FGAT in Washington, DC from March 11 to 17, 2012.

- Mr. Mposo also provided inputs in the development of the RTI/WHO new M&E appraisal tool. He continues to support grantees and the respective NTD county programs in the completion of the new M&E appraisal tool.

Burkina Faso

- In November 2011, a Stakeholders/Work planning Meeting took place with all key partners including USAID, FHI 360 and Government officials to review the previous year's activities and draft a work plan for FY 2012.
- Several meetings were held with the Director of Disease Control and the NTD coordination team during the reporting period to enhance improved coordination and communication among all partners. The need for organizing an annual meeting with all stakeholders (FHI 360, USAID, JSI, HKI, DRS, Sightsavers, Handicap International, FDC, etc.) was discussed. This meeting would serve as a basis to drafting the 2013 workplan.

Niger

- For the period under review, the implementation of project activities in Niger involved active collaboration among a variety of individuals and groups. The HKI Nutrition Program Manager and the Deputy Country Director took part in the implementation of program activities, as the coordinator was not yet hired. Collaboration with the MOH and National Program Coordinators was essential toward timely implementation of distribution activities. Finally, the Deputy Secretary General of the MOH and the Director General of Health played an important role in influencing Regional Directors of Public Health to adhere to the distribution schedule.
- HKI Niger worked with The Carter Center, RISEAL, and World Vision for the purposes of MDA drug donations. Dr. Mposo. liaised with grantees and country programs to promptly respond to USAID ad hoc requests, such as the USAID request for reports that CERMES (*Centre de Recherche Médicale et Sanitaire*) produced under Gates-funding and which concerned the monitoring of NTD prevalence, intensity and transmission in integrated sentinel sites in Niger.

Togo

- In Togo, a stakeholders meeting in March spanned three days. The first two days were focused on "micro planning" the 2012 MDA, while the third day focused on stakeholder activities. UNICEF, WHO, and Sight Savers will contribute funding of the MDA. They participated in the meeting along with the MOH of Togo and HDI.

Sierra Leone

- The country enjoyed the support and participation of many partners to supervise drug distributions at national, district and community levels. At national level, staff from the NTDCP, WHO, HKI and Sightsavers supervised the MDA. At district and community levels,

District Health Management Teams (DHMTs) and community leaders did the supervision. In addition to supportive supervision, independent monitors selected from the Sierra Leone Pharmacy Board, Statistics Sierra Leone, Njala University and HKI were trained to monitor the PCT–LF-Oncho in 12 districts and this proved crucial to the success of overall distribution..

Ghana

- In February, an Intra Country Coordinating Committee (ICCC) for NTD in Ghana was executed. Senior Directors of GHS were present, along with many other stakeholders and participants, including representatives from WHO and UNICEF.
- Also in February 2012, an “END in Africa- Ghana” kickoff event was held before the MDA by the MOH and CRS. The public event introduced the END in Africa project, brought in major stakeholder support, and increased the visibility of the project. The Minister of Health attended and was the keynote speaker. Partners included WHO, World Vision, UNICEF, and the Nogouchi Memorial Institute of Medical Research.

Monitoring and Evaluation (M&E)

M&E Planning

The Senior Technical officer in the regional hub in Ghana liaised with the M&E Officers in respective countries and, to the extent possible, the focal persons and data managers to ensure adequate follow up of in-country M&E systems for NTD Control Programs. The main accomplishments for this reporting period are as follows:

- Quick M&E appraisal and work planning. FHI 360 conducted quick M&E appraisals in four countries to identify capacity building and technical assistance needs for M&E systems. The results of these M&E appraisals were shared with grantees and respective NTD country programs so that they may become aware of particular areas of success and those that are in need of improvement. The results of the rapid M&E appraisal revealed weak M&E systems for the NTD Control Programs in all countries, the absence or lack of leadership within the NTD Control Programs in many countries except in Ghana, the weak linkage between the M&E focal persons in districts with national structure that has the mandate for M&E data management at the same level (district) in respective countries and the weak dissemination of the results of MDA within the communities affected by NTDs and/or the various stakeholders supporting NTD programs.
- Based on the specificity of the M&E systems in each country, relevant recommendations were made and used to enhance and to fill gaps as country programs were developing their respective work plans for NTDs. FHI 360 did not conduct the rapid appraisal in Sierra Leone as USAID requested FHI 360 to stop the appraisal and to work with RTI and WHO in the

development of a standardized new tool for the assessment of M&E systems in NTD Country Programs.

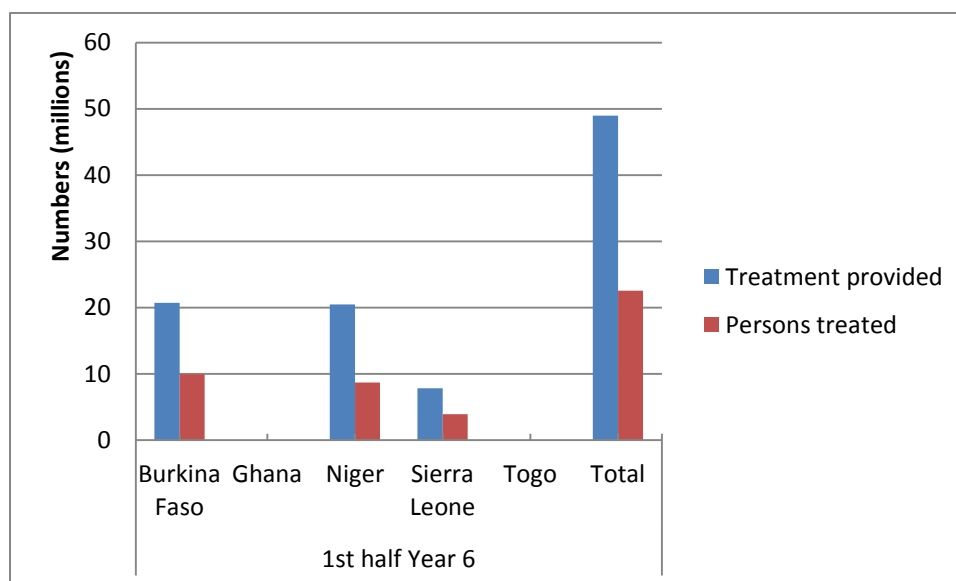
- The template for the work plan for the grantees was finalized in October 2011.

Data Management and Dissemination

END in Africa continues to support the selected five African countries (Burkina Faso, Ghana, Niger, Sierra Leone and Togo) to improve their respective M&E systems.

Validated MDA data for the 2011 campaigns for Burkina, Niger and Sierra Leone were submitted to USAID and RTI for inclusion in the master database. Overall, Over 48.9 million treatments were provided to treat NTDS to more than 22.5 million persons. The program coverage was above 80% for all drug packages except in Niger where the program coverage for Azithromycin and tetracycline was 72.3%. Probable reasons for the lower coverage are addressed in Appendix 1 (Mass Drug Administration reporting – Direct Implementation of Integrated NTD Control).

Figure 2: NTD Control Program, MDA data first half FY2012*¹



*Data in this figure represents only a snapshot of the first half of Y6. Cumulative data can be found at RTI as RTI manages the global NTD database for USAID.

¹ The Year 6 of the USAID NTD Control Program corresponds to the FY2012 which is the second year for END in Africa.

FHI 360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. For this reporting period, FHI 360 conducted the following activities:

- FHI 360 was continuously in communication with grantees to capture first-hand information in real time during MDAs and to facilitate prompt decision making and adjustment of program activities when needed.
- FHI 360 is currently conducting descriptive analyses to report on the accomplishments for the MDA data reported by three countries (Burkina Faso, Niger, and Sierra Leone) in the first half of FY2012. We could not present longitudinal analysis as FY2012 is our first year of reporting MDA data. RTI manages the global NTD database for USAID and thus, should be able to report on the trends and additionality as to the end of this reporting period.

Technical Assistance and Capacity Building

FHI 360 and partners continued to support the selected 5 countries to develop sustainable M&E systems for NTD Country Programs. Technical assistance (TA) comprises routine activities and Ad hoc activities that are requested based upon country needs. For this reporting period, TA provided includes the following:

- Review of in-country reports such as the work plans and the semi-annual reports prior to the submission to USAID.
- Validation of MDA data: Assessed the correctness and consistency of the reported MDA data prior to submission to USAID. For this reporting period, only Niger, Burkina Faso and Sierra Leone reported MDA data.
- FHI 360 regional hub in Ghana holds regular communication with NTD Country Programs based on needs for TA.
- FHI 360 provided training on the M&E tools for NTDs to M&E Officers in grantees' offices in Niger and Burkina Faso. In January, FHI 360 collaborated with RTI to complete the WHO M&E situation analysis survey. FHI 360 supported grantees and NTDCP to respond to the survey.
- In November, LATH supported an M&E workshop in Ghana.
- In December, Dr. Mposo worked with newly-hired M&E personnel at HKI in Niger to provide M&E training.

Please refer to Appendix 1 for M&E reporting on MDAs, mapping, coverage, and additional relevant data.

Knowledge Management

- The END in Africa/END in Asia official website was launched in December 2011. Information is maintained and added as needed by the FHI 360 communications and web development team under consultation from END in Africa/Asia staff.
- USAID requested that FHI 360 and LATH postpone recruiting for the position of Knowledge Manager until a new Marketing Plan was created for 2012. In light of the communications and marketing discussions that occurred during the USAID Partners meeting in December, the scope of work and job description for the position has been revised. Recruitment by LATH and FHI 360 will occur in the next six months.
- FHI 360 coordinated with USAID to send its representatives to appropriate international forums. Dr. Mposo Ntumbanzondo attended a Global Working Group on M&E related to PCT interventions in February to help the project better understand the guidelines for NTDs. The third NTD-STAG Working Group meeting on M&E was held February 15-16 at the WHO in Geneva.
- The SharePoint intranet site continues to be maintained by FHI 360 to help facilitate regular communication and information sharing between subgrantees, partners, and FHI 360.

Lessons Learned

SCM

- JSI's SCM assessment in each country found that all of the countries were eager to strengthen their SCM systems. Findings from the assessment included a lack of documentation and compliance with standard supply management practices in areas such as storage and information systems management. A report documenting the results of the assessment and lessons learned will be disseminated in the next quarter.
- SCM in the programs are valued, but currently none of the END in Africa countries has fully integrated management of NTD medicines within the national system.
 - A parallel supply chain may be the most logical and cost effective way to deliver services if all actors involved are linked to one cohesive SCM organization.
 - FHI 360 focuses on connecting logistics functions, linking people at various levels of the supply chain, and coordinating partners to work towards common goals.
- Pharmacists at regional and district levels can be better utilized by providing training in SCM and drug management, supervision during MDAs, and collecting data on NTD medicines. In addition, building health worker skills in SCM and setting and training them on standard operating procedures will help improve the current program, as well as future programs. Annual quantification exercise should help to integrate the programs more fully, reconcile the medicine requirements and their supply chain demands, and allow partners to openly share and discuss data limitations and program needs.

Financial Management

- There are different financial management systems in operation in each country. As a result, there is a need for a country-specific approach for financial sampling of MDA expenditures.
 - Obtaining any information that exists in advance will ensure a more efficient and streamlined sampling process.
- Financial management training would be more effective if it was done prior to MDAs and also included those from second-tier subgrantees
 - The Ghana model was effective. This model utilized a cascade approach in which a refresher training course was conducted for all regional finance officers and technical officers. They then went on to train district staff prior to MDAs.
- In order to improve the effectiveness and efficiency of the NTDCPs and contribute to the sustainability of the programs, Deloitte recommends implementing a change management process that will reconcile the strategy, structures, and systems of the NTDCPs with the shared values, skills, style, and staff of the NTD programs. The current fragmented nature of the NTD program has resulted in a less-than-ideal financial management structure.
- Based on the findings and recommendations of the financial sampling done by Deloitte in Burkina Faso and Niger, lessons include the need for:
 - Stronger internal processes to strengthen expenditure documentation and monitoring, specifically around MDA activities.
 - Stronger system to minimize the possibility of fraudulent payments.
 - Improved recording and reporting mechanisms to keep NTD expenses clear from other health-related expenses

Major Activities Planned for Next Six Months

In the next six months, FHI 360 will continue to follow their approved 2012 work plan activities and guidelines in order to ensure all program activities remain compliant, timely, and well-executed. Among the major activities:

- FHI 360 will be proactive in ensuring all activities supported by the project are closely aligned with each government's NTD needs and schedules in implementing integrated NTD control activities to increase government ownership and build upon existing platforms. Of the USAID funding allocated to END in Africa, at least 80 percent will support in-country activities to assist scale up of integrated PCT in Burkina Faso, Ghana, Niger, Sierra Leone and Togo in 2012.
- Continue to monitor compliance with the project environmental management and mitigation plan (EMMP) incorporated into each sub agreement, and support sub grantees on meeting all reporting requirements.
- Oversee the execution of additional 2nd tier sub agreements with NGOs and MOHs according to terms of the deviation approved by USAID. While activities occur throughout

the year, each country will experience an intensive 4-6 months of expenditure around the actual MDA campaign.

- Monitor and supervise the activities of all subgrantees to ensure that all work plan activities are being executed according to USAID regulations and technical expectations. This includes reviewing subgrantees' monthly progress reports, monitoring project expenditures and cost share contribution, and addressing any issues that may arise.
- Utilize all tools developed during the previous six months including those related to financial management, SCM, M&E, and Procurement.
- Compile and report to USAID indicators and data generated by the implementation of subagreements.
- Redefine and fill a Knowledge Manager position in collaboration with LATH in order to manage external communications.
- Submit timely reports and updates to USAID regarding current and upcoming MDA campaigns.
- Continue to collaborate with USAID, RTI and other stakeholders, as necessary, on all project activities, outputs, and outcomes.
- Deloitte will continue the sampling of transactions for the analysis of financial management during country MDAs, as well as the capacity building and training of NTD country programs and relevant staff in order to meet second tier sub agreements requirements and improve overall compliance and familiarity with USG regulations.
- LATH will support all relevant MOHs on completing WHO surveys for their respective country's M&E systems. LATH will also continue to monitor, receive and assess MDAs data from sub grantees, and provide TA as needed for improving countries M&E systems.
- In the next six months, JSI will work to develop projections for drugs needs for FY2013, develop capacity building plan per country for improving SCM, provide TA as needed for improving SCM, support custom clearance for drug importation, and collaborate with ENVISION and other NTD partners to improve and enhance program performance.
- Analyze MDA data and further conduct data performance review to identify areas of successes and the challenges.
- In collaboration with RTI and WHO, FHI 360 will look over the results of the M&E appraisals in order to build on the plans for TA and capacity building.
- WHO guidelines are the cornerstone for the planning and implementation of NTDs in countries. FHI 360 will work with subgrantees to ensure that NTDCP have been updated with the new WHO guidelines for NTDs.
- Based on the inconsistencies observed during the validation of MDA data, FHI 360 will develop a quick aid/procedure for MDA data check. This aid/procedure will detail common data errors identified during the validation of MDA data and provide guidance for data collection and cleaning to minimize data inconsistency. FHI 360 will provide NTD Country Programs with training on the TIPAC.

Work plan Timeline Execution (by month)

Main Activities	O	N	D	J	F	M	Current Status
Issuance and Management of Grants							
Enter into first-tier sub agreements with CRS, HDI and HKI to support project implementation in Ghana, Togo and Sierra Leone respectively.	X	X					Completed
Support the MOH-led process for developing USAID funded activities Annual Work Plans	X	X	X	X	X		Completed
Complete quantification and procurement for the NTD drugs for 2012.	X	X			X		Completed
Coordinate commodity donation program inputs with procurements and MDA plans, including scale-up.		X		X			Completed
Report validated NTD data to USAID.		X	X				Completed
Conduct basic data analysis to report on program performances including longitudinal analysis to depict trends over time.			X	X			Completed
Foster the adoption of management instruments that that meets existing USAID regulations.	X	X	X	X	X	X	Completed/Ongoing
Complete rapid situation appraisal in order to support the MOH in identifying their capacity building and technical assistance needs during the development of the countries work plans.	X	X	X				Completed
Oversight execution of 1 st and 2 nd tier sub agreements with NGOs and MOHs according to term of the deviation approved by USAID.		X			X		Completed
Monitor compliance with the project environmental management and mitigation plan (EMMP)		X			X		Completed; ongoing
Conduct semi-annual performance review and reporting with sub grantees and USAID.				X			Completed
Coordination of Technical Assistance and Capacity Building							
Develop USAID Approved Tools		X		X	X		Completed
Supply chain management. Conduct country specific rapid situation appraisals JSI logistic specialist to identify the SCM strengths and weaknesses	X	X	X	X			Completed
Monitoring and Evaluation. Establish and implement capacity-building plans for M&E if requested by the MOH.	X	X	X	X			Completed
Financial Management. Build financial management capacity within the MOH/NTDCP within the terms of the 2 nd tier sub agreements with the MOHs.	X	X	X	X			Completed
Support MOH financial staff to increase their understanding of financial management systems and practices consistent with the financial management and reporting requirements of programs funded by the U.S. government.	X	X	X	X	X	X	Completed; ongoing

Main Activities	O	N	D	J	F	M	Current Status
Data Management, Documentation and Dissemination of Best Practices							
Develop and maintain a joint website for both End in Africa and End in Asia	X	X	X	X	X	X	Site launched, maintenance ongoing
Establish and maintain the project's knowledge management and marketing standards and processes	X	X	X	X	X	X	Delayed until next quarter by USAID
Coordinate MOH project staff to attend appropriate international forums	X			X			Ongoing
Maximize opportunities to capture, produce and disseminate all communications/ documentation relating to the NTD control programs, project outcomes, methods, strategies guidelines, progress, lessons learned and best practices both internally and externally	X			X			Ongoing
Coordinate field activities with sub grantees to capture images in real time when the MDA are executed and reference success stories				X		X	Completed; ongoing
Promote low-cost, accessible ways of sharing information among sub-grantees and selected countries NTDCP and other stakeholders.	X	X	X	X	X	X	Completed; ongoing
Collaboration and Coordination							
Coordinate with USAID, MOHs and existing USG-funded NTD programs to ensure an efficient transition	X	X	X	X	X		Completed
Participate in introductory meetings and work planning meetings	X	X	X	X			Completed
Strengthen NTD coordinating bodies in focus countries			X			X	Completed; ongoing
Coordinate drugs needs with existing drugs donation programs when appropriate.		X	X				Completed
Support the MOH to establish NTD coordinating committees		X	X			X	Completed

Travel Plans for next six months

<i>Traveler</i>	<i>From</i>	<i>To</i>	<i># Trips</i>	<i>Duration</i>	<i>Month</i>	<i>Purpose</i>
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	April 2012	Project performance semiannual review. Management supervision of Ghana hub. Project semiannual report discussion.
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo S Leone Ghana	5	1 week each	July-August	In-country work planning sessions with key stakeholders.
Paula Nersesian, Commodity Program Liaison (JSI)	W/DC	Atlanta	1	2 days	Spring of 2012	Introduce project to commodity donation program staff, identify areas of collaboration, and in later part of Y2 hold follow-up and planning meeting. We anticipate that a follow on meeting will be necessary given the significance of the donation program for the project.
Pape Ndao, Logistics Advisor SCM (JSI)	Ghana	Burkina Niger	2	1 week in each country	TBD	Conduct quantification and procurement planning for NTD drugs. Provide TA for capacity building plans outlined in the 2012 work plan.
Mposo Ntumbansondo, M&E Specialist (LATH)	Ghana	Burkina Niger Togo S Leone	4	1 week in each country	TBD	Participate as NTD technical resource in country work plan. Provide TA for capacity building plans outlines in the 2012 workplan.

Kingsley Frimpong -Financial Management (Deloitte)	Ghana	Burkina Niger Togo SLeone	4	1 week in each country	TBD According to MDA schedule	MDA reviews of 2 nd tier sub agreements. Capacity building on USAID regulations and deviation compliance.
Isaac Asante Grants Manager	Ghana	Togo SLeone	2	1 week each	TBD	Sub agreement implementation monitoring. Review of compliance with USAID regulations and sub agreements execution.
Bolivar Pou	W/DC	Ghana	1	2 weeks	September 2012	END in Africa Workplan 2013

Appendixes

Appendix 1: MDA Reporting of Integrated NTD Control

Overview

END in Africa provided support for integrated NTD control programs in the following countries during FY2012: Burkina Faso, Ghana, Niger, Sierra Leone and Togo. Highlights of Year 6 achievements are summarized below. For this reporting period, END in Africa will present only the results of MDA in Burkina Faso, in Niger and in Sierra Leone. Ghana and Togo completed their last MDA during the first phase of NTD programs under RTI and thus, MDA data for these two countries were reported in FY2011.

Coverage of mass drug administration

Three country programs submitted MDAs data during the first half of Year 6 (Burkina Faso, Niger and Sierra Leone), for a total of 48.9 million treatments delivered and 22.5 million people treated with USAID support. As presented in the figure 3, the program coverage exceeded the targeted of 80% in Burkina Faso and in Sierra Leone but was mitigated in Niger where it varied between 72 and 95%. Figure 3 shows the total number of persons treated and the total number of treatment reported in FY2012 in Burkina Faso, in Niger and in Sierra Leone.

Figure 3: Results of USAID-Supported MDA in FY2012

Country	Drugs Delivered	# Districts Treated	# Persons Treated (millions)	# Treatments Delivered (millions)	Program Coverage % (Range)
Burkina Faso	IVM, ALB, PZQ, Zithro	45	9.9	20.6**	81-98
Niger	IVM, ALB, PZQ, Zithro, Tetra	35	8.6	20.4***	72-95
Sierra Leone	IVM, ALB	12	3.9	7.8	97.7

** Data reported in this report did not include treatment with Tetracycline in Burkina Faso. The initial stock of tetracycline was expired due to misplacement of drugs and the government was not able to refill the stock when MDA was ready to start

*** The district of Tessaoua in Niger did not distribute tetracycline due to a shortage in stock.

It's worth noting that in Burkina Faso, PCT for LF/onchocerciasis and STH was provided only in 30 districts out of 63 endemic districts in country. The remaining 33 districts were treated in March-April, 2011 with funding from the government of Burkina Faso and CNTD Liverpool.

In addition, 3 districts in Cascade region (in Burkina Faso) were treated in the same period (March-April, 2011) for onchocerciasis with CNTD funding.

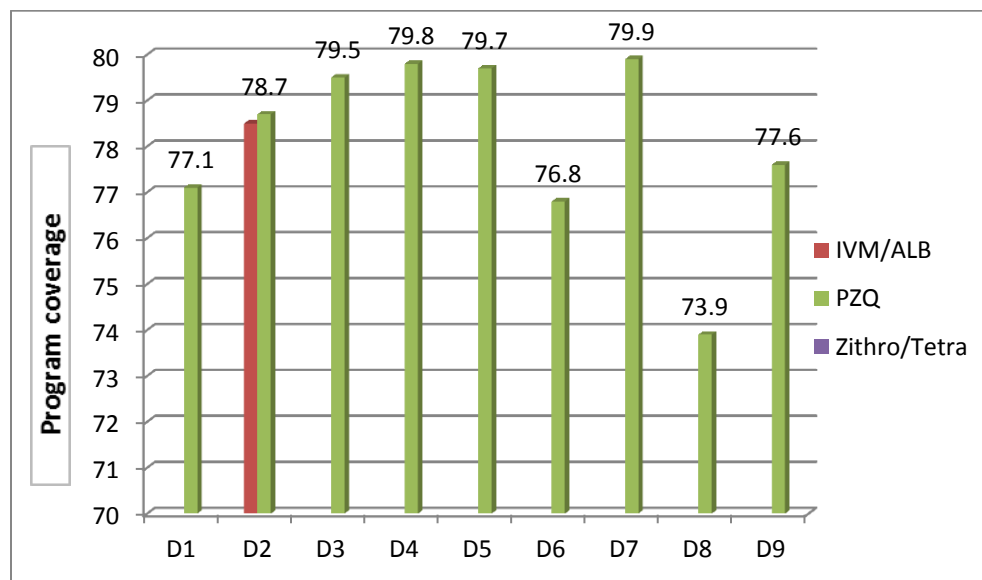
The results of PCT LF-Oncho-STH in 12 districts in Sierra Leone surpassed the expected target. Program coverage in every district was above 80% and the NTDCP reached the record treatment of 3.9 million individuals for LF and STH and 2.3 million individual for onchocerciasis in 12 provincial districts in this year.

Country-specific reasons for unexpectedly low program coverage include:

Burkina Faso

We found slightly low program coverage rates in few districts: 78.5% in one district treated with IVM and ALB, and between 73.1% and 77.6% in 5 districts treated with PZQ. As it can be seen, the gaps between the reported coverage and the target coverage of 80% are less than 7% in any districts. This can be attributable to data source discrepancies that can easily lead to a slight overestimation of the target population in these six districts.

Figure 4: Districts with program coverage below 80% in Burkina Faso, first half FY2012

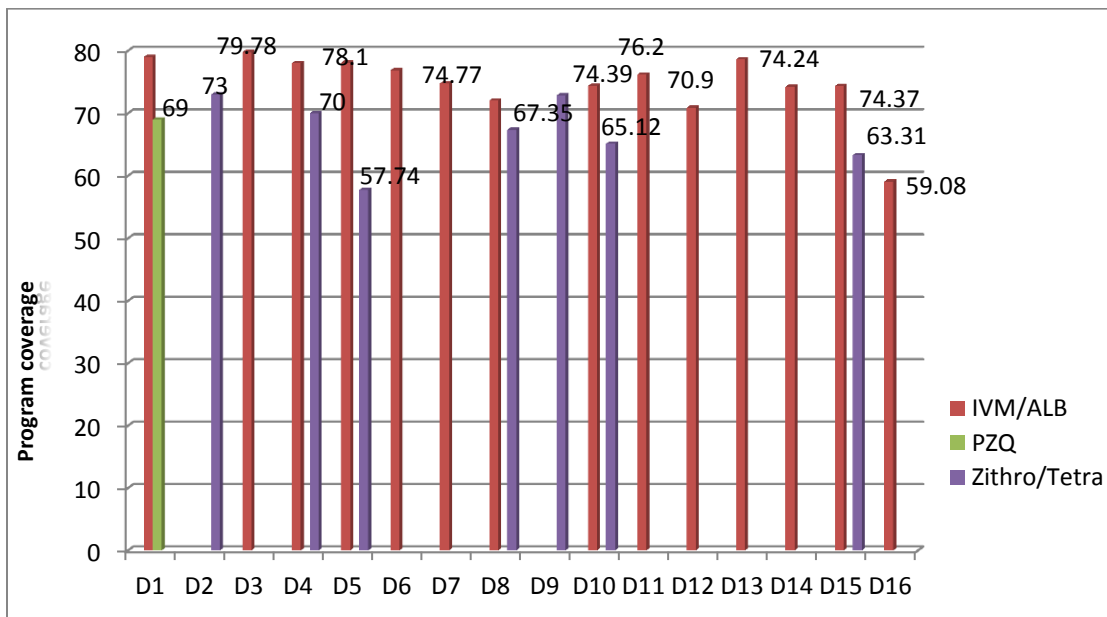


Niger

The coverage rate was globally low (65-79%) in 6 regions out of eight. 13 districts out of the 30 endemic districts that were treated with IVM and ALB had program coverage ranging between 59% and 77%. 1 district out of the 13 districts treated with PZQ had program coverage of 69%, and 7 districts out of 14 treated with Azithromycin had program coverage ranging between 57% and 73%. It is possible that external factors such as the rainy season and the overlap with the national vaccination days have played a role in this low performance. The NTD Control Program in Niger has shown weak data management and overall M&E skills.

END in Africa is working closely with grantees and NTD Control Program to identify and address corrective measures for preventable causes for low coverage.

Figure 5: Districts with program coverage below 80% in Niger, first half FY2012



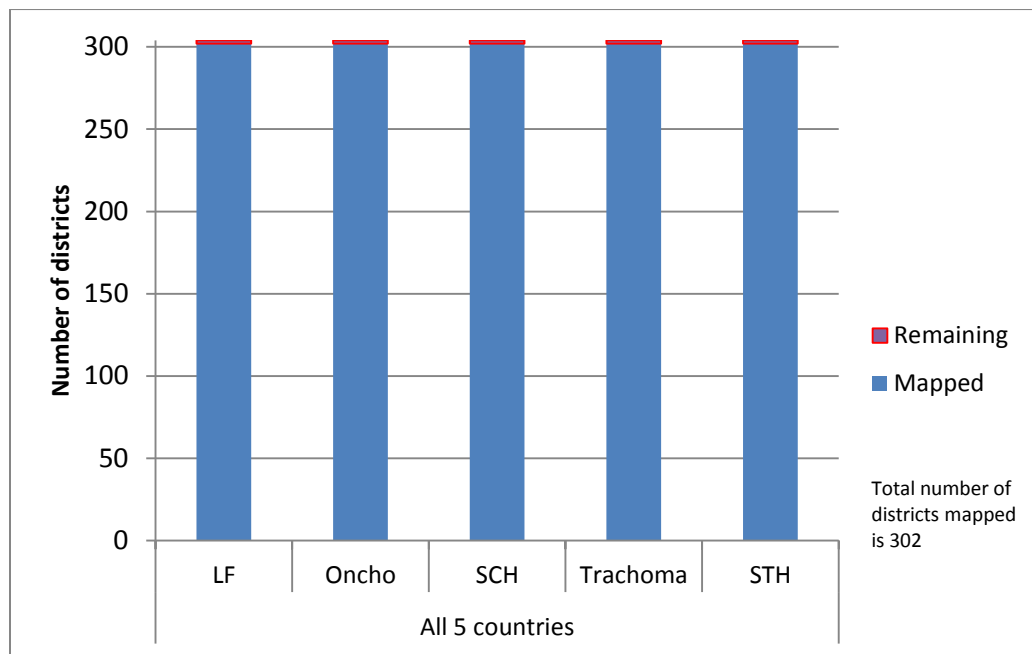
Additionality

For END in Africa, FY2012 is considered as baseline for MDA reporting. Therefore, no additionality will be reported in FY2012. However, this information could be available through RTI as they have been appointed to manage the Global database for NTDs/USAID.

Mapping has been completed in 4 out of five countries supported under END in Africa. Two districts namely Bilma and Arlit in the Agadez region, in Niger still require mapping. Agadez has not yet been mapped because of insecurity. This year, Niger will conduct LF mapping in the two districts in Agadez.

Figure 6 shows the progress made so far in program countries in completing the necessary baseline mapping by disease, to assure that co-endemic NTDs are properly targeted and drug donations can be obtained.

Figure 6: Number of districts mapped coupled with districts remaining to be mapped as of FY2012 by NTDs



LF will be mapped in the remaining two districts in Agadez (Bilma and Arlit). However, Niger plans to re-map the entire country for schisto/STH (including Agadez) with support from USAID and DFID through SCI.

Disease-Specific Assessments

In order to measure the impact of MDA on disease prevalence, the NTD Control Program supports disease-specific assessments at defined intervals in line with WHO guidelines. USAID-supported activities related to disease-specific assessments during the first half of Year 6 include:

Burkina Faso:

- ICT cards for the planned Transmission Assessment Survey (TAS) have arrived in country and preparations have begun for the TAS in 9 districts through USAID funding

- Planning started for the trachoma impact assessments in the 11 districts through USAID funding
- Data analysis of trachoma impact studies conducted in 7 districts in July 2010 with non-USAID funding is being finalized but results have not been validated yet.

Niger

- Zinder impact study (USAID-supported) planned for March 2012. Niger is awaiting the final results from the impact studies conducted in the districts of Abalek, Tchín, Goure, and Tanout – these results should be received from the PNLCC these coming few days.

Sierra Leone

- Schisto/STH impact assessments in process in the 7 endemic districts

Togo

- Togo has just begun preparing to request TA that will pass through RTI's Envision mechanism. This includes TA for the TAS, for onchocerciasis program assessment, and coverage survey design.

Drug Donations

The table below represents quantity of drugs requested for FY2012 that has been received in countries*.

Figure 7: Quantity of Drug Donations Requested for FY2012

Country	Drug	Source of drugs (bought or donated)	Quantity of drugs purchased or donated	Date of application (Month/year)	Expected date of delivery of drugs	Observations
Burkina Faso	IVM	Merck	36,778,660	20/10/2011	Jan-Feb 2012	Received at NTDCP
Ghana			32,533,000			
	IVM	MDP/Merck & Co	tablets (65,066 bottles)	May-11	Nov-11	Received at CMS in Tema
	ALB	GSK	8,195,300 tablets	May-11	Nov-11	Received at CMS in Tema
	MEB	Feed the Children	6,221,947 tablets	NA	Aug-10	Received at CMS in Tema
Niger	Zithromax	ITI/PFIZER	3,852 ,000 tablets	Apr-11	10/2011	Received by the program
			75,024 bottles			Received by the program
Sierra Leone**	-	-	-	-	-	-
Togo	IVM	Merck	9,765,500	-	-	Received by the program
	ALB	GSK	1,607,500		-	Received by the program

* Drugs that are not listed may have been requested but not received

** Quantity of drugs that were donated/purchased for use in the first half of Year 6 is unknown

Country coverage by drug package

Figure 8: Burkina Faso Epidemiological and Program Coverage, first half FY2012

(USAID funding only)

Drug Package	Disease(s) Targeted	Total population at risk in districts targeted by USAID-Supported Program	Eligible population targeted in districts targeted for PCT by USAID-Supported Program	Total number treated with USAID Support	Epidemiological coverage (%) (Treated/At risk)	Program Coverage (%) (Treated/Targeted)
IVM+ ALB	LF, Oncho, STH	8,175,575	6,540,460	6,425,257	78.59	98.24
IVM only	NA	NA	NA	NA	NA	NA
PZQ+ MBD	Schisto, STH	NA	NA	NA	NA	NA
PZQ only	Schisto	4,805,318	3,844,255	3,120,568	64.94	81.17
ALB only	STH					
Zithro + Tetra	Trachoma	5,269,682	4,962,943	4,721,847	89.60	89.60

Figure 9: Ghana Epidemiological and Program Coverage, first half FY2012 (USAID funding only)

Drug Package	Disease(s) Targeted	Total population at risk in districts targeted by USAID-Supported Program	Eligible population targeted in districts targeted for PCT by USAID-Supported Program	Total number treated with USAID Support	Epidemiological coverage (%) (Treated/At risk)	Program Coverage (%) (Treated/Targeted)
IVM+ ALB	LF, STH, Oncho	Not started*	Not started*	NA	NA	NA
IVM only	Oncho	Not started*	Not started*	NA	NA	NA
PZQ+ MBD	Schisto, STH	Not started*	Not started*	NA	NA	NA
PZQ only	N/A					
MBD only	N/A					
Zithro + Tetra	N/A					

*** Activity or data to occur or to be available in the second half of FY2012**

Figure 10: Niger Epidemiological and Program Coverage, first half of FY2012

(USAID funding only)

Drug Package	Disease(s) Targeted	Total population at risk in districts targeted by USAID-Supported Program	Eligible population targeted in districts targeted for PCT by USAID-Supported Program	Total number treated with USAID Support	Epidemiological coverage (%) (Treated/At risk)	Program Coverage (%) (Treated/Targeted)
IVM+ ALB	LF, STH	11,733,221	9,052,292	7,394,521	63.02	81.69
IVM only	NA					
PZQ+ MBD	Schisto, STH	507,024	438,037	417,997	82.44	95.43
PZQ only		824,872	659,898	619,217	75.07	93.84
ALB only	STH					
Zithro Tetra	+ Trachoma	5,831,121	5,831,117	4,219,461	72.36	72.36

Figure 11: Sierra Leone Epidemiological and Program Coverage, first half of FY2012 (USAID funding only)

Drug Package	Disease(s) Targeted	Total population at risk in districts targeted by USAID-Supported Program	Eligible population targeted in districts targeted for PCT by USAID-Supported Program	Total number treated with USAID Support	Epidemiological coverage (%) (Treated/At risk)	Program Coverage (%) (Treated/Targeted)
IVM+ ALB	LF, Oncho, STH	4,865,808	3,999,894	3,908,514	80.33	97.7
IVM only	NA					
PZQ+ (MBD?)	Schisto, STH	TBD	TBD	Not started*	NA	NA
PZQ only	Schisto	TBD	TBD	Not started*	NA	NA
ALB only	STH	NA	NA	NA	NA	NA
Zithro + Tetra	NA					

* Activity will occur in the second half of FY2012.

Figure 12: Togo Epidemiological and Program Coverage, first half FY2012 (USAID funding only)

Drug Package	Disease(s) Targeted	Total populatio n at risk in districts targeted by USAID- Supported Program	Eligible populatio n targeted in districts targeted for PCT by USAID- Supported Program	Total number treated with USAID Support	Epidemio- logical coverage (%) (Treated/ At risk)	Program Coverage (%) (Treated/ Targeted)
IVM+ ALB	Not started*					
IVM only	Not started*					
PZQ+ALB	Not started*					
PZQ only	Not started*					
Zithro + Tetra	N/A					
IVM+PZQ+AL B	Not started*					
IVM+PZQ	Not started*					

*** Activity will occur in the second half of FY2012.**

Figure 13: Number of Districts Endemic for NTDs, Districts reported MDA data in the first half of FY2012 and Geographical Coverage

Country	Disease	Number of known districts requiring PCT (total country)	Number of districts treated with PCT (USAID support)	Number of districts treated with PCT (all funding)*	All Funding Geographical Coverage (%) (Districts Treated/Endemic Districts Requiring PCT)
Ghana	LF	74	0	0	0
	Oncho (districts not co-endemic with LF)	63	0	0	0
	Schisto	170	0	0	0
	STH (SAC)	170	0	0	0
	Trachoma	0	NA	NA	NA
Sierra Leone	LF	14	12	12	86
	Oncho	12	12	12	100
	Schisto	7	0	0	0
	STH (SAC)	14	12	12	86
	Trachoma	0	NA	NA	NA

Country	Disease	Number of known districts requiring PCT (total country)	Number of districts treated with PCT (USAID support)	Number of districts treated with PCT (all funding)*	All Funding Geographical Coverage (%) (Districts Treated/Endemic Districts Requiring PCT)
Togo	LF	0	NA	NA	NA
	Oncho	28	0	0	0
	Schisto	30	0	0	0
	STH (SAC)	24	0	0	0
	Trachoma	0	NA	NA	NA
Burkina Faso	LF	63	30	63	100
	Oncho	6	4	6	100
	Schisto	63	19	19	100**
	STH (SAC)	63	30	63	100
	Trachoma	23	19	19	TBD
Niger	LF	30	30	30	100
	Oncho	0	NA	NA	NA
	Schisto	42	13	13	100**

Country	Disease	Number of known districts requiring PCT (total country)	Number of districts treated with PCT (USAID support)	Number of districts treated with PCT (all funding)*	All Funding Geographical Coverage (%) (Districts Treated/Endemic Districts Requiring PCT)
	STH (SAC)	42	36	42	TBD
	Trachoma	18	14	14	TBD

* The remaining districts will be treated in the second half of FY2012.

** Per the guidelines, the remaining districts are treated every other year.

*** Four districts are awaiting the impact study results.

Appendix 2: Country Program Summaries

Burkina Faso

The period of October 2011 – March 2012 was a period where many “behind the scenes” activities took place in preparation for the multitude of M&E activities for LF, schistosomiasis, and trachoma, and for the 2012 MDA campaign. In November 2011, a Stakeholders/Work planning Meeting took place with all key partners including USAID and FHI 360 to review the previous year’s activities and draft a plan for the following year. In December, Deloitte International visited the program to provide technical assistance in financial and administrative management of the program. In January and February, intensive attention was given to finalizing the annual 2012 work plan for NTD control in Burkina Faso, while simultaneously preparing for impact assessments (trachoma, LF, and schistosomiasis) and TAS for LF.

During the reporting period, a new Director of Disease Control and a new NTD Program Coordinator were appointed and a new coordinator for schistosomiasis began. With new leaders on board, several meetings took place since December with key partners to ensure that solid lines of communication were established before the height of activities begin in April. Overall, during the past six months, the NTD control program in Burkina Faso has strengthened its readiness for post-endemic surveillance for trachoma and LF, has used lessons learned from 2011 to guide preparations for the upcoming 2012 MDA campaigns, and has established a solid leadership team.

1. MDA Assessments

Monitoring and evaluation activities were conducted or are underway during this reporting period consisting of data collection in two sentinel sites and a spot check site for lymphatic filariasis program, impact surveys on schistosomiasis treatment in 5 sentinel sites, analysis of previous data on trachoma program impact studies, and preparation for TAS in 14 health districts (9 supported by USAID).

2. PCT treatment

There was no USAID-funded PCT treatment during this period. However, Burkina Faso reported the results of the 2011 MDA during this period. Overall 9,953,928 people were treated and 20,692,929 treatments were provided in that MDA in 45 districts. Over 6.4 million people were treated for LF, almost 150,000 people were treated for onchocerciasis, over 3.1 million treated for Schisto and over 4.7 million treated for trachoma. The program coverage rate varied between 81% and 98% per district.

3. Changes in MDA Treatment Strategy since beginning of the program

There was no significant change in treatment strategies implemented by each sub program; except for FL since there will be no FL treatment in 6 health districts of Haut Bassins. In these districts the treatment against schistosomiasis will include albendazole to ensure the deworming for school age children.

4. Transition and Post-Elimination Strategy

Pending the results of investigations on the impact of MDA and the implementation of updates to the strategies against trachoma, no change in strategy was proposed. This accounts for the non-significant reduction of costs between 2011 and 2012. A significant step towards the reduction of costs due to the transition to post-elimination will really only be seen after the 2012 campaigns.

5. Training

No training session was conducted during this semester.

6. Drug management

No treatment campaign was implemented and no activity related to drug management was conducted. An order for the purchase of ICT cards for TAS for LF was placed during the reporting period. This is the breakdown on the availability of drugs for future treatment campaigns:

- Ivermectin tablets are available in NTD Coordination;
- Praziquantel tablets are not yet available but the program was informed by JSI that drugs will be fully available by end of May 2012;
- Azithromycin (tablets and syrup), not yet available in the country;
- Albendazole tablets: request granted but not available to the DLM;
- Tetracycline ointment: process is underway at the MOH and drugs will be available by end March 2012.

7. Government Involvement

To increase coordination and to improve performance of the program a national coordinator has been appointed.

8. Short-Term Technical Assistance

Pending technical assistance as requested in the annual workplan (support from JSI in logistics, capacity building, etc.), no assistance other than the Deloitte visit for a training in Financial Management and USAID regulations was provided during reporting period.

9. Lessons Learned/Challenges

Although the efforts of every partner were invaluable to the implementation of the 2011 campaign, launching the campaign was a struggle with a multitude of lessons learned, including:

- Faster communication flow is necessary among all stakeholders and partners so that vital information can be shared in a timely fashion;
- The budgets must be put together more carefully and funding commitments from other partners should be crosschecked to ensure that funds do, in fact, exist for all necessary activities;
- The development of the annual work plan took longer than expected and more time and technical assistance from partners will be allotted during the next work planning session;

- Advocacy will be essential during 2012 to ensure the proper coordination body for NTDs is in place;
- Although the concept of integration of the program is well understood by the stakeholders, there is still much work to be done with the MOH to increase the level of integrated activities and by doing so reduce costs. Additional effort will be made through advocacy at all levels to ensure greater integration in the implementation of the program (trainings, distribution of drug packages, coverage surveys, etc.).

10. Major Activities for the next six months

Main activities planned for next six months are:

- Organize a meeting of the Steering Committee for the fight against NTDs in Burkina Faso;
- Organize a coordination meeting of central level, between the Director of the Department for Disease Control and all stakeholders involved in the organization of MDA campaigns, including HKI;
- Organize training of trainers at the central level;
- Support the delivery of supplies to regions and districts for planned treatment campaigns;
- Implement planned mass treatment campaigns in accordance with the availability of inputs (required drugs);
- Support a study trip in Bamako (Mali) for the trachoma program coordination team to learn further about post-endemic surveillance;
- Organize and participate in TAS/impact surveys and data collection on sentinel sites;
- Support the impact study of trachoma program in targeted health districts;
- Supervise drug distribution on mass treatment campaigns.

Niger

A stakeholders/evaluation workshop of the 2011 MDA was conducted to look at results, lessons learned, and to discuss and begin planning for the 2012 MDA. Representatives of each of the 7 regions where MDA was conducted, officials from the MOH, NTD National Coordinators and technical and financial partners (HKI, USAID, and FHI 360) took an active part in the 3 day workshop.

HKI has recently recruited an NTD Program Coordinator to oversee the 2012 MDA and with the M & E person hired in October, the team is now complete which will greatly facilitate the management of the coming year's activities.

HKI also began negotiating with The National Office of Pharmaceutical and Chemical Products (ONPPC) to play a key role in the supply chain management for the next distribution of NTD drugs. This year, as in past years under RISEAL, the sub-grantee had to take full responsibility of the logistics national ownership and program sustainability. At the time of writing of this report, negotiations are still underway.

1. MDA Assessments

There were 2 pre-TAS, 3 mid-term assessments of LF and 4 trachoma impact assessments during the reporting period.

2. PCT treatment

There was no USAID-funded PCT treatment during this period. However, Niger reported the results of the 2011 MDA during this period. Overall 8,672,220 people were treated and 20,463,714 treatments were provided in that MDA in 35 districts. Over 7.3 million people were treated for LF, over 1 million treated for schistosomiasis and over 4.2 million treated for trachoma. The program coverage rate varied between 72% and 95% per district.

3. Changes in MDA Treatment Strategy since beginning of the program

No changes were made change in MDA treatment strategy during this reporting period

4. Transition and Post-Elimination Strategy

Niger's post-endemic surveillance system is being scaled up for trachoma, with the continuation of impact studies in eligible districts and the introduction of sub-district level surveillance in districts where the prevalence of TF is less than 10%. In districts that have stopped antibiotic distribution, HKI and the Carter Center are continuing their support of the PNLCC to conduct surgeries to prevent blinding trachoma, promote face washing, and enhance environmental improvement to help Niger reach their trachoma elimination target of 2015. For LF, sentinel site and spot check sites will be assessed in 9 districts to determine if they are eligible for the stop MDA impact survey.

5. Training

No training activity took place during this period.

6. Drug Management

No drugs were distributed during the period. However, Niger had some problems with Zithromax order placed by PNLCC. According to the agreement between ITI and the Niger government, freight expenses related to the delivery of drugs is the responsibility of the Government of Niger but they have so far not taken responsibility for the bill in respect of the imported Zithromax. Consequently related freight cost remains outstanding and the freight broker is demanding HKI to pay it.

7. Government Involvement

Just as in the previous period, the involvement of the Ministry of Public Health through program coordinators and NTD focal point was encouraging. We have the support from the government but there are still issues to be improved such as the compilation and availability of data, the payment for freight and related expenses.

8. Short Term Technical Assistance

In October 2011, END IN AFRICA sent a consultant to the Niger NTD program to work with the team on issues related to schistosomiasis and specifically in identifying target population, needs assessment for capacity building, and supply chain management. All program requirements in praziquantel for 2012 were articulated and the consultant left with signed purchase orders for ALB and PZQ needed by the PNLBG in 2012.

9. Lessons Learned/Challenges

Following the national assessment, it became necessary to organize workshops for micro level planning in each region to enable us to take into account regional differences in our budgeting process. It also appeared necessary to allocate more resources to CSI managers so that they will be able to conduct quality supervisions, thereby addressing problems right from the roots.

The management of leftover medicines (after distribution) was very challenging. Despite all our initiatives, we could not have a clear update on remaining drug quantities at district level. There is currently no consistent system of collection and storage of medicines and tools after each distribution.

Although the order of 69 pallets Zithromax arrived at the port during the period, it has not been cleared due to uncertainty about whether Government will absorb the huge clearing charges.

We also found out that managers of drug storage and pharmacy in district hospitals have no control over NTD drugs. One of our goals is to fully involve them in the management of NTD drugs since NTD drugs are part of the list of essential drugs. For this, we plan to train every

district focal points and district officials involved in the management of pharmacy. There will be a total of 84 people. The expertise of DPHL/MT and ONPPC will be requested. For the reception, storage and delivery of future orders, we are negotiating with ONPPC to assign them all the logistics management of NTD drugs.

10. Major Activities for the next six months

- Finalize negotiations with ONPPC, and decide on whether to work with this organization;
- Receive ordered drugs and deliver them on distribution sites;
- Order dose poles and data collection tools;
- Review and duplicate CDs and audiotapes for community radio stations;
- Broadcast TV and radio commercials;
- Review training modules;
- Develop a strategic plan;
- Conduct micro planning workshops at the regional level;
- Finalize the recruitment of a program coordinator;
- Organize and implement 2012 mass distribution activities.

Togo

The Togo NTD Program met all of the goals and expectations anticipated for this six-month period. This was primarily a period of administrative and planning activities, with the highlight of the six-month period being the approval of the FY2012 Work Plan and Budget. A Work Plan meeting was held in Togo in November 2011 and the lively and informative discussions during that meeting informed Work Plan and Budget revisions. After several rounds of editing, approvals for both the Work Plan and Budget were obtained in March.

In November 2011, Deloitte provided a Financial Management training that gave all participants a better understanding of the funding process in Togo and identified best practices to follow in agreement with USAID regulations.

FHI 360 conducted the SCM needs assessment with MOH and HDI-Togo staff.

A Stakeholder Meeting was held in early March and included many Ministry of Health partners, including the local coordinators for Integrated NTDs, LF, onchocerciasis, nutrition, malaria, buruli ulcer, and noma, as well as external partners, including HDI, WHO, UNICEF, Sight Savers, Plan-Togo, the Red Cross, Handicap International, and DAHW (a German group that works with leprosy and tuberculosis). During this meeting, the stakeholders finalized strategies and budgets for the upcoming MDA which will involve distribution of ivermectin, albendazole and praziquantel to targeted groups. During this period, we have also finalized printed materials (training manuals, registers), generated micro-plans for drug distribution, and arranged for many of the materials needed for the upcoming MDA.

Also in this six-month period, HDI concluded the sub agreement with RTI. HDI produced final MDA coverage, programmatic and financial reports and submitted those in November, and opened a new bank account for FHI funds.

1. MDA Assessments

There were no USAID funded assessments during the period.

USAID has not supported LF or trachoma treatment in Togo, and there were no USAID supported assessments for either disease during this time period.

2. PCT treatment

No MDAs were conducted during this six-month period and the Baseline Form is up-to-date.

3. Changes in MDA treatment Strategy since beginning of the Program

Togo expanded the treatment strategy for schistosomiasis in all districts to include treatment of school-age children in low prevalence areas twice during primary school. In terms of STH, there was addition of second round of treatment in highest prevalence districts (Yoto, East Mono, Oti

and Tandioare). The rationale for these changes was to follow more closely WHO recommendations.

4. Transition and Post-Elimination Strategy

During the first half of FY2012, the Togo National Organizing Committee continued to meet and plan for the integrated 2012 MDA. The MOH demonstrated leadership in organizing the Work Plan Meeting in November 2011, as well as the Stakeholder Meeting in March 2012.

- LF has been eliminated from Togo and is no longer a target disease for MDA. HDI will support the MOH in its ongoing surveillance program for LF.
- The MOH is taking a more of a lead in calculating target populations and determining the drug package that will be implemented in each peripheral health unit (the PHU is the implementation unit in Togo).
- A TAS will be performed in 2012 to confirm interruption of LF transmission in Togo, according to WHO recommendations.
- The prevalence of active trachoma is less than 1% in Togo. While trachoma is no longer a target disease for MDA, the Ministry of Health will continue to support IEC on the importance of facial hygiene.
- TA has been requested to conduct a situation analysis of onchocerciasis control in Togo; this is the necessary first step in determining whether Togo is near elimination of onchocerciasis and where and when Togo should change from control activities to primarily surveillance activities.

5. Training

One Financial Management training, conducted by Deloitte, occurred in conjunction with the Work Plan Meeting in November 2011

6. Drug management

In November 2011, FHI 360 conducted a SCM needs assessment, during which the MOH and HDI presented the local procedures and received useful feedback on areas that could be improved.

In preparation for the Spring MDA, HDI-Togo has verified the number of drugs remaining in the storage facility (CAMEG). The complete order of albendazole has arrived in Togo with no problems. The delivery date for praziquantel is April 30. Preparation of a distribution plan for the MDA is ongoing and will be completed well before training will begin.

Stock outs did not occur at the district level; however, there was some redistribution of drugs at a local level.

7. Government Involvement

The government has coordinated 14 Togo National Organizing Committee meetings, the Work Plan Meeting in November 2011, and the Stakeholder Meeting in March 2012. During the Stakeholder Meeting, the MOH (in conjunction with HDI-Togo and other key partners) informed

the participants about the objectives, targets, and process of the MDA, outlined a general action plan for the campaign, developed detailed work plans for principle activities, and reviewed and refined the budget based on contributions from all partners.

8. Short-Term Technical Assistance

During this six-month period, Togo participated in one training that was arranged around the Work Plan Meeting in November 2012. A The Financial Management training led by Deloitte provided an opportunity for all participants to understand the funding process in Togo and identify best practices to follow in agreement with USAID regulations.

9. Lessons Learned/ Challenges

- By bringing together all the people responsible for maintaining the fiscal wellbeing of the Program to discuss how the Togo NTD Program could improve financial management, the Deloitte-led financial management training provided a better understanding of how to meet the expectations of the US government for things like travel and procurement policies.
- The SCM needs assessment helped to improve the way the Togo NTD Program manages drugs through strengthening the relationship with CAMEG (the drug storage facility) and increasing local capacity for drug forecasting via the new data manager contracted by HDI.
- An ongoing challenge of integration has to do with maintaining the integrated process in the face of different donors and priorities.

10. Major Activities for the next six months

- April 2012 – Training cascade will occur at central, regional, district, and local levels
- May 2012 – Integrated Spring MDA
- June 2012 – MDA: Coverage survey, data collection and entry, generation of coverage reports
- July 2012 – Finalize coverage reports, dissemination of MDA results back to the community
- August 2012 – Finalize drug applications, Work Plan meeting to generate FY 2013 Work Plan
- September 2012 – Semiannual Report

Sierra Leone

During the period under review, PCT for onchocerciasis, (LF and STH was conducted in 12 districts. Based on CDDs census data, 11,572,148 tablets of ivermectin (IVM) and 3,952,525 tablets of albendazole (ALB) were supplied to the 12 provincial districts in the MDA. Other materials including dose poles, village registrars, and pencils were also supplied to facilitate the mass drug administration. 3,908,524 persons were treated for LF and STH in Y6, with each district reaching over 75% epidemiologic coverage. 2,446,658 persons were treated for onchocerciasis with every district reaching an epidemiologic coverage of over 75%.

The results of PCT LF-Oncho-STH in 12 districts surpassed the expected target. The MDA was targeted for approximately 3.4 million individuals for LF and STH and 2.2 million for onchocerciasis in 12 provincial districts. A record treatment of 3.9 million individuals for LF and STH and 2.3 million individual for onchocerciasis in 12 provincial districts was provided. The success is attributed, among others, to continuous advocacy and social mobilization over the years and increased community ownership of the program.

The NTDCP is on track towards control/elimination of NTDs in Sierra Leone. The results from impact assessment of LF conducted in July-August 2011 and the results of transmission assessment for onchocerciasis show a remarkable reduction of the prevalence of both diseases. The preliminary results of the ongoing schistosomiasis and soil transmitted helminthes impact assessment are also very encouraging and are great indicators of progress towards disease control and elimination. The greatest challenge however remains the availability of funds for implementation of activities. More funds should be allocated to sentinel site surveillance and monitoring and evaluation activities.

1. MDA Assessments

There were no assessments for LF during the reporting period. Impact assessments on schistosomiasis and STHs are ongoing in seven districts.

2. PCT treatment

Over 3.9 million persons were treated for LF and STH in Year 6 and over 2.4 million treated for onchocerciasis reaching over 97% program coverage.

3. Changes in MDA treatment Strategy since beginning of the Program

- There has been no change in MDA strategy based on disease-specific assessments.

4. Transition and Post-Elimination Strategy

With the continuous improved coverage obtained for PCT in the country, preparations to enhance post-elimination strategies are well underway. Full national scale PCT-LF in 2010 has already been achieved following the treatment of the Western Area in June 2010. To date six of the 12 rural districts have achieved five rounds of LF treatment while the other six have received four rounds of LF treatment. It is still hoped that elimination targets for the entire country for LF will be envisaged in the next 3-4 years. As the NTD control program is fully integrated into Sierra Leone's primary health care system, and the increasing GOSL commitment to NTD control is underway, there are indications that the MOHS will take charge over NTD control in the events of donor exit. This has been demonstrated by the level of commitment the senior management team of MOHS is setting on NTD control. A member of the MOHS senior management team, Mr. Tommy John, fully participated in the development of the five year NTD Master plan. To sustain the commitment of the MOHS and other stakeholders to NTD control in Sierra Leone, a national advocacy meeting will be held to ensure continued commitment, support of human resource development, and integration of NTDs into the primary healthcare system and national health curricula in Year 6 and beyond. As part of the strategy to achieve sustainability Sierra Leone will continue to hold numerous advocacy events to assure perpetual GOSL commitment, continuous social mobilization within the communities to increase support among local, religious and traditional leaders, increase motivation of CDDs and strengthen disease monitoring at sentinel sites.

As part of the elimination strategy, a Mid-term LF Impact assessment was carried out in 12 districts in second half of Y5. Results obtained from this study will guide us on the post elimination strategy. Impact assessment survey for schistosomiasis and STH are being conducted in the seven districts where schistosomiasis and second STH treatment has been carried out. The results of the survey will determine progress towards SCH and STH control and will also be used to map out timeline for disease control.

5. Training

In December 2011 and January 2012; 23 independent monitors were recruited, trained and monitored the PCT LF-Onchocerciasis and STH in 12 districts as described above. Four field staff were also trained in February 2012 and are currently in the field carrying out mid-term impact assessment for schistosomiasis and STH in seven districts.

6. Drug management

During the period under review, the SCM activities that were implemented include: distribution of logistics, materials and drugs for PCT LF, onchocerciasis and STH in 12 provincial districts.

IVM and ALB for PCT LF, Oncho and STH in 12 districts arrived in country in the second half of Y5 and were stored at the NTD warehouse in Makeni. From the NTD store in Makeni, drugs were supplied to the various DHMTs based on the district CDDs census data. The DHMTs in-turn supplied the various PHUs based on the PHU CDDs census data and the PHUs to the CDDs in the various communities based on their eligible village census data.

Also during the reporting period, JSI International in collaboration with NTDCP and HKI, conducted a SCM assessment during which physical inventory of NTDs drugs was done at the NTDs warehouse in Makeni.

The storage facility at the NTD store in Makeni is sufficient but there is a challenge with compliance with standard storage procedures which needs to be improved. The challenge lies in the fact that the NTD store manager was not aware of some of these standard procedures. However as one of the outcomes of JSI visit, on the job training was given to the store manager on the knowledge and compliance of these standard procedures.

7. Short Term Technical Assistance

During the reporting period, technical assistance was received from JSI International to conduct a supply Chain Management Assessment of the NTDCP. Although it was useful for the NTDCP, this TA was however part of the JSI work plan and not necessary a request from NTDCP in Sierra Leone.

8. Lessons Learned/Challenges

The best period for MDA is October – November as this happens to be the optimum time frame for CDDs to volunteer their services. Because this optimum time frame was missed during the last distribution, the CDDs spent more time than usual to ‘catch up’ on their coverage so that it reached an acceptable level. This resulted in the NTDCP reporting IVM and ALB needs to the MDP for reordering stock one month later than planned. This delay will likely have a consequence on the next MDA for LF which is slated to begin in September 2012 for the Western Area. These delays were incurred by grants agreement issues under End in Africa and were beyond the reach of the National Program.

9. Major Activities for the next six months

The objective for the next six months is to conduct PCT-SCH in 7 Districts in June and PCT-LF-WA September 2012. The activities will include:

- Annual Review Meeting for PCT-LF, onchocerciasis, STH and SCH – April
- Training
 - PCT for schistosomiasis-STH in 7 districts for supervisors, DHMT staff and PHU staff – June
 - PCT for LF- WA for supervisors, PHU staff and Community Health worker – September
 - PCT for LF-Oncho in 12 districts for DHMT staff, PHU staff and CDDs – July and September
- Advocacy meetings and social mobilization
 - PCT for schistosomiasis-STH in 7 districts - June
 - PCT for LF- WA – August
 - PCT for LF-Oncho in 12 districts – August
- PCT-SCH in 7 Districts – June PCT- LF-WA – September

Ghana

Implementation of the “End in Africa” program in Ghana started in November 2011 with the organization of a planning workshop to discuss the development of the 2012 work plan for the project. USAID, FHI 360, CRS and GHS participated in a work planning workshop from November 1-2, 2011.

To ensure a smooth program implementation and a clear understanding of the roles and responsibilities of partners as well as to enable the NTD implementation team identify and provide the information required by all stakeholders in NTD in the country, CRS organized a Simple Measurement of Indicators for Learning and Evidence-based Reporting (SMILER) workshop for the project team (GHS and CRS). The workshop, facilitated by Dolphin Heather, CRS’ West Africa Technical Advisor on M&E, produced an M&E operational manual for the NTD Program as its output.

During the reporting period, the NTD Program, with the support of CRS, set up the Ghana Intra Country Coordinating Committee (ICCC) for NTD to bring together all stakeholders in NTD in country. The committee was launched by the Chief Director of the MOH Ghana on February 3, 2012. In the same month, CRS supported the NTD national secretariat and FHI 360 organized a formal launch of the End in Africa – Ghana Project on the February 22, 2012. The event launched by the Honorable Minister of Health of the Republic of Ghana was well attended by stakeholders and the press.

In February the Program organized a refresher training of trainers’ workshop (ToT) in Kumasi for Regional Deputy Directors of GHS and NTD Regional Focal Persons in preparation for the upcoming MDA. This training will be cascaded down to the regional level and to districts where CDD will be trained in preparation for the impending community-based MDA in March -April.

Other challenges encountered during previous community-based MDAs were also discussed including late submission of technical and financial reports, coverage of MDAs.

To help build the capacity of Regional Finance Officers of the GHS, a refresher training was also given to introduce them to the management of USAID funds to ensure timely and complete financial reports after the MDA.

Funding for the 2012 community based MDA has been advanced to the GHS for onward distribution to all implementing districts.

Other donors that are supporting the MDA include Liverpool LF Support Centre (LLFSC) and African Program for Onchocerciasis Control (APOC). LLFSC provided \$203,000 for research and support for MDA in the Greater Accra region while APOC provided GHC 166, 000.00 (\$110,666.70) for the support of Community Directed Treatment of Ivermectin (CDTI) activities including Urban MDA in the onchocerciasis areas.

CRS worked with FHI 360 to do a supply chain needs assessment of the NTD program.

The main activities for the next six months include holding of two MDAs, one community based in March/April and one school based in June/July. Surveillance activities for LF and Trachoma will also be undertaken. The program will hold one national post MDA review in August 2012. CRS will support the program to prepare and submit a semiannual report in September 2012 and produce a work plan for the project for 2013.

1. MDA Assessments

TAS for LF is ongoing in four districts.

2. PCT treatment

There has been no MDA during the reporting period with USAID funding. However in October 2011, ten districts hyper- endemic for onchocerciasis undertook a second round of MDA reaching 296,301 persons. District and volunteer trainings are starting in March 2012. MDA will begin in the last week of March with results expected by the end of April 2012.

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

- The main changes in treatment strategy since the beginning of the program are:
 - Stopping MDA in all 29 districts endemic for trachoma in 2010 due to a break in transmission.
 - Stopping MDA in four districts for LF due to a break in transmission in those districts.

4. Transition and Post-Elimination Strategy

○ Lymphatic Filariasis

The program has stopped MDA in four districts in the Central Region of Ghana as a result of a transmission assessment survey done in 2010 which showed that transmission had been interrupted. According to the WHO protocol, a TAS is to be repeated after two years. This is currently underway in the four districts.

Results from 2011 night blood surveys are still being read for the 15 districts that were surveyed. The final results will inform the districts that will have TAS done in the next six months.

○ Trachoma

Trachoma review meetings have been held in the two endemic regions in February 2012.

5. Training

Trainings for MDA Campaign: During the reporting period CRS supported GHS to conduct a ToT refresher workshop for Regional Deputy Directors of Health and regional NTD coordinators (47 persons in all) in preparation for the 2012 community drug distribution.

This training also involved financial managers for all ten regions who joined the technical officers on the last day. The finance training was facilitated by FHI 360 (Deloitte), CRS and GHS finance officers.

Training for the district and community-based volunteers is on-going currently (March 2012). Data on these trainings will be available in the next report.

6. Drug management

For the period under review CRS has worked with the NTD program to undertake the following activities:

- **Supported quantification of NTD drugs and preparation of applications:** An application for praziquantel has been prepared and sent to FHI 360 for delivery in April 2012 for the School based MDA for schistosomiasis and STH.
- **Provided training on SCM topics:** SCM of NTD drugs was incorporated into the national ToT for the 2012 MDA. A presentation was prepared and delivered by the FHI 360 Supply Chain Management Specialist.
- **Conducted a supply chain capacity building needs assessment:** CRS is working with FHI 360 to do a supply chain needs assessment of the NTD program. To this end visits have been paid to the National Central Medical Stores, MOH procurement unit offices and some district health administration offices in the Eastern Region to assess the supply chain management structure in place. This assessment will continue during the MDA in March/April to monitor the system in action.

7. Government Involvement

Government of Ghana, through its MOH, has shown commitment to the NTD program at the highest level. This has been demonstrated firstly by the enthusiasm of the Ghana Health Service in negotiations with CRS leading to the signing of the second tier subcontracts in a relatively short time.

The most senior civil servant at the ministry, the Chief Director at the MOH, personally took interest in the formation of the ICCC and made time to launch the committee and sit in the meeting. He indicated his interest in seeing the 5 year strategic plan for an expanded NTD program that included Buruli Ulcer and Yaws so that the ministry could determine the funding gap and work towards finding resources to fill it.

The Honorable Minister of Health launched the End in Africa - Ghana Project. He indicated the Government of Ghana's interest and commitment to the NTD program.

Other government activities:

- **Coordination meetings at central and district levels:** The NTD program was represented at the annual Public Health Review meeting of the Ghana Health Service and made a presentation on the program. There have been presentations made by the program at

senior management meetings of the GHS as issues concerning the implementation of the program come up.

Task force meetings: The ICCC has been launched on the 22nd of February and will be meeting again in April. At the launch, the terms of reference was discussed and adopted. It was agreed at the launch by all partners that meetings will be held quarterly.

8. Short-term Technical Assistance

Technical assistance was received from FHI 360 for improving the drug management system in the GHS. CRS worked with the Supply Chain Management Consultant with FHI 360 to do an assessment of the supply chain management at the national and district level. CRS will continue to assist the consultant during the MDA to further assess the system as it practically operates throughout the MDA and especially at the end with retrieval of unused medicines.

9. Lessons Learned/Challenges

The training for MDA has just begun and challenges are just emerging with two other public health campaigns also underway. Regions are doing bed net hang up campaigns as well as National Immunization Day (NID) for polio at the same time as MDAs are supposed to occur. This situation, though challenging can expose opportunities in integration of MDA with other campaigns. For instance some regions have indicated their preparedness to merge MDA trainings with NID training. CRS and the NTD program will monitor these challenges and emerging opportunities and report on them subsequently.

10. Major Activities for the next six months

Major activities planned for the next six months are listed below.

- Carry out community based MDA for LF, STH and onchocerciasis.
- Hold refresher trainings for health workers, teachers for school –based MDA.
- Compile and submit monthly and semiannual reports.
- The NTD Program will conduct treatment assessment surveys and night blood surveys.
- Hold national post MDA review meeting.
- Hold two ICCC meetings.
- Develop 2013 annual work plan.