



End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

October 2013 – March 2014

Submitted to:

United States Agency for International Development (USAID)

Submitted by:

FHI 360

For further information, please contact:

Bolivar Pou
Project Director, END in Africa
1825 Connecticut Ave., NW
Washington, DC 20009-5721
Phone: 202.884.8000 ext. 18010
Email: bpou@fhi360.org



USAID
FROM THE AMERICAN PEOPLE



Table of Contents	Page
Acronyms and Abbreviations	3
Executive Summary	6
Project Management.....	11
Project Implementation	12
Issuance and Management of Grants	12
Summary of Sub-grantee Activities by Country	13
Burkina Faso	13
Niger	14
Sierra Leone.....	16
Togo.....	18
Ghana	19
Technical Assistance /Capacity Building.....	20
Supply Chain Management	20
Financial Management	22
Update the TIPAC for FY2014.	27
Collaboration and Coordination.....	32
END in Africa- General.....	32
Burkina Faso	32
Niger	32
Sierra Leone.....	33
Togo.....	33
Ghana	34
Monitoring and Evaluation.....	34
Support to Sub Grantees and MoHs.....	34
Burkina Faso	35
Ghana	36
Niger	36
Sierra Leone.....	37
Togo.....	37

Data Management and Dissemination.....	37
Routine Program Monitoring	38
MDA.....	38
Impact Assessment.....	40
Training.....	41
Technical Assistance and Capacity Building on M&E	41
Knowledge Management	41
Lessons Learned	47
SCM.....	47
Financial Management.....	47
M&E.....	48
Grants management.....	48
Major Activities Planned for the Next Six Months	49
Table 5: FY 2014 Work Plan Execution Timeline	53
Table 6: Travel Plans for Next Six Months.....	57
Appendix 1: MDA Reporting of Integrated NTD Control	60
Appendix 2: Country Program Summaries	66
Burkina Faso	67
Niger	75
Sierra Leone.....	84
Togo.....	92
Ghana	98

Acronyms and Abbreviations

ADS	Automated Directives Systems
ALB	Albendazole
AOTR	Agreement Officer's Technical Representative
APOC	African Program for Onchocerciasis Control
CB	Capacity Building
CBE	Capacity Building Event
CDD	Community Drug Distributors
CERMES	Center for Medical and Health Research (CERMES is the French Acronym)
CNTD	Center for Neglected Tropical Diseases
CPIRs	Commodity Procurement Information Requests
CRS	Catholic Relief Services
DHMTs	District Health Management Teams
DSA	Disease Surveillance Activity
DRS	Regional Health Directorate (DRS is the French acronym)
EMMP	Environmental Management and Mitigation Plan
FDC	Fund for Community Development (FDC is the French Acronym)
FGAT	Financial Gap Analysis Tool
FM	Financial Management
FOG	Fixed Obligation Grant
GHS	Ghana Health Services (GHS)
GSK	GlaxoSmithKline
HCWM	Health Care Waste Management
HD	Health Districts
HDI	Health & Development International
HKI	Helen Keller International
HQ	Headquarters
IVM	Ivermectin
ICCC	Intra Country Coordinating Committee
JSI	JSI Research and Training Institute, Inc.
KM	Knowledge Management
LATH	Liverpool Associates for Tropical Health
LF	Lymphatic Filariasis
MMIS	Making
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MDG	Millennium Development Goals
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRU	Mano River Union
MSP	Ministry of Public Health (MSP is the French Acronym)
NOCP	National Onchocerciasis Control Program
NTD	Neglected Tropical Diseases

NTDCP	NTD Control Program
OAA	Office of Agreements and Acquisitions
Oncho	Onchocerciasis
ONPPC	The National Office of Pharmaceutical and Chemical Products (ONPPC is the French Acronym)
PCT	Preventive Chemotherapy
PD	Program Description
PHU	Peripheral Health Unit
PZQ	Praziquantel
RFA	Request for Application
R4D	Results for Development
RISEAL	International Network for Planning and Control of Schistosomiasis (RISEAL is the French Acronym)
SAC	School-aged Children
SAR	Semi-Annual Report
SAT	Subaward Tracking
SCH	Schistosomiasis
SCM	Supply Chain Management
SFRS	Subawardee Financial Reports
SOP	Standard Operating Procedures
SOW	Scope of Work
STH	Soil Transmitted Helminthiasis
TA	Technical Assistance
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
TOR	Terms of Reference
TOT	Training of Trainers
USAID	United States Agency for International Development
USG	United States Government
WA	Western Area
WHO	World Health Organization

Executive Summary

This semi-annual report outlines the progress made during the first and second quarters in Year Four (FY 2014) of the five-year Cooperative Agreement No. AID-OAA-A-10-00050, “End Neglected Tropical Diseases in Africa”, or “END in Africa”. The five countries chosen by the United States Agency for International Development (USAID) for the operational portfolio include: Burkina Faso, Niger, Togo, Ghana, and Sierra Leone. These countries have remained in the portfolio with no changes during the period under review. During this reporting period, FHI 360 and its partners undertook the anticipated activities outlined in the FY2014 work plan (October 2013 – September 2014).

FHI360 worked with other partners in the END in Africa consortium to support and monitor the execution of activities of all sub grantees and Neglected Tropical Diseases Control Programs (NTDCPs) within the Ministries of Health (MOHs) to ensure that all work plan activities were executed according to technical expectations and USAID policies and regulations have been observed. This included periodical site visits and reviewing sub grantees’ monthly progress reports, monitoring project expenditures and cost share contribution, project coordination, and addressing any implementation issues that arose.

Disease surveillance activities (DSA) were successfully conducted in:

- **Burkina Faso:** To-date, 22 health districts (HDs) have stopped lymphatic filariasis (LF) treatment and 22 HDs have stopped trachoma treatment (at district-level) after the prerequisite DSAs demonstrated that local transmission of both diseases has stopped in these districts. DSAs for stopping mass drug administration (MDA) were planned in FY2014 for an additional 11 HDs (for LF) and four HDs (for trachoma). Additionally, pre-transmission assessment survey (pre-TAS) for LF was conducted in four HDs and the first post-MDA transmission assessment survey (TAS I) will be conducted in nine HDs. The trachoma impact studies in four HDs were implemented in March 2014, and the pre-TAS for LF in four HDs took place in February and March 2014. Impact assessment survey for stopping LF MDA (TAS) in 11 HDs and TAS1 for LF in nine HDs will be implemented in April 2014 as soon as the Immunochromatographic test (ICT) cards arrive in-country. For surveys that have taken place during the reporting period, results (where available) are reported in the workbooks with this report submission.
- **Niger:** TAS was conducted for in eight HDs in three evaluation units (EUs) and it was reported that one EU representing three HDs passed. The additionally planned LF pre-TAS, LF TAS, schistosomiasis (SCH) evaluation, and trachoma impact assessments will all take place at the end of FY 2014, which will be six months after the end of the integrated MDA for all these diseases.
- **Sierra Leone:** The pre-TAS results finalized during the reporting period showed an overall 0.5% (95% CI: 0.4%-0.8%) microfilaraemia (mf) prevalence. This prevalence

represents a 79% reduction from baseline 2.6% (95% CI: 2.3-3.0%) in 2008. This result was used to inform decisions on the implementation of TAS in those EUs.

- The final results from the pre-TAS showed that two of the six EUs representing four HDs failed the pre-TAS and will therefore not be implementing TAS in FY2014. These four HDs need to undergo treatment for an additional two years. In both these EUs the reason for pre-TAS failure is thought in large part to be due to cross border migration to and from Guinea and Liberia. This will impact our planning, as our expectation was to implement TAS in all the 12 provincial HDs represented by the six EUs.
- **Togo:** STH/SCH surveillance activities were planned for FY2014, prior to the nationwide April 2014 MDA, but have been postponed until FY2015 due to the loss of key staff needed for training, implementation and supervision of the surveillance activities.
- **Ghana:** Pre-TAS was conducted in 12 districts and TAS for LF is presently ongoing. Pre-TAS field work was completed in January 2014 and 10,455 slides collected are currently being read. TAS has been completed in 12 out of 24 EUs covering 61 districts (initially 45¹). All 12 EUs completed so far have passed the TAS (with less positives than the critical cut-offs for each EU) and will be stopping MDAs in 2015. The remaining EUs will be covered by mid May 2014.

The results of the reported data indicate that preventive chemotherapy (PCT) was provided through MDAs in this period as follows:

- **Burkina Faso:** MDA was conducted in the four HDs of the South West region, beginning at the end of February 2014 and lasting through early March 2014. This MDA provided treatment against LF, onchocerciasis (oncho), and soil transmitted helminthiasis (STH) and it was the first MDA in this region that included community directed treatment with ivermectin (CDTI) for oncho elimination. These six districts are highly endemic for LF and/or oncho and are treated twice a year as per the recommendations of the Global Alliance for Elimination of LF (GAELF). The MDA for LF, oncho, SCH, STH, and trachoma in the other regions will be conducted in the coming months (April – June 2014).
- **Niger:** The FY 2014 MDA began in February 2014 with a launching ceremony attended by His Excellency the Mr. Minister of Public Health, and representatives of the World Health Organization (WHO), USAID, the Ministry of Public Health (MSP), and Helen Keller International (HKI), among other partners. The MDA targeted 9.1 million people for LF, 2.3 million for SCH, 10.6 million for STH, and 7.3 million for trachoma and will be fully completed in March 2014, with follow up evaluation meetings that are held at district and regional levels.
- **Sierra Leone:** MDA LF-STH in Western Area (WA) and MDA LF-oncho-STH in the 12 provincial HDs were successfully implemented. The overall treatment figure for WA was

¹ The number of HDs changed from 45 to 61 because of the re-demarcation of districts in Ghana. The total number of HDs in Ghana is now 216 instead of 170. This is now reflected in the workbooks.

1,250,859 eligible persons with 72% epidemiological coverage. End-process independent monitoring (IM) in the WA showed that 82% of eligible persons had ingested the drugs. Even though results from the MDA LF-oncho-STH in the 12 HDs are still being compiled, the IM result showed an overall 73% coverage.

- **Togo:** The October 2013 MDA targeted those areas in which STH prevalence was $\geq 50\%$ (funded by USAID) and in which oncho prevalence has historically been high (lately funded by Sightsavers through the National Onchocerciasis Control Program (NOCP)). All drugs and materials were delivered to the appropriate locations and no stock outs were reported. Data and drugs were recovered from the field faster than ever, and for the first time, data from the October 2014 MDA are available for inclusion in the March 2014 semiannual report. Coverage in the four HDs treated with Albendazole (ALB) was quite high; 98% for girls 5-14 years of age, 98% for women of child-bearing age, and 99.5% for boys 5-14 years of age. Coverage in the peripheral health units (PHUs) was quite high overall ($>80\%$) but was lower (68%) in one location in the district of Yoto. The reasons for the low coverage in this PHU will be investigated. Drug losses were well below one percent.
- **Ghana:** Community based MDA was conducted for Trachoma in eight HDs in Upper West and Northern regions in January 2014. This MDA was to be conducted as part of the 2013 calendar work plan in November 2013 but was delayed. The results will be used to update the FY2014 workbook. The government requirement regarding authorization of Praziquantel (PZQ) importation in Ghana is still under discussion which has delayed the school-based MDA for SCH and STH.

FHI360 participated in the annual neglected tropical diseases (NTD) cross-border meeting of Mano River Union (MRU) countries (Cote d'Ivoire, Guinea, Liberia and Sierra Leone) in Freetown, Sierra Leone, 16th – 17th October 2013. This meeting was to update and improve knowledge on ongoing NTD control/elimination programs in the MRU countries and contribute towards the strengthening of collaboration between MRU countries for the control/elimination of NTDs. FHI360 will continue to influence cross-border collaboration for NTD control/elimination between the END in Africa implementing countries and their neighbors through collaboration with all stakeholders.

Over the past six months, the following main procurement and supply chain management (SCM) activities executed were:

- Provided headquarters-based support for the quantification of PZQ needed for 2015. In FY15, procurement of PZQ for the END in Africa countries will be handled by FHI360. The country programs submitted orders to FHI360 via JSI according to the schedule requested by FHI360.
- The primary health care waste management (HCWM) aspects that confront NTD activities are the proper disposal of expired medications, used bottles, and cartons. JSI

has adopted an approach to obtaining appropriate information on HCWM during assessments and offers some activities to consider undertaking:

- For the Niger supply chain management situation analysis (December 2013), JSI developed questions to assess waste management based on reviewing USAID's MMIS (Making Medical Injections Safer) Project, which concluded several years ago, reports and the UNICEF tool.
- The JSI/DELIVER "Guide to HCWM for the community health worker (CHW)" could be revised/updated to include a few relevant aspects of NTD programs, reprinted, and distributed at training of trainers (TOT) events to the trainers so that they can have this as a reference document during the course of their trainings.
- Continuing to improve forecasting and strengthen inventory control to minimize overstocks and reduce expiries.
- JSI staff Youssouf Ouedraogo traveled to Niger to conduct a supply chain management situation analysis in collaboration with the MOH and HKI. The assessment revealed a need to strengthen the LMIS tools and the training curriculum to improve MDA drug management. One issue identified is the difficulty to get accurate stock on hand for forecasting purposes. Accurate physical inventory is an important precursor for establishing an effective logistics system especially to avoid expired drugs and be able to conduct a reliable forecast.
- Assisted in finalizing Sierra Leone's standard operational procedures (SOPs) for supply chain management (SCM).
- Assisted in finalizing Sierra Leone's training curriculum. The revised curriculum will be used during the SCH MDA training in May 2014.
- Supported Burkina Faso and Togo national NTD programs and implementing partners as they prepared to receive and clear 2014 PZQ consignments through customs. Documentation requirements were coordinated with the ENVISION project and as documents and information regarding the shipments became available, they were provided to implementing partners via email, who then shared the information with the national programs to enable expedited processing.
- Supported Burkina and Togo national NTD programs and implementing partners as they prepared to receive and clear 2014 PZQ consignments through customs. Niger's first of two consignments have arrived in country and the waiver process is currently underway. Sierra Leone's consignment is ready for shipment while obtaining the appropriate waivers has being requested.

On the financial management (FM) and capacity building (CB) component, Deloitte Consulting's role in the END in Africa project has been to support and strengthen the FM systems of the Neglected Tropical Diseases Control Programs (NTDCP) with the aim of improving NTD program performance. Deloitte has focused on building on the success and activities from the first half of the FY 2014 with a sustained emphasis on country ownership, collaboration, transparency,

accountability and sustainability of NTD programs. A three-pronged approach is being used by the END in Africa Project to support the NTDCPs in achieving their FM objectives, which includes:

- Conducting FM training on the United States Government (USG) rules and regulations for the NTDCPs and sub-grantees.
- Performing financial sampling of NTDCP expenditures in Togo to ensure integrity.
- Supporting the sustainability of national NTD service delivery by strengthening the capacity of the NTDCP in Togo on FM processes and systems.

The specific activities outlined in the FY2014 work plan that support FM of the NTDCPs include:

- Develop the FY14 finance strategy implementation plan with GHS, scheduled for March 2014.
- Continue to support Ghana, Burkina Faso, and Togo on the implementation of the tool for integrated planning and costing (TIPAC). Deloitte's role on the project was to engage each of the countries to build their understanding and capacity in utilizing the tool, and work with the NTDCPs in implementing the tool through data entry workshops.
- Expand platform for refresher finance training for managing fixed obligation grants (FOGs). To address this, Deloitte prepared a series of modules focused on (i) FOG implementation, (ii) Basic accounting principles (iii) FM performances to help the NTDCP and collaborators at decentralized levels to improve the NTDCP capacity in budgeting, costing, accounting, internal controls, and performance management around the FOG funding model. This 5-day workshop will in turn build local ownership and strengthening MDA execution. To date, Deloitte has worked with Burkina Faso and Togo on the FOG. Ghana, Sierra Leone and Niger are scheduled for a later date
- Continue capacity building efforts in financial systems and management in Ghana.

In the next six months, FHI 360 and partners will continue to implement the END in Africa project activities as outlined in the FY2014 annual work plan. FHI 360 and partners will work to support HKI and Health and Development International (HDI) on the implementation of their projects in each country, including MDAs and second tier sub agreements. Finally, FHI 360 will continue to ensure that all sub grantees and partners remain compliant with all approved sub agreements on financial reporting and project implementation activities.

Project Management

During the period under review, FHI 360 executed various activities to ensure continued progress toward the goals outlined in the END in Africa work plan for FY2014. This section outlines some of the key activities related to project management.

- Kama Garrison has replaced Nicholas as AOR for the project. To facilitate this transition, weekly conference calls and/or meetings have been held between the USAID NTD team and the End in Africa team for exchanging information, consultation and keeping all stakeholders current on project implementation.
- Site visits were made to Burkina Faso and Niger by the Project Director and Monique Petrowsky, USAID NTD Technical Advisor to observe the execution of MDAs in progress and impact studies. The visits help on strengthening linkages with MOH key personnel and were opportunities to discuss project implementation and achievements.
- FHI360 through its country office and the regional End in Africa team in Ghana have been providing direct implementation support to Ghana Health Service (GHS) NTDCP as of 1st November 2013. This transition has been seamless and has had little to no impact on project implementation. Three positions supported by the previous sub grantee have been maintained by FHI360 within the GHS NTDCP to ensure program continuity. These include a Community Programs Manager (Dr. John Marfoh), and 2 Finance Officers (Patrick-Mawulolo Atikpo and Eubert-Nkum Mensah).
- FHI 360 recruited a new Monitoring and Evaluation (M&E Specialist (Paul Yikpotey) in December 2013 to work on the Ghana portfolio and improve data quality and timeliness of data submission, which have been a major problem in Ghana. The END in Africa Technical Advisor and the Community Programs Manager in the Ghana Country Office provided a 2-day training for the new M&E Specialist on the program and disease workbooks during his first week in the job to facilitate his early involvement in project activities in Ghana. The M&E Specialist also attended a TOT Workshop on the new NTD National Database Template and Data Quality Assessment tools in Nairobi, Kenya in February 2014 together with the Community Programs Manager. It is expected that his employment will result in better data management within the GHS NTDCP.
- The GHS NTDCP also made a request for a full time driver to support program implementation and a Communications Support Consultant to help implement the NTD strategic plan for advocacy and communication in Ghana. Both requests were granted and Laudmas Allotey was employed as driver whilst Deborah Kwablah was employed to serve as Communication Support Consultant for 6 months.
- FHI 360 is currently in the process of recruiting a contract and grants manager/senior administrative officer to assist the Ghana portfolio.
- With the close-out of Catholic Relief Services in Ghana, the property disposition plan includes: two vehicles, six notebooks, and two printers transferred to GHS.

- The END in Africa FY 2014 work plan was submitted to USAID for approval in October 2013 and was approved January 2014.
- FHI 360 participated in USAID's NTD Program's Partners meeting 16th – 17th December 2013 held in Washington DC. The END in Africa representatives at the meeting provided updates to USAID on the status of project implementation in the five countries covered, brainstormed with the USAID NTD team on pertinent issues relating to NTD control/elimination globally and made recommendations on how to improve implementation of the USAID NTD projects in all the countries covered.

Project Implementation

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

Issuance and Management of Grants

During the period under review, the FHI360 led team executed the following activities in support of sub-grantees and MOHs:

- Monitored all sub-agreements to review compliance with reporting, spending and cost-share requirements according to USAID regulations.
- Processed sub-grantee monthly financial reports and accruals.
- Reviewed budgets and FOGs submitted by sub-grantees for approval. The following number of FOGs was reviewed for FY2014: Ghana (three), Burkina Faso (13), Sierra Leone (three), Niger (nine), and Togo (three). Below is a table for each country's FOG by activity and amount:

Table 1: FOG Summary

Country	Activities	Total
Ghana	Training, MDA, M&E	\$ 1,213,903
Togo	Social Mobilization, Training, MDA	\$539,316
Burkina Faso	Social Mobilization, Training, MDA, M&E	\$1,457,138
Niger	Social Mobilization, Training, MDA, M&E	\$1,247,740
Sierra Leone	Social Mobilization, Training, MDA, M&E	\$968,859

- All country sub agreements for Togo, Ghana, Burkina Faso, Niger, and Sierra Leone have been extended through the life of the project until September 2015. Country subagreement obligations have increased to cover funds through FY 2014.

Summary of Sub-grantee Activities by Country

Competitively selected sub grantees are currently supporting the NTDCPs in the MOHs of the five END in Africa countries. HKI is working in Burkina Faso, Niger and Sierra Leone; HDI in Togo; and, FHI 360 in Ghana.

Burkina Faso

During this reporting period (October 2013 – March 2014) most of the planned M&E activities were completed including several impact assessment surveys:

- Independent post-MDA evaluation of treatment coverage was conducted in four HDs;
- Post-MDA coverage in the onchocerciasis villages in the South West region was evaluated;
- Trachoma impact studies were conducted in four HDs;
- Pre-TAS was conducted for LF in four HDs.

The following MDA campaigns were carried out during the reporting period:

- During the first half of FY2014, the only MDA supported by the END in Africa project that took place was the MDA for LF, Oncho and STH for the four HDs of Dano, Diébougou, Gaoua and Batié in the South West region.
- The other MDAs, including the second round of distribution in the South West, supported by the Liverpool Center for Neglected Tropical Diseases (CNTD), will be conducted between mid-April and the end of July 2014. The treatment targets for each disease is as follows: 3,924,104 individuals for SCH, 9,326,982 individuals for LF, 13,130,932 individuals for STH, 1,168,942 individuals for trachoma, and 663,118 individuals for oncho. MDA targeted 20 HDs in five health regions in May 2013.

Training sessions were held to ensure improved implementation of activities, including:

- Cascade-style refresher training at the regional, district and health and social promotion center levels was held to support the implementation of the LF MDA and oncho CDTI campaign in the South West. The campaign activity implementation reports are not yet available. Detailed information on the number of participants and their breakdown by sex will be included in the Workbooks and the next report.
- The TIPAC training was held in Kombissiri 13-25 January 2014 and trained 15 individuals (four women and 11 men). Participants came from the NTD program coordination team, the Finance Department of the MOH, HKI, and two NGOs (Handicap International and Fund for Community Development (FDC)).

- The FOG training was held 27-31 January in Kombissiri. Participants included 27 people from 13 regional health centers, the administration and finance department of the MOH and NTD program managers (six women and 21 men). This was a refresher session for 19 of the participants and new training for nine of them.
- Refresher training for the survey teams in data collection techniques for trachoma impact studies was held for ophthalmological health assistants 24-25 February 2014 in Kombissiri. Participants' number and gender will be added when the activity reports are received. The impact study will take place in four HDs across the Hauts Bassins, Cascade, and Central regions.
- Trachoma master grader training of trainer's workshop was held in Debré, Ethiopia October 28-November 2013. The NTDCP trachoma focal point and the HKI NTD Coordinator attended the training, which was facilitated by master trainers from the Global Trachoma Mapping Project.

To improve the populations' commitment to the NTD MDA campaigns, public education and community mobilization activities were carried out:

- The census forms for families in the oncho villages (for CDTI treatment) were printed and provided to the community distributors prior to MDA. Submission of this family list is intended to improve the effectiveness of the first round of CDTI since the Onchocerciasis Control Program (OCP) closed.
- The regional directorate's team developed radio spots on the combined filariasis/oncho and STH campaigns, which were disseminated to regional health directorates (DRS) and HDs. The spots are forwarded to the HD teams, which, in turn, broadcast them on the local radio stations.
- Finally, town criers in each village and site in the region inform the community about the MDA/CDTI campaign. They specify the MDA target population, the dates that campaign workers will be in the villages, and the benefits of the MDA campaigns.
- For the MDA conducted in the South West region, an advocacy day with local leaders and traditional, administrative, religious and municipal authorities was held in the region's administrative center and in each of the region's four HDs. The training data have not yet been validated, thus specific information on the participants and their number will be provided in the next submission of the workbooks.

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

Niger

During the reporting period, the program made progress in gathering impact study data via:

- The supervision of the TAS by the Ministry of Public Health (MSP) and HKI took place for the districts of Tilliberi, Bouza, Konni, covering all evaluation units (December 2013 – January 2014).
- Independent monitoring was conducted for the first time in Niger, with support from WHO. Activities during the period included the finalization of the protocol, selection and training of the monitors, supervision of the monitoring in the field during the monitoring, and preliminary results from the monitors being collected in real time both during and after the MDA activities (February- March 2014).
- During the past six months, the TAS was conducted across eight HDs represented by three EUs: EU one: Bouza-Keita; EU two: Tahoua-Illéla-Konni; EU three: Say-Kollo-Téra. Preliminary results have shown that three of the HDs, those in EU three, are eligible for stopping MDA. The independent monitoring this year helped the program to better understand that low coverage (<65% epidemiological coverage) was likely a contributor to the failing of the TAS in the other two EUs.

Several program planning activities took place during the reporting period:

- Coordination meetings with the national NTD program coordinators took place several times during the reporting period, with the agendas covering the timeline of the FY 2014 MDA; planning for the launching ceremony, MDA, and the supervision; IM; and the drug deployment across the country so that those “first in” are “first out” and that every district has sufficient stock for the MDA.
- Participation of the entire NTD team in the annual trachoma review and planning workshop whereby the National Eye care Program (PNSO) developed an action plan for the full SAFE strategy for calendar year 2014.
- Working sessions was held with the HKI Headquarter (HQ) program and finance team in October and November 2013 to review the workbooks, help develop the IM protocol, finalize the TAS protocol, and reinforce internal FOG and USAID budgeting procedures.

During this period, the following trainings took place:

- The SCM training was held, with the targeted group for the training being the pharmacy managers and district focal points. This training lasted for three days and was conducted in two different locations: the Dosso training included representatives from Tillabéri, Niamey, Dosso, and Tahoua while the Zinder training included representatives from Maradi, Zinder, and Diffa.
- The cascade training for the MDA began with the training at the level of the health centers managers at the Centre de Sante Intégré (CSI) and school sector managers (secteurs pédagogiques), and then moved on to the community distributors and the teachers.
- The training of independent monitors and supervisors for the IM took place in Niamey February 7-9, 2014. In total, 28 monitors and six supervisors were trained on the

different NTDs, their distribution, and the methodology of the IM strategy. The training included a pilot test of the methodology and the questionnaires in the field during the last day of the training, with feedback provided to the monitors before they began the actual field work.

One innovation this year at the level of HKI was to establish an agent at each regional level (working with the regional-level manager at the DRS) who was in charge of supervision of activities, implementation of the FOG, drug management and supply chain, and also there to provide technical assistance needed during MDA and IM. These teams are in direct contact with the MSP teams in the field for supervision as well as the Regional and District Focal Points for the resolution of problems that arise in the field during implementation. HKI found that this level of coordination put in place really provided a lot of support in avoiding potential blockages in the field, such as potential stock outs or issues in FOG implementation.

The start of the MDA was later than planned due to the very late approval of the FY 2014 budget by USAID (approval received in December 2013), and then the later-than-expected signing of the FOGs at the regional level as described above. This late start did result in the expiration of a small quantity of drug that was planned to be used in November 2013 (the date of the planned MDA) and as a result, there was an insufficiency of drugs (mostly Zithromax) in some of the districts. To manage these insufficiencies, each targeted trachoma district received 90% of the needed Zithromax tablets and 80% of the needed Zithromax syrup based on the average coverage from years past. It certainly would have been ideal to have 100% of the drug needs met for trachoma, but the late MDA contributed to this needed quantity being unavailable

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

Sierra Leone

During this reporting period, the following M&E activities occurred:

- Pre-TAS for LF was conducted in 12 HDs in the final quarter of FY2013, but results were not captured in the previous semiannual report. Two HDs were combined to form one EU giving a total of six EUs. The result showed an overall 0.5% prevalence. However, two of the six EUs (Bombali & Koinadugu and Kailahun & Kenema) had prevalence $\geq 1\%$ which means these EUs will not take part in the upcoming TAS. One possible reason for these HDs not passing the pre-TAS could be due to cross-border infection, as these four districts border Guinea and Liberia. Another possible reason could be the high baseline prevalence for LF especially in Bombali and Koinadugu.
- Training of 14 laboratory technicians for NTD surveillance.
- In order to improve M&E of the national NTDCP, a disease surveillance officer (DSO) from each district health management team (DHMT) was used to evaluate the knowledge gained from PHU staff-training, CDD training and community sensitization

- meetings. Also LF patients were interviewed to evaluate their knowledge and attitude towards their disease and the NTDCP.
- The sampling for the end-process IM conducted for MDA against LF-oncho-STH in 12 HDs was modified such that monitors go to pre-randomly selected households in a randomly selected cluster to perform interviews on ALL eligible members of that household. In addition, social inclusion and gender equity policies for IMs from various ethnic groups speaking a wider range of native languages and representing both sexes more equitable were introduced. This helped minimize bias in the selection of households, individuals and improved communication at the community level.

The following MDA campaigns were carried out in October 2013:

- The MDA for LF-STH in the WA was conducted 10th-14th October 2013. A week was also allowed to provide treatment for missed eligible persons. The NTDCP report shows that a total of 1,250,859 out of 1,726,936 eligible persons were treated with an overall epidemiological coverage of 72%. The IM results show that 5,596 out of 6,836 persons interviewed recall taking ivermectin (IVM) and ALB, an 82% coverage. There was no significant difference in coverage by sex in either MDA.
- The MDA to treat LF-oncho-STH in 12 districts was delayed due to late approval of USAID funding, but was implemented from December 2013 through January 2014. The final coverage results are being compiled by the NTDP and will be updated in the workbook as soon as they are made available. The IM results show that 4,918 out of 6,810 persons interviewed recall taking IVM (72%) and 4,937 out of 6,804 persons interviewed recalled taking ALB (73%).

Several community activities took place during the reporting period:

- Advocacy meetings with stake holders and private medical practitioners were held for MDA oncho-LF-STH in 12 districts and MDA LF-STH WA with participation of Paramount chiefs, council chairmen, councilors, religious leaders, youth groups, market women, civil society organizations, media and police who pledged their support and commitments
- Social mobilization activities through community meetings, radio programs (Jingles, live, interactive panelist discussions etc.), and TV were held for the oncho-LF-STH MDA in 12 HDs and the LF-STH MDA in the WA to sensitize the populace about NTDs and solicit their support for MDA;
- NTD Curriculum Development workshop was held in September 2013 at the College of Medicine and Allied Health Sciences (COMAHS) with 70 participants including 28 students, 30 lecturers, NTDCP staff, HKI staff, National School and Adolescent health Program (NSAHP) staff and the director of disease prevention and control.

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

Togo

In October 2013, the MOH conducted a USAID-funded MDA with ALB in four HDs where STH prevalence is >50%. In addition, the NOCP conducted MDA with ivermectin in the 11 HDs where oncho prevalence has historically been high, and that was funded by Sightsavers through the NOCP.

The following changes in MDA strategy have occurred:

- All HDs: SCH: Expanded treatment strategy to include treatment of school-age children (SAC) in low prevalence areas twice during primary school
- All HDs: SCH: Starting in April 2014, we will expand treatment to include adult women in PHUs with moderate prevalence of SCH (10%-49% prevalence)
- All HDs: STH: Addition of women of child-bearing age to target groups, with albendazole donation from the United Nations Children's Fund (UNICEF).
- Yoto, Est Mono, Oti, Tandjoare: STH: Addition of second round of treatment in high prevalence HDs

Several program planning activities took place during the reporting period:

- A combined Stakeholder/MOH) NTD Planning meeting was held in February 2014 in order to discuss the results of the 2012 Coverage Survey and the 2013 MDA activities, as well as to discuss detailed plans for the April 2014 MDA. The representatives at this meeting included MOH staff at the central, regional, and district levels, HDI-Togo staff, and Stakeholder representation (WHO, UNICEF, Sightsavers, etc.). During this meeting, plans for improved community participation, SCM, and coverage were discussed.
- In addition, the MOH has recently been negotiating additional activities to be incorporated into the April 2014 integrated MDA, e.g., water, sanitation and hygiene (WASH) messages, chlorine distribution, and distribution of ALB and vitamin A to preschool aged children.

Deloitte/FHI 360 led a two week TIPAC training in December 2013. During that training, they discussed the functionality of the TIPAC as a budgeting and program planning tool, and began the process of entering Togo-specific estimates into the TIPAC. In addition, FOG training was conducted February 17-20, 2014. HDI and the Togo MOH conducted an accountant training for all district accountants from February 25-26, 2014.

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

Ghana

An MDA was conducted in January 2014 for Trachoma in eight HDs in Northern and Upper West regions. This MDA was scheduled to be conducted in November 2013 as part of the 2013 calendar annual work plan². This is the last of three rounds of drug distribution for the seven hotspot communities discovered during trachoma surveillance in 2010. The eighth community hotspot was discovered in 2012 and this MDA in January 2014 is the first of three MDAs that are to be conducted for this community; two more MDAs will be conducted in this community in 2014 and 2015. Treatment data will be compiled at the national level at the end of April 2014 and will be used to update the FY2014 workbooks.

The following assessments occurred during this reporting period:

- Pre-TAS for LF was conducted in 12 HDs in Northern and Upper East regions from December 2013 to January 2014. A total of 10,455 samples were collected from sentinel and spot-check sites in these HDs. These samples will be read over the next few months and a final report generated by May 2014.
- After years of treatment for LF, and following pre-TAS carried out in 2012 and 2013, 61 HDs³ qualified for TAS and were scheduled for 2014. These HDs have been grouped into 24 EUs. The program constituted six field teams for the field work which is still ongoing. Currently the teams have completed collection and testing of samples from 12 EUs that have all passed the TAS, indicating that MDAs can be stopped in the HDs represented by the 12 EUs.

Several program planning activities took place during the reporting period:

- The End in Africa project supported the NTD program to undertake a TIPAC training and Data Entry working session of the TIPAC for the 2014 work plan. This planning workshop was held from 18 November to 30 November 2013 and was used to build the capacity of 18 GHS staff from the NTDCP that cover the NTDs targeted through preventive chemotherapy and transmission control (PCT) and other Integrated Disease Management (IDM)⁴ Programs in implementing the tool. The first week was used to train GHS staff on the use of the tool and the following week was used to enter activities and costs of the 2014 Ghana comprehensive work plan into the tool.
- There were no mapping activities carried out during the reporting period. The country has however been re-demarcated from 170 HDs to 216 HDs. Though the total

² The NTDCP in Ghana has 2 annual plans: One for USAID and another for the other partners based on the calendar year January – December.

³ Previously 45 but now 61 due to redemarcation of districts.

⁴ In Ghana the NTDCP also covers non PCT NTDs such as Buruli Ulcer, Yaws, Leprosy, and Guinea Worm. All NTDs (PCT and non-PCT) are referred to as IDM.

population remains unchanged, the numbers of HDs endemic for the various NTDs has been revised.

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

Technical Assistance /Capacity Building

As the lead partner in the END in Africa consortium, FHI360 was responsible for coordinating all technical and administrative support to sub-grantees and the NTDCPs for CB. It took the lead in assistance related to compliance with USAID requirements; and strengthened the NTDCPs' and sub-grantees' capacity to manage projects, work planning, M&E, data, the supply chain and quality assessment. Deloitte was the lead partner in FM systems and reporting, including budgeting. JSI provided technical assistance related to planning for procurement and SCM for essential NTD drugs. The Liverpool Associate for Tropical Health (LATH) supported M&E, particularly MDA reporting and work planning as related to M&E. Technical assistance (TA) and CB assistance provided for M&E are included in the M&E section of this report. Below is a list of all TA provided to the End in Africa countries for FY2014.

Throughout the period under review, FHI360 and its partners assisted the MOHs in identifying their TA requirements in order to create plans for assessing situations and implementing a variety of CB activities. The main activities executed by the FHI360-led team are outlined below by competence areas:

Supply Chain Management

In line with the FY2014 approved work plan, JSI worked in coordination with the MOHs and sub-grantees in implementing the following tasks:

- JSI staff Youssouf Ouedraogo traveled to Niger to conduct a SCM situation analysis in collaboration with the Niger MOH and implementing partner (HKI) and helped identify immediate and long-term system strengthening needs:
 - The assessment revealed a need to strengthen the logistics management information system (LMIS) tools and the training curriculum to improve MDA drug management.
 - Essential logistics data are not collected - a serious weakness of the logistics management information system.
 - The assessment also showed the existence of expired drugs. One issue identified is the difficulty to get accurate stock on hand for forecasting purposes. Accurate physical inventory is an important precursor for establishing an effective logistics system especially to avoid expired drugs and be able to conduct a reliable forecast.
 - A summary of the situation analysis and recommendations from the TA visit can be found in the trip report submitted to FHI 360 on January 24, 2014.

- Standard operating procedures (SOPs):
 - Met with HKI's Emily Toubali and Mustapha Sonnie at JSI's Arlington, VA office on November 25, 2013 to discuss Sierra Leone's NTD SCM training curriculum. At the time this report was submitted, the training curriculum and customized SOPs for Sierra Leone were close to finalization. The revised SCM training curriculum content will be used during the SCH MDA training that is planned for May 2014.
- Waste Management:
 - For the Niger SCM situation analysis (December 2013), JSI developed questions to assess waste management based on reviewing the MMIS (USAID's Making Medical Injections Safer Project which concluded several years ago) reports and the UNICEF tool. It was felt that the UNICEF tool was the most compatible with the END in Africa/NTD needs and this was streamlined and made appropriate to the END in Africa /Niger context. Future END in Africa supply chain assessments, including Burkina Faso, will include this component.
 - The JSI/DELIVER "Guide to HCWM for the community health worker (CHW)" is relevant to the END activities since many activities are undertaken by community workers. There are alternatives for how that could be implemented contingent on available funds. Most appropriate might be that the Guide could be revised/updated to include a few relevant aspects of NTD programs, reprinted, and distributed at TOT events to the trainers so that they can have this as a reference document during the course of their trainings. Alternatively, the existing guide could be re-printed as-is and distributed to trainers. It is likely that printing the quantity necessary to distribute a Guide to every CHW participating in the program would be cost-prohibitive.
 - Continuing to improve forecasting and strengthen inventory control to minimize overstocks and reduce expiries will also contribute to improving waste management.
- Provided headquarters-based support for the quantification of PZQ needed for 2015. In FY15, procurement of PZQ for the END in Africa countries will be handled by FHI360. The country programs submitted orders to FHI360 via JSI according to the following schedule requested by FHI360:
 - By February 14, 2014, country programs submitted rough estimates to JSI for submission to FHI360
 - By March 3, 2014, order quantities were submitted to JSI for review and discussion with country programs
 - By March 17, 2014, final orders were submitted by JSI to FHI360.

Table 2: PZQ Procurement FY 2015

COUNTRY	2015 PZQ ORDER QUANTITY (as of March 14, 2014)	DESIRED DELIVERY DATE
Burkina Faso	20,753,567 tablets	Mid-December 2014
Ghana	20,701,876 tablets	April 1, 2015
Niger	17,000,000*	N/A*
Sierra Leone	4,119,347 tablets	March 2015
Togo	7,104,587 tablets	End of February 2015

*Since the PZQ needs for Niger are covered with the next shipment (that will arrive in April 2014) for the MDAs scheduled for November 2014 (FY2015), FHI360 has advised that they do not have to submit a new application at this time. FY2016 is beyond the current scope of the project and resources cannot be committed after September 2015.

Financial Management

Ghana's Finance Strategy is intricately linked to the fourth work plan activity that focuses on CB efforts in FM systems in Ghana.

In support of the Ghana NTD Master Plan, the GHS/NTDCP prioritized the development of an NTD finance strategy to collect, analyze and disseminate the sources of funding and their use by the NTDCP. Deloitte has been working with the GHS/NTDCP to develop the strategic framework for NTD financing and operationalize the framework for stronger, more sustained NTD program efforts.

In an environment of increasingly limited financial resources, the Ghana NTD financing strategy presents a path to mobilize resources and support a funding allocation process that is evidence-based, transparent, efficient and effective. With Deloitte's support, Ghana's finance strategy outlines current funding resources, allocation, management and risk mitigation related to the financial resources for supporting NTD programming.

Deloitte worked with Dr. Nana Kwadwo Biritwum, NTDCP Manager in Ghana, to develop terms of reference for the Taskforce who will oversee the finance strategy execution. The Taskforce had their kickoff meeting March 2014 during which the team reviewed the framework and committed to the action plan, which includes:

- Development of the FY2014 finance strategy implementation plan; scheduled for March 2014.

- Definition of performance targets and the Performance Measurement Plan (PMP), which will define critical targets to monitor how the finance strategy is affecting performance of the NTDCP. This activity is critical to ensure that the PMP does not focus on process indicators, but rather emphasizes performance impact and is scheduled for March 2014.
- Execution of a “Business Case Development” workshop that aims to enable the GHS/NTDCP to effectively: articulate resource constraints, identify potential funding sources, and mobilize resources. The specific content of the workshop will help GHS/NTDCP develop “heat maps” that identify private sector stakeholders, conduct return on investment and measure impact of NTD interventions, and develop effective proposals for resource mobilization.

The Tool for Integrated Planning and Costing was developed as a key component of the NTD Rollout Package adopted and promoted by WHO and USAID to help countries develop an integrated program for NTDs. It can be used in conjunction with existing national NTD strategic plans and budgets in order to plan and coordinate future program resources effectively.

To support these program objectives, Deloitte participated in a TIPAC TOT event in order to become proficient in TIPAC functionality and support further roll-out of the TIPAC in all five END countries. The TOT workshop trained facilitators to lead future trainings and provide in-country support related to TIPAC. In order to guarantee a quick and appropriate response to increasing TA demands from NTDCPs, a second Financial Advisor was engaged to deliver TIPAC workshops in the Francophone countries, as well as translating the TIPAC materials into French. Burkina Faso decided to implement the TIPAC in January 2014 as a means of updating and operationalizing the FY 2014 Annual Work Plan.

To date, Deloitte has worked with NTDCPs in Ghana, Burkina Faso, and Togo on the TIPAC training and data entry workshops. A description of the approach to each of the country’s TIPAC implementation is summarized below. Across the three countries, nearly 40 participants with different backgrounds and responsibilities were involved in the TIPAC training as well as on completing the data entry for the TIPAC. In each country, the MOH invited staff with the best knowledge of each NTD program plan and any related unit costs. Participants were typically financial and program managers associated with each NTD. Also, other administrative staff with knowledge of expenses, salaries, overhead costs within the MOH that would be relevant to the NTDCPs, and other related data managers were invited and involved on the training as well as the data entry.

Specifically, the training and data entry workshop was meant to:

- Ensure that the NTDCPs are trained on the various interfaces of the TIPAC.
- Estimate the cost of implementing activities related to the NTD program.
- Quantify existing resources from the government and other funders for NTD programs.
- Identify and quantify the funding gaps in an NTD program.

- Generate a projection of program costs and drug needs for up to five years.
- Produce summarized tables and charts, which can be used for presentations and additional analysis.
- Facilitate identification of integration opportunities and annual planning of NTD control programs in conjunction with national plans of action.

Managing FOGs: Deloitte Consulting prepared a series of modules for a five-day workshop that focuses on (i) FOG implementation, (ii) Basic accounting principles (iii) FM performances to help the NTDCPs and collaborators at decentralized levels to improve the NTDCP capacity in budgeting, costing, accounting, internal controls, and performance management around the FOG funding model. This five-day workshop will in turn build local ownership and strengthening MDA execution.

To date, Deloitte has worked with 26 staff of Burkina Faso and 29 of Togo on the FOG. Ghana, Sierra Leone and Niger are scheduled for a later date. The specific objectives of the FOG workshops are to:

- Ensure a better understanding of country responsibilities in managing MDA resources in a context of FOG;
- Improve the standardization and the use of standard policies for project management and governance;
- Strengthen the organizational governance, reliability/credibility and accountability of the Togo NTDCP in implementing MDA activities;
- Reduce financial management risks and improving mechanisms of risk prevention and early detection of frauds;
- Improve effectiveness and efficiency of operations for the implementation of NTD country action plan;
- Develop basic skills on use of Excel in FM.

In general, 39% of the total number trained was made up of National, Regional and District FM staff involved in MDA implementations; 15% of Regional and District Health Directors; 31% of NTD Technical Officers/Focal Points at both the National and Regional levels; and 15% of in-country technical partners (HDI and HKI).

The overall appreciation of the trainings was rated as excellent on the basis of the following evaluation criteria:

- Usefulness of the training
- Relevance
- Knowledge Acquisition

On average,

- 79.2% of participants stated that the training experience will be useful in their work;
- 60% agreed that the topics covered were relevant; and
- 68% of participants indicated an increased understanding of the topics treated.

Based on the previous financial sampling work that had been done in each of the countries, Deloitte developed curriculum that covered the following topics:

- Transaction Processing Domain – to assess the financial transaction environment that facilitates reliability, availability, and consistent fast response times in the implementation of NTDCP.
- Financial Control & Documentation - with sub-parameters such as sustained compliance, risk management, financial documentation, internal control & assessment management, monitoring & assurance and business planning.
- Policy and Processes – analyzing parameters such as scope, documentation, communication, monitoring, renewal, standardization, alignment and improvement.
- Performance Management – designing key performance measures to monitor how high priority processes and organizational units are performing and impacting the NTD programs.

Table 3: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
Burkina Faso	Support to develop a trachoma post-MDA surveillance survey	ITI	WP FY2014	Experts in implementing trachoma surveillance plan, with experience in countries with advanced trachoma elimination program	5 days	The national NTD program has suggested ITI as preferred source ⁵	Pending
	Support to acquire software for managing NTD drug stocks and training on use of software	End in Africa project	WP FY2014	Experts with expertise in drug management logistics and in trachoma drug management software	14 days		Pending
	Support to build capacity for program coordination to improve supply chain management of NTD drugs via: - training NTD drug managers in implementing standard operating procedures - supplying NTD drugs to the facilities health facilities.	End in Africa project	WP FY2014	Experts in drug supply chain management	5 days		Ongoing (A JSI Consultant has started working on this TA)
	Support to investigate the persistence of LF microfilaraemia in two health regions (South West and East)	End in Africa project	WP FY2014	Expertise on LF epidemiology	10 days	This will involve data analysis and field visits	Pending
	Training on Tool for integrated planning and costing (TIPAC)	End in Africa project	WP FY2014	Expertise on TIPAC	15 days	-	Provided

⁵ TA requests are made and justified by the countries. The request for ITI was made based on past experience of the sub grantee HKI. The TA for the development of the Trachoma Action Plan (TAP) conducted early this year was to have been provided through the TAF but HKI was able to get ITI to provide the TA for the TAP in Burkina Faso. HKI has an agreement with ITI to provide TAs relating to trachoma.

Table 3: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
Ghana	Update the TIPAC for FY2014.	End in Africa project	WP FY2014	Expertise on TIPAC	1 week	This activity is expected to be carried out in the first quarter of FY2014	Provided
	Develop training curriculum for the topics in the SOP for SCM	End in Africa project	WP FY2014	Very good knowledge of the SOPs for SCM	1 week	This activity is expected to be carried out in the first quarter of FY2014 to be ready for MDA in January/February 2014	Pending
	TA to train up to 30 new technicians for surveys relating to LF, onchocerciasis, STH and SCH	End in Africa project	WP FY2014 New and younger laboratory technicians are needed to replace those that have retired (or are retiring) and more districts have to be surveyed in the next 2-3 years.	Expertise in field and lab methods for assessing LF, schisto, STH and oncho.	3 weeks for entomological studies on oncho, and 5 days for epidemiologic al evaluation for oncho, Kato Katz technique, pre-TAS and TAS.	The END project will work with the NTDP to coordinate the training that will include other NTD partners such as APOC, Noguchi and WHO	Pending (the NTD Program Manager has decided to have the trainings before the surveys are implemented to ensure the techniques learnt are not forgotten)
	Training on the program and disease workbooks	End in Africa project	WP FY2014	Excellent knowledge and understanding of the work books	5 days		Provided (The aim was to strengthen the capacity

Table 3: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
							of the new M&E Officer that will be working with the GHS)
	Training for NTD team in program planning, management and implementation	End in Africa project	WP FY2014	Expertise on planning, management and program implementation. Previous experience with USAID projects required.	5 days		Pending
Niger	Refresher training on the program and disease workbooks	End in Africa project	WP FY2014	Excellent knowledge and understanding of the work books	3 days	-	No longer needed, according to SAR submitted by HKI in March 2014
	Training on TIPAC	End in Africa project	WP FY2014	Expertise on TIPAC	15 days	-	Postponed by NTDCP to FY2015
	Training on supply chain management	End in Africa project	WP FY2014	Excellent knowledge on supply chain management at all levels	15 ⁶ days	-	Provided

⁶The first trip of JSI would be when the central and regional level trainings begin; and then again when the district/CSI/community trainings take place immediately before the MDA.

Table 3: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
	Participation of a WHO SCH expert at the planned internal SCH review meeting	WHO and End in Africa project	WP FY2014 Input from a WHO expert is important for proper realignment of the national SCH strategy with the latest WHO guidelines	Excellent knowledge of SCH and the latest WHO guidelines and decisions on SCH needed	2 days		Postponed (SCH review now planned for November 2014 (FY2015))
Sierra Leone	Development of TAS Protocol and training of field personnel	End in Africa project	WP FY2014	Expertise on the implementation of TAS (for LF)	5 days		Pending (TAS planned for September 2014)
	Training of HKI and NTDP personnel on M&E	WHO	Sierra Leone missed the WHO training on M&E. We are working to schedule a workshop on M&E in Sierra Leone in collaboration with WHO ⁷	M&E of NTDs	5 days		Pending (Budget for this activity already approved by USAID and training has to be coordinated at national level).

⁷ HKI and the NTD program will be participating in the M&E workshop that AFRO will organize. However, there are new M&E tools designed by WHO (drug request and reporting templates) for which HKI and the NTD program is requesting a wider scale training at national level and for more people than the WHO workshop can accommodate. The few that will participate in the WHO workshop will serve as facilitators together with the expert that WHO will provide for the training at national level.

Table 3: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
	Training on TIPAC	End in Africa project	WP FY2014	Expertise on TIPAC	15 days		Postponed to FY2015
	Training on SCM	End in Africa project	WP FY2014	Expertise on supply chain and logistics management for infectious diseases	10 days	TOT for District Health Management Team and training of NTD Warehouse manager	Pending
	Biomedical training of lab technicians on surveillance for lymphatic filariasis	Local organization with the necessary skills	WP FY2014	Expertise in training lab technicians to identify the LF parasites ⁸	5 days		Provided
	Training on NTD Policy	WHO Expert ⁹	TA from WHO needed to assist in developing national NTD policy	Expertise on policy development	14 days	The Government has still not included NTDs in the national budget. It is expected that by developing this policy, NTDs will be recognised and included as part of the overall MOH	Pending (this has to be coordinated at national level)

⁸ FHI360 maintains regular contact and collaborates with CNTD in the entire END in Africa countries that they support. CNTD provides funding for basic maintenance of the laboratory in Sierra Leone and also supports operational research. Recent research conducted includes capture /dissection of mosquitoes to monitor for LF infectivity in the capital and other district headquarter towns. The aim was to check for LF transmission in the slums of the capital and the district headquarters towns. The proposed training of biomedical technicians is in preparation for post MDA surveillance. 1-2 technicians will be trained per district to check for LF microfilariae when they collect blood to check for malaria.

⁹ The NTD program has requested for this support from WHO as WHO usually takes the lead in the development of country policies. FHI360 will collaborate with the expert that will be identified by WHO.

Table 3: UPDATED TECHNICAL ASSISTANCE REQUESTS FOR FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
						budget.	
Togo	Training for HDI resident director and accountant, and the NTDP in Togo on management of FOGs	End in Africa project	WP FY2014	Knowledge of FOG management	Less than 1 week		Provided
	Training of MOH and HDI personnel on SCM strategies at the regional USAID/DELIVER Project training	End in Africa project	WP FY2014	Expertise on supply chain and logistics management for infectious diseases	One week		Pending
	Conduct follow-up surveys after a systematic review of onchocerciasis program conducted to confirm three existing areas and identify new areas of persistent elevated prevalence of onchocerciasis and next steps for control, including recommendations for surveillance.	End in Africa project	WP FY2014 Based on recommendations of report: 1 region to conduct phase 1a surveillance on onchocerciasis in 2014	Expertise on epidemiological evaluation of onchocerciasis	10 days	This TA will involve development of protocol and supervisor of field activities	The way forward on this has to be discussed during the next planning meeting. The report was submitted with recommendations that have financial implications.
	Training and implementation on TIPAC – how to complete use , and interpret it	End in Africa project	WP FY2014	Expertise on TIPAC	15 days		Provided
	Refresher training on the program and disease workbooks	End in Africa project	WP FY2014	Excellent knowledge and understanding of the work books	3 days		Pending

Collaboration and Coordination

END in Africa- General

FHI 360 continued to coordinate with USAID, the MOHs for each country, and existing USG funded NTD programs to ensure effective program execution. The project director and members of USAID visited all five countries to support them through the FY2014 work planning process as well as strengthen networks with stakeholders. END in Africa's NTD Technical Advisor has been coordinating actively with the ENVISION Technical Assistance Facility for the provision of approved TA for our countries.

Countries specific activities carried out by our sub grantees supported by END in Africa are summarized below:

Burkina Faso

- The Directorate of Disease Control (DLM in French) in Burkina Faso underwent a restructuring in the beginning of 2014, which has implications for how the program is organized and managed. There is now a single coordinator for the program, with four disease-specific focal points working below him. The Ministry also added a post that is in charge of planning and M&E activities for NTD programs.
- Two new policies that demonstrate the government's commitment to the integrated NTD control were also enacted. The 2012-2016 NTD strategic plan was incorporated into the national health development plan of the MOH. Also, NTD control activities were incorporated into health facilities' action plans at the national level (DRSs and HDs). NTD control activities are incorporated into health facilities' action plans at the national level.
- An integrated communications plan was adopted that will reduce communications costs and address the populations' negative perceptions of certain NTDs in order to change behavior and increase the effectiveness of NTD control efforts. Advocacy with local leaders and administrative, traditional and political authorities have been integrated, as well. Discussions are underway with the Burkina Faso government to increase the budget for NTD control efforts through the Department of Health's Financial Affairs Director.

Niger

- One of the strongest points displaying government involvement during the reporting period was the leadership of His Excellency the Mr. Minister of Public Health and his close collaborators during the National NTD launching ceremony. However, despite this, the Program still faces insufficient mobility of high authorities within the MOH, leading to an insufficiency in Government of Niger funding allocated to NTDs, not having a new NTD Focal Point or a Coordinator named, and slow adoption of the 2012 – 2016 NTD Strategic Plan.
- Collaboration with the MSP through the NTD programs, with WHO through the NTD Focal Point and with other donors and partners such as the International Network for Planning

and Control of Schistosomiasis (RISEAL), The Carter Center, World Vision, UNICEF, the Conrad N. Hilton Foundation, and the END Fund, has strengthened NTD control and elimination in Niger. World Vision supported the National Program for SCH and STH Control (PNLBG) with PZQ in 2011 and remains a viable partner for NTDs in Niger. UNICEF has historically purchased tetracycline for the trachoma MDA, along with the Carter Center. HKI and the Carter Center are both recipients of funding from the Conrad N. Hilton Foundation for SAFE strategy trachoma activities in Niger. HKI's nutrition support, along with the support of UNICEF and the PNLBG, to the child health days also contributes to the deworming of children under five coupled with Vitamin A and other essential vaccines.

Sierra Leone

- The MoHS organized and took leadership role in the MRU cross border NTD control meeting in the last quarter of FY2013 with participation from MRU NTD managers and partners. This was geared towards reduction of the risk of recrudescence due to cross border movement since seven of Sierra Leone's 14 HDs share borders with Guinea and Liberia who have not reached full national geographic coverage for NTDs. Cross border control and MDA synchronization also formed key part of the annual MRU NTD meeting hosted in Sierra Leone in October 2013.
- An NTD Task Force meeting was held in March 2014. Among the issues discussed was increase government support to the NTD program. It was suggested that the proposed meeting with members of parliamentary health committee be extended to the finance committee and the civil societies. The MoHS annual work plan includes NTDs, but the release of funds remains a challenge and there was no increase of Government budget line for the NTDCP. With the exception of the funding from APOC and Sightsavers to support NTD control, no additional funding was sought or received during the reporting period.
- During the period under review, HKI worked with International Rescue Committee (IRC), MoHS and other partners to organize a workshop for mapping and management of database for CHWs. The NTDCP supported by HKI supervises the highest number of community health volunteers (otherwise known as community drug distributors or CDDs) and there are efforts by the Ministry of Health and Sanitation (MoHS) to monitor the activities of all CHWs including the CDDs. An updated list of all CDDs currently functioning within the NTDCP has been requested and is awaited.

Togo

- The government of Togo continues to be strongly supportive of the Integrated NTD Control Program. The MOH has held numerous coordination meetings over the past six months to discuss the October 2013 MDA implementation and April 2014 MDA preparations. The MOH recently organized a Stakeholder/MOH NTD Planning meeting, during which previous activities were reviewed and future activities and collaborations were detailed. The Togo MOH is also developing their data management and analytical capabilities; MOH staff

members entered and cleaned the October 2013 MDA data, and worked with HDI to prepare the Disease Workbook for this semiannual report.

- UNICEF has conveyed their interest in participating in the MDA this spring by donating ALB and Vitamin A for preschool aged children. The details of this collaboration have not yet been worked out, as integration with UNICEF may delay the MDA until May 2014.
- The MOH, HDI, and WASH program are continuing to discuss the integration of WASH messages into the NTD program. In addition, the MOH and HDI are working with WASH to determine if the distribution of chlorine can be integrated into the April 2014 MDA.

Ghana

- The NTD program of the GHS owns and leads the implementation of the country's NTD program through its national, regional and district offices countrywide. All PCT diseases are integrated under the NTD Program manager with technical officers responsible for each of the diseases. The IDM diseases are however run by individual program managers. The MOH convenes and chairs the Intra Country Coordinating Committee (ICCC) for NTDs bringing together both PCT and IDM diseases. Technical capacity and resources are also provided by the government to facilitate program delivery.

Monitoring and Evaluation

FHI360 continues to support END in Africa countries in implementing robust M&E systems. FHI360 works closely with implementing partners to ensure that MDA activities and program impact assessments are implemented in accordance with WHO guidelines and that sound data are collected and reported to USAID in a timely manner.

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

- Support to sub-grantees and MOHs to develop and implement quality M&E systems
- Data management and documentation
- M&E capacity building
- Routine program monitoring
- Impact assessments
- Training

Support to Sub Grantees and MoHs

The LATH M&E Specialist provided the following technical support to sub grantees and NTDCPs:

- In collaboration with USAID-RTI and FHI360, the Senior Technical M&E Officer actively participated in the review of the 2014 workbooks for the five END in Africa-supported countries. The review process was quicker and more productive than in the previous years. Comments from all reviewers were compiled and discussed in a group, country by

country. The Senior M&E Technical Officer provided country background/specificities when necessary. Final review comments were developed and discussed by reviewers before sending feedback to respective countries.

- In addition to the FY14 workbooks, the Senior M&E Technical Officer provided clarifications to pending questions regarding the FY13 workbooks. Most of these questions were country specificities, which require a better understanding of the country background. The feedback on the FY2013 workbooks should be provided to RTI soon for in order to upload the FY2013 workbooks in the NTD database.
- Worked closely with JSI staff to review country estimates of PZQ for FY14.
- Provided inputs necessary to respond to GET2020 request to END in Africa.

The following M&E issues were identified in all countries:

- Data quality: Despite the workbook training provided in the first half of FY2014, data quality remains an issue. In this reporting period, the workbook reviewers provided the same amount of comments as in previous years. This has triggered FHI360 and USAID to seek new ways to improve workbook training.
- NTD database: There was delay in the NTD database training but this should resume early in the second half of FY2014. END in Africa country workbooks were not uploaded for technical reasons mostly inherent to the database. RTI has worked to fix these issues. Workbooks should be uploaded in the second half of FY14.
- FY2013 workbooks: should be uploaded early FY2014. Most of the pending issues are related to country background. This has been cleared but FHI360 is awaiting clarifications on few issues.

Country specific details are below:

Burkina Faso

LF is currently treated twice a year in South West region based on GAELF recommendations as LF prevalence in the South West region remained high (above 1%) after ten years of MDA. Unfortunately, the workbook can only capture LF data for one round. FHI360 is not reporting the number of people treated during the second round of LF but this information is indirectly captured in the oncho tab as the 4 districts in South West are co-endemic and treated for LF and oncho.

As stated in the last SAR (SAR2 FY2013), four HDs, namely Bogodogo, Boulmiougou, Nongr-Massom and Signonghin of Central Region continue to treat LF only in rural areas. This strategy was approved by the Regional peer Review Group (RPRG) for NTD in Africa but FHI360 will request Burkina Faso to continue to monitor the prevalence of LF in urban areas in these districts due to the proximity of the rural and urban areas in the same or neighboring districts.

Only four districts in the South West were treated through USAID funds but data was not reported in this reporting period as compiling the data at the MOH took more time than expected. FHI360 will continue to advocate/remind the MOH on the necessity to submit data in appropriate reporting period.

Trachoma impact assessment was conducted in four HDs but results will be available in the second half of FY2014. Additionally, Burkina Faso is assessing sub-district level prevalence for trachoma in five. This process should be expanded in other HDs over time. Lastly, recommendations on the new SCH treatment strategies have been provided by the SCH Expert Committee but the implementation of these strategies will be effective in FY2015. The main reason for the delay is the short time period between the release of the recommendations and the next (FY2014) SCH MDA. FHI360 will follow up to ensure that these strategies are implemented and that the workbooks are updated appropriately.

Ghana

Ghana underwent geographic re-demarcation last year. This year, the workbooks were updated but the process slowed the uploading of the Ghana workbooks in the NTD database. RTI and FHI360 are working to resolve the issue.

Ghana will implement MDA in the second half of FY14. The focus in this reporting period was the implementation of LF assessments in 61 HDs. At the end of this reporting period 24 HDs that undertook TAS have passed (the assessment) and thus, are eligible to stop MDA.

Twenty-nine HDs were endemic for trachoma at baseline and all 29 have stopped MDA for trachoma at district level. The trachoma program in Ghana conducts post MDA trachomatous folliculitis (TF) surveillance activities in all 29 HDs where blinding trachoma has been eliminated at the district level through community and school screening activities. Among the eight communities that were endemic for trachoma during previous years, only one community will be treated in FY2014. The remaining seven have stopped MDA at the community level.

Niger

The Niger disease workbook could not be uploaded in the NTD database as the database was not able to upload files that were more than five megabytes. RTI has fixed this issue.

Niger will map Arlit and Fillingue for LF. The mapping in Arlit was delayed from FY2013 because of the insecurity as the rebels are scattered in the HDs. This year, mapping will be conducted more likely under the protection of government troops. In addition, re-mapping for trachoma will be conducted in Agadez, Arlit, Bilma and Tchirozérine.

TAS was conducted in eight districts but only three districts passed the assessment. These TAS were delayed from FY2013. Additionally, nine districts that were eligible for TAS in 2013 will implement TAS in June 2014.

Niger will complete the SCH/STH evaluation in four HDs namely Arlit, Diffa, Maine and N'guigmi.

Finally, MDA for LF, SCH, STH and trachoma was conducted in Niger but data was not submitted. FHI360 will work with HKI to advocate/remind the MOH on the necessity to submit data in appropriate reporting period.

Sierra Leone

MDA for LF-STH was conducted in the two HDs in WA. The results from this MDA were reported in the historical tab in the program workbook. During the workbook review, a reminder was sent to Sierra Leone to update the 2013 disease workbook, as well.

In addition, MDA for LF-Oncho- STH was conducted in the remaining 12 HDs but data was not submitted during this reporting period.

Togo

MDA for STH was conducted in four HDs as expected with no major assessment implemented in this reporting period.

Data Management and Dissemination

END in Africa compiles national level MDA data from countries to develop treatment figures for the END in Africa project. This year (FY2014), Niger, Burkina Faso and Sierra Leone were still compiling MDA data that were collected in this reporting period. Sierra Leone reported treatment figures for two districts only and Togo reported data for the first round MDA from the four highly endemic (prevalence above 50%) STH HDs and 11 highly endemic oncho HDs. These figures have been added to previous END in Africa MDA figures to provide cumulative USAID treatments since the inception of the program.

The M&E Technical Officer attended an online training conducted by RTI on the new NTD database. Following that training, the M&E Technical Officer provided valuable inputs aimed to improve the functionality of the database. Specifically, the Senior M&E technical Officer supported RTI to fix the Customize reports (was initially restricted to RTI staff only), create the demo site for training in order to prevent learners from playing with real data and finally, fix the uploading of larger workbooks as the former version of the NTD database could not upload files exceeding 5 Megabytes.

As of now, the 2014 workbooks are ready to be uploaded except for Ghana as RTI continues to update the database with the new geographic re-demarcation.

Finally, the Senior M&E Technical Officer liaised with country's M&E Officers and data managers to coordinate the registration of appropriate individuals in the NTD database.

Routine Program Monitoring

FHI360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. FHI360 provides TA to sub grantees and NTDCPs in END in Africa countries in order to strengthen data management skills among M&E staff and program managers. The Senior M&E Technical Officer monitored countries M&E activities on regular basis. Information was collected through phone calls, monthly reports, workbooks, workplans and emails.

MDA

Sierra Leone successfully conducted MDA for LF-SCH_STH in September and October 2013 in two HDs in WA and MDA for LF-Oncho-STH-SCH in November and January in 12 HDs. Data collected in the two HDs in WA indicate that 1,250,850 people were reached for LF and for STH. However, these data were reported in the 2013 workbooks in order to comply with the NTDCP reporting requirement. The compiling of MDA data from the remaining 12 HDs is ongoing and thus, not reported in this period.

Niger also conducted MDA in this reporting period covering 28, 11, 32 and 16 HDs respectively for LF, SCH, STH and trachoma. Niger is also compiling MDA data which will be reported in the next reporting period.

Burkina Faso conducted the first round of MDA in six HDs that are highly endemic for LF and/or oncho. Two HDs in the Cascades region were treated in December 2013 through Sightsavers while the four HDs of the South West region received USAID support. Again, MDA data for the first round will be submitted in the next reporting period.

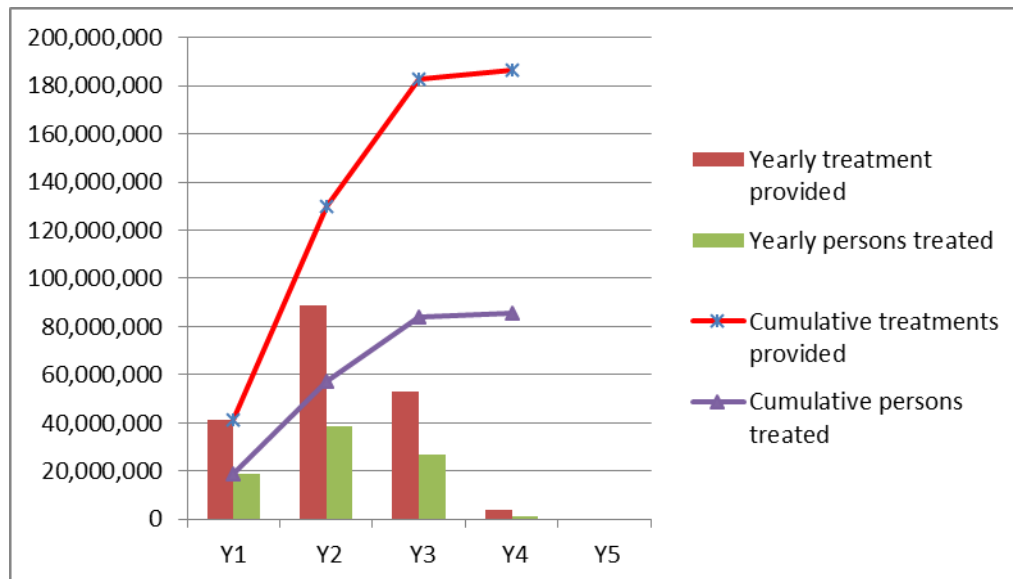
In Ghana, community based MDA was conducted for Trachoma in eight HDs in Upper West and Northern regions in January 2014 as part of the delay in the 2013 trachoma action plan. This is the last of three rounds of drug distribution for seven of the eight hotspot communities discovered during trachoma surveillance in 2010. Treatment data will be compiled at the national level at the end of April 2014 and will be used to update the 2013 workbooks. Only one hotspot community (that was discovered in 2012) is targeted for treatment in 2014.

As stated earlier, Togo conducted MDA only for the highly endemic Oncho and/or STH districts. Four districts were treated for STH through USAID funding reaching 230,967 SAC. UNICEF treated women of child bearing age with ALB in the same four HDs reaching 144,482 people. In addition, the MoH Togo provided Oncho treatment in 11 HDs reaching 871,066 people.

The process to validate the treatment figures that were submitted in this reporting period is ongoing but roughly, END in Africa was able to treat 1,481,817 people for at least one NTD through USAID funds. In addition, 978,870 people were treated for Oncho and/or STH through the MOH and UNICEF, adding up to 2,460,687 people treated all funding for at least one NTD.

The total number of people treated and the number of treatments provided since the inception of END in Africa is depicted in the graphic below.

Figure 1: People treated and treatments provided by year and accumulatively.



Overall, 85,675,067 people have been treated accumulatively and 186,643,361 treatments provided since the inception of END in Africa. Unfortunately, not every country was able to report data over the past four years.

In the first year only Burkina Faso and Niger submitted data to END in Africa. MDA data for Sierra Leone and Togo were sent to RTI as the program was transitioning from RTI to FHI360. Ghana did not conduct MDA due to the lengthy transition from RTI to END in Africa and the late signing of the contract with the latter.

In year 2, MDA for SCH was delayed in four END in Africa countries due to manufacturing capacity constraints at the pharmaceutical company that was contracted to produce and supply PZQ.

In year 3, Niger conducted MDA only in two HDs (Mahayi and Guidan Roumdji) to allow the consumption of the expiring drugs. MDA for the remaining HDs was globally postponed to fiscal year 2014 as a result of the delay in the signature of the central-level FOG. In Ghana, only MDAs for LF, oncho and STH were conducted. MDA for SCH-STH was postponed due to new government requirement to authorize the importation of PZQ following the supposedly severe adverse event (SAE) that took the life of one young girl who was treated with PZQ. This MDA was rescheduled for FY2014.

Program coverage reported was quite high in the four districts treated in Togo with ALB (98% for girls 5-14 years of age, 98% for women of child-bearing age, and 99.5% for boys 5-14 years of

age). Program coverage in areas treated for oncho (MoH covering areas) was overly high except in Sottouboua (33.43%). As stated earlier, details on MDA data in WA were not provided but will be updated in the 2013 workbooks.

Impact Assessment

In order to measure the impact of MDA on disease prevalence, the NTDCPs supported DSAs in:

Ghana: Ghana has new geographic re-demarcation which bring the number of administrative HDs from 170 to 216. This has affected the numbers of HDs endemic for each of the NTDs. And has been responsible for the late uploading of the Ghanaian workbooks in the database.

Currently the teams have completed collection and testing of samples from 12 EUs and all have passed the TAS, indicating that MDAs can be stopped in these HDs. One of the six EUs was funded by CNTD as part of TAS training.

Burkina Faso: Trachoma impact studies were implemented in four HDs during the month of March 2014 and Pre-TAS took place in February and March 2014 also targeting four HDs. Results are not yet available in either case.

As a reminder, SCH evaluation to align SCH treatment with WHO guidelines was completed in November 2013 but the results of this evaluation will not be implemented until FY2015 due to the limited timeframe between the SCH Expert Committee meeting that was held in November 2013 and the planned FY2014 MDA for SCH.

As a reminder, Burkina Faso was initially divided into two zones – hypoendemic (44 HDs) and hyperendemic (19 HDs). This delineation of HDs and the once biannual treatment of all HDs, however, did not align with the WHO recommended strategy.

The new treatments strategies for SCH can be summarized as follow:

- In regions that aim for elimination: endemic districts will be treated every other year (SAC and or high risk adults (HRA) if necessary).
- In regions that aim for control of SCH HDs will be treated once every year both for SAC and HRA. Three districts (Haut Bassin, Boucle de Mougnon and Sahel) fall in this category. In Centre East, SAC and HRA will be treated twice a year.

TAS and TAS1 will be implemented in April 2014 as soon as the ICT cards arrive in-country.

Sierra Leone: No assessment was conducted in Sierra Leone in this reporting period.

Niger: TAS was conducted in eight HDs (three EUs). These surveys were delayed from the FY2013 due to the lack of ICT cards. According to the Niger NTDCP, three HDs passed the TAS but the workbook review team is following up on this because these HDs have assessment prevalence that equals 1%.

The PNSO received trachoma survey results from Diffa, N’guigmi, and Tillabéri during October which showed that MDA will still need to continue in Diffa and N’guigmi after 7-8 rounds, but MDA in Tillabéri can be focalized at the sub-district level.

Additional assessments to be implemented in FY14 include LF Pre-TAS in two HDs, LF TAS in four HDs, SCH/STH evaluations in four HDs, trachoma impact assessments in four HDs and oncho epidemiologic assessment in four HDs.

Togo: Recently, Hope Educational Foundation, with technical assistance from Togo’s MOH, mapped the prevalence of intestinal parasites, including STH and *Schistosoma mansoni*, in all five HDs of Lomé region as part of an educational program for reducing STH infection among SAC. Lomé had not previously been mapped because available data suggested that the prevalence of NTDs there would be low. Results from the mapping confirm that there is no need for MDA with ALB among children in Lomé region according to WHO recommendations.

Training

In this reporting period, 26,522 people were trained to conduct and/or supervise MDA or, to perform other M&E related activities. Training sessions were cascaded and organized mainly for the MDA activities and more than half of the trainees were females (9,205 out of 17,308). The number of trainees by category is presented in table 14 in appendix 1.

Technical Assistance and Capacity Building on M&E

FHI 360 and partners continued to support the selected five countries in developing sustainable M&E systems for NTD Country Programs. TA comprises routine activities and ad hoc activities that are requested based upon country needs. For this reporting period, TA to improve data quality was provided through USAID. In addition, four FHI360 staff were trained by RTI as training of trainers on the new NTD database. These staff will train M&E staff in END in Africa countries in the second half of FY14.

Knowledge Management

By cultivating partners in the NTD and related communities and carefully documenting and sharing information regularly through multiple formats, the team hopes to:

- 1) Inform countries, partners, donors and colleagues in the NTD community about the project’s progress and impact to date;
- 2) Create or contribute to dialogue among the NTD community on shared challenges, issues and concerns;
- 3) Highlight cost efficiencies, improved equity in healthcare and the public health impact of NTD control efforts and advocate for the expansion of partnerships and funding for such efforts;

4) Multiply the project's impact by informing NTD control efforts in non-END in Africa countries that are still struggling to control NTD transmission; and

5) Improve awareness about NTDs among global health professionals and the general public.

Major activities completed during the past two quarters are:

- Coordinated, researched, wrote, edited and produced a series of 5 country profile pamphlets outlining END in Africa's achievements and activities in each of its five countries.
- Updated content on the Approach, Progress and Impact sections of the END in Africa website. The website is the END in Africa project's most important knowledge management and communication tool. It showcases the project's progress, results, success stories, lessons learned and impact.
- Coordinated, researched, wrote, edited, produced and published 6 success stories and articles. See below for the publication schedule. These included:

1. [Cross-Border Collaboration for NTD Control in Mano River Union Countries](#)
2. [Findings from supply chain rapid assessments improve odds for MDA success -](#)
3. [Journey toward Lymphatic Filariasis Elimination in Sierra Leone](#)
4. [NTD Program Refresher Training Makes Sense: The Case of Sierra Leone](#)
5. [Review of schistosomiasis and soil transmitted helminthiasis situation in Ghana sheds light on promising new treatment strategies](#)
6. [Building capacity: On-the-job training improves storage of NTD medicines in Sierra Leone](#)

- Used the END in Africa Twitter account to raise awareness about project results, best practices, lessons learned and news; engage and strengthen alliances with partners and colleagues in the NTD community; and increase interaction and information exchange among the public and within the NTD community.
- Between September 1, 2013 and March 10, 2014, the END in Africa website had 1,249 total visits, who viewed a total of 2,701 pages. Of these visitors, 926 were "unique visitors" (meaning first-time visitors); the remaining 323 were repeat visits from people who had visited the website previously at least once.

- END in Africa's influence in the Twitter sphere has grown by almost 200% between September 1, 2013 and March 10, 2014, increasing from 58 to 169 followers. The project has been using the @ENDinAfrica Twitter feed strategically to increase awareness and engage NTD partners and related communities on issues involving NTD control and elimination. Over this time period, @ENDinAfrica was mentioned 43 times in tweets by other organizations; and 34 END in Africa tweets were retweeted by others.
- Actively participated in several Twitter chats on NTDs: J&J's #StopSTHChat Twitter chat in January 2014, and in RTI Envision's #WomenNTDsChat Twitter chat in March 2014. Used the #StopSTHChat to promote cross-border collaboration and greater integration between the NTD and WASH sectors. Used the #WomenNTDsChat to advocate for greater collaboration between nutrition and child-health programs and NTD programs and for working with community leaders to increase women's involvement in NTD control activities.
- Supported the migration of END in Africa's SharePoint site to the new Sharepoint system; and helped administer the site.
- Began building a photo repository system using the [PhotoShare](#) platform to upload and associate photos with appropriate descriptive data, identifiers, and credit information. Using the PhotoShare platform for the END in Africa photo repository minimizes project costs while enabling the project to share photos with USAID, project partners, the NTD community and other relevant global health and international development organizations.
- Continued work to broaden and maintain collaborative partnerships with organizations in the broader NTD and knowledge management communities, and shared and exchanged information, publications, data, photos and other knowledge products with the same. Worked with GNNTD and END7 staff to publish several END in Africa success stories on that organization's "End the Neglect" blog, reaching its more than 4,000 followers.
- Provided editorial and quality control services to END in Africa partners and sub grantees on various END in Africa publications to improve product quality and ensure compliance with USAID publication guidelines and the END in Africa Branding and Marking Plan.
- Continued to maintain and add to END in Africa's contact and information dissemination database; used this database to disseminate key project success stories and articles of interest throughout the semester.
- Continued to coordinate, support and maintain the END in Africa article publication schedule and tracking tool. The tool ensures timely, well-researched, effective dissemination of information on the successes of project implementation in the beneficiary countries, including success stories, lessons learned and best practices. It is used to track publications submitted in peer-reviewed journals, as well as technical articles and blog posts. More specifically, the project team is using the tool to identify,

schedule and track the progress of articles as they move from the conception stage to final publication; it is particularly useful for ensuring the integrity and accuracy of articles and publications requiring input, collaboration and approval from multiple parties.

- Wrote and disseminated five issues of the END Notes e-newsletter to the END in Africa contact email list. This newsletter serves as a tool for disseminating END in Africa's accumulated project knowledge, as well as for engaging and collaborating with partners and others in the NTD community on issues of shared concern.
- Became a founding member and promoter of the NTD Communicators Google Group, which aims to increase collaboration among knowledge and communications managers through information and network sharing, cross-promotions, and creation of synergies.
- Participated in several USAID NTD partners meetings, including the data sharing and use meeting in February 2014 and the annual partners meeting in December 2013.
- Met with communications staff from the Sabin Vaccine Institute in November 2013, to expand collaboration and joint communication efforts. Participated in the Institute's efforts to advance NTD Legislation.
- Worked with partners at the Uniting to Combat NTDs website to expand END in Africa's reach and contribution on that organization's new website.
- Responded to public requests for information on the END in Africa project.
- Worked with the new USAID NTD Senior Communication Advisor Rabab Pettitt in developing and providing content for USAID NTD communication efforts. Activities include:
 - Coordinating the content of the country profile pamphlets
 - Providing USAID END in Africa's blog posts, articles and END Notes newsletter content for inclusion on their website
 - Providing updates about news in the NTD community (such as A. Bachchan's joining in the NTD fight) and coordinating on tweets and social media content during several online NTD events
 - Producing materials for the One Billionth Treatment campaign (country profiles, unsung hero content, videos, social media content, ideas for press releases and media advisories, and so on)

Table 4: List of publications for reporting period, Oct 2013–Sept 2014.

TOPICS FOR PUBLICATIONS IN FY2014

S. No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Responsible	Comments
			PRP	A	B			
1.	How useful are refresher trainings in END in Africa implementing countries: example of Sierra Leone	Based on the refresher training of trainings witnessed in Sierra Leone recently			Yes	Oct 2013	JBK and Kathy	Published on the END website
2.	Pre-transmission assessment survey for LF elimination in Sierra Leone	The survey is presently ongoing but microscopy will take time and results will not be available till after October 2013. Joseph participated briefly in this survey and will build story around pictures taken during training and field work.			Yes	Nov 2013	JBK and Kathy	Published in the END website
3.	Strengthening the NTD supply chain for better drug management	Summary of the SCM assessment results and how the information was used to strengthen the supply chain and drug management functions within the NTD program			Yes	Jan 2014	JSI and Kathy	Published on the END website
4.	Cross border meetings to address NTD issues in the Mano River Union countries	The MRU meeting will take place in October with participation of Liverpool CNTD, HKI, Sightsavers and FHI360.			Yes	Feb 2014	JBK and Kathy	Published on the END website
5.	Success story on the process of customizing the supply chain and drug management standard operating procedures and building complementary training materials into the existing training curricula				Yes	Feb 2014	Kathy and JSI	To be published in the END website
6.	Addressing cross border transmission of NTDs in END in Africa implementing countries		Yes		Yes	Mar 2014	JBK and Kathy	PLOS NTDs recently rejected publication of this manuscript. A summary will be revised and published in the END website.

7.	Witnessing mass drug administration for NTDs in END in Africa implementing countries			Yes	Apr 2014	JBK and Kathy	To be published in the END website
8.	Oncho situation in Togo: reasons for sustained high prevalence in some communities after over 15 years of mass drug administration	This will be prepared after the technical assistance (TA) is provided by Joseph in Aug/Sept 2013 and will depend on the results of the findings	Yes	Yes	May 2014	JBK and Kathy	
9.	Witnessing mass drug administration for NTDs in END in Africa implementing countries	Stories will be developed around pictures that Joseph will take while observing MDAs in at least 2 END in Africa countries in November 2013. Priority will be on Togo and Niger since very little has been written about the NTD Programs in these countries		Yes	June 2014	JBK and Kathy	To be published in the END website
10	Witnessing mass drug administration for NTDs in END in Africa implementing countries	Stories will be developed around pictures that Joseph will take while observing MDAs in at least 2 END in Africa countries in November 2013. Priority will be on Togo and Niger since very little has been written about the NTD Programs in these countries		Yes	July 2014	JBK and Kathy	To be published in the END website
11	Witnessing mass drug administration for NTDs in END in Africa implementing countries	Stories will be developed around pictures that Joseph will take while observing MDAs in at least 2 END in Africa countries in November 2013. Priority will be on Togo and Niger since very little has been written about the NTD Programs in these countries		Yes	Aug 2014	JBK and Kathy	To be published in the END website
12	Assessment of the END in Africa project: achievements, challenges, lessons learnt and way forward	This will be a sort of self-assessment documenting success, achievement, challenges, possible failures, lessons learnt and the way forward for the project.			Sept emb er 2014	JBK and Kathy	To be published in the END website

*We will try to get additional topics after impact assessment surveys in the five END in Africa implementing countries.

Lessons Learned

SCM

- There is a trade-off that should be acknowledged between (a) strengthening typical integrated supply chains for health programs and (b) strengthening the specialized in-country logistics system for MDAs. The timing of MDA's is often set to take place during a prescribed short-term period (once or twice per year) during which all required medications (and many other resources) must be available at the service delivery point. Most, if not all, drugs are distributed to the end user and reporting takes place. There is then no further logistics activity until the next MDA. In more typical supply chain system strengthening however, there is a fairly constant cycle of ordering-distribution-use-reporting/re-ordering-re-supply and so on. The needs of NTD programs and the orientation and capacity of MOH supply chains for other health commodities are not well-synchronized and the difference between the two models merits consideration about the optimal logistics approach for a particular NTD program(s).
- Integrating the MDA logistics system into the more typical logistics system might provide long term benefits to NTD programs but risks causing unforeseen disruptions in the process since 'growing pains' may be encountered. Alternatively, logistics strengthening activities can improve the distribution and availability of NTD drugs for near-term MDAs but with relatively less long term system strengthening. A similar situation has confronted vaccination programs in the past and by and large vaccination programs have decided to proceed with vertical supply chains. Different countries may choose different solutions to this situation.
- It is becoming apparent that one of the weaker aspects of the NTD supply chain is 'reverse logistics' or the return of unused drugs – if any - after an MDA is completed. This is largely because the need for resources – transportation, human resources, etc., - often is not foreseen for this aspect largely due to the cost involved which organizations are ill-prepared to support. However, this also contributes to other challenges: it results in accumulation of clutter – which can become quite enormous - at various stock-keeping points which greatly impedes good stock-keeping practices. It also can undermine maintaining and reporting adequate quality data for accurate quantification and ordering in subsequent periods contributing to over-stocks or stock outs.

Financial Management

- **FOG Training.** The approach of the FOG workshops is founded on best-practice in knowledge transfer and capacity building. We worked with the FOG participants to define performance targets that were not just process oriented, but enabled the team to measure how the NTDCP performance is impacted by improved FM systems. This is a more robust approach to ensure that improved process is having actual impact on service delivery.

Lessons learned regarding the **TIPAC training** are as follows:

- **TIPAC Workshops should be co-facilitated with NTDCP for country ownership and empowerment:** Workshop co-facilitation by END in Africa project team with GHS/NTDCP was key to workshop success. Having GHS/NTDCP finance and NTD technical experts as co-facilitators allowed for effective knowledge transfer and empowered the team. This resulted in greater focus and attention to the sessions, which contributed to the deeper understanding by the GHS/NTDCP team. Co-facilitation will also enable the END in Africa project to take a backseat in future TIPAC workshops, providing more mentoring, rather than leading the efforts.
- **The NTDCP operational budget should be finalized and approved prior to TIPAC launch:** As TIPAC data is pulled directly from the NTDCP budget, it is essential that a complete, finalized, and approved NTDCP budget be in place prior to TIPAC implementation. The approved workplans and budgets should be confirmed by the National country teams.
- **Adequate time should be scheduled for TIPAC data entry:** Based on the Ghana experience, it is ideal to have at least five days allocated for TIPAC data entry. In some cases, data entry can take up to ten days. The specific length of time necessary to complete TIPAC data entry is dependent on the amount of data collected, organized, and consolidated beforehand as well as the complexity of the NTDCP national plan, and the number of data entry staff.
- **Initial data entry reveals actionable findings and information:** Using actual program data during application of newly-learned data entry skills is a productive and useful way to initiate TIPAC data entry. When actual data is used during training exercises and application, programs can immediately begin identifying key findings about program costs, funding gaps and cost drivers.

M&E

- Weak data management skills remain an issue for country programs. FHI360 and USAID will seek new strategies to improve the quality of data in countries.
- Data gathering should take less time with the MOH. During the work planning session, FHI360 will strongly advocate for prompt submission of MDA data.
- Countries that undertake geographic re-demarcation should submit the new demarcation long before the end of the reporting period. Updating the database with the new HDs can be tedious especially in countries with many HDs.

Grants management

- Grants have to be managed depending on local MOH policies, rules and regulations. In Niger for example, the law states that it is the regional Governor who is supposed to sign contractual agreements such as the FOGs, not the Regional Director of Public Health or the District Director of Public Health, as it was done in the past before the FOG was required. Consequently, there could be delays in the implementation of public health activities at the district level in a region where the Governor is the one with signatory authority.

Major Activities Planned for the Next Six Months

Program Management and Implementation (FHI360)

- Coordinate the planned END in Africa project partners' meeting in Accra, Labadi Hotel, 23rd – 25th April 2014 to discuss project issues such as progress already made, surveillance of targeted NTDs and cross-border collaboration for NTD control.
- Continue to provide technical advice/direction and supervision of the TA provided on M&E, FM and SCM, and ensure they comply with NTD guidelines and protocol and contribute to best practices.
- Participate in sessions for the development of FY2015 work plans and budgets for the five END in Africa implementing countries that will take place in the countries in May/June 2014 and ensure that work plans comply with NTD guidelines and protocol and best practices. FHI360 will also participate in further development, review and revision of country level annual work plans and the overall END in Africa project work plan for FY 2015 and ensure that country level programs and the overall project work plan follow the appropriate WHO NTD guidelines and USAID policies, and remain technically sound.
- Support the MDAs for SCH, LF, Oncho and STH that will take place nationwide in Ghana in May/June 2014; LF-STH-oncho MDA that will take place in Togo in April 2014; SCH-STH MDA in Sierra Leone in June 2014; and provide TA during implementation of TAS in eight HDs of Sierra Leone in September 2014.

Burkina Faso:

- MDA campaigns against SCH (April 11 – 15, 2014), trachoma (beginning of May 2014) and LF (mid-June – early July 2014) in the remaining regions.
- May – mid-June, 2014: Conduct post-MDA surveillance surveys on LF and trachoma.
- Mid-May to mid-June, 2014: Conduct the trachoma prevalence evaluation survey in the Central-North region.
- May 2014: Implement the independent post-MDA coverage survey.

Niger:

- Mapping for LF in Filingue and Arlit (May 2014).
- FOG training (June 2014).
- Workshop to develop work plan for FY 2015 (June 2014).
- Submission of 2014 work plan and workbook (June, July 2014).
- Mapping for trachoma in Agadez region (June – July 2014).
- Delivery of drugs and tools from Niamey to regions (August, September 2014).
- Training of national level trainers (September 2014).
- TOT (health districts manager and Focal Points in MOH and Ministry of Education (MOE)) at the Regional Directorate of Public Health (DRSP) level (September 2014).

- Pre-TAS for LF (September 2014).
- Regional micro-planning workshop (September).
- Epidemiological evaluation of Oncho (September 2014).
- Trachoma impact assessment (September, October 2014).
- Assessment survey for SCH/STH in Arlit (September, October 2014).
- TAS for LF (September, October 2014).

Sierra Leone:

- Conduct training, advocacy, social mobilization and implementation of SCH MDA in June 2014 and LF-STH MDA in September 2014.
- Conduct training, advocacy and social mobilization in preparation for the FY2015 LF-oncho-STH MDA in 12 HDs.
- FOG training for NTD MoH and HKI staff in July 2014.
- Conduct TAS in eligible HDs in September 2014.

Togo:

- April 2014 – Receive all medications; Implement training of supervisors, nurses, and CDDs; Implement social mobilization activities; Conduct April 2014 MDA; Attend End in Africa Partners meeting in Ghana; Finalize ivermectin application.
- May 2014 – Collect, enter, and analyze data from April 2014 MDA; Work Plan meeting for FY2015; Finalize ALB application.
- June 2014 – Generate report of April 2014 MDA; Revise FY2015 Work Plan based on meeting results.
- July 2014 – Disseminate results of April 2014 MDA.
- August 2014 – Begin preparations for October 2014 MDA.
- September 2014 – Finish preparations for October 2014 MDA.

Ghana:

- Complete TAS in remaining 12 EUs.
- Carry out a Community based MDA for LF, Oncho and STH in May/June 2014.
- Hold four ICCM meetings.
- Carry out a School and Community based MDA for SCH and STH in May/June 2014 (if PZQ can be obtained from WHO).
- Develop Annual Work plan for FY2015.

SCM

- Support the Niger and Sierra Leone national NTD programs and implementing partners as they prepare to receive and clear their 2014 PZQ consignment through customs.
- Support national NTD programs and implementing partners as they prepare to receive and clear their 2015 PZQ consignments through customs.

- Assist countries, if requested, with their forecasts and/or applications for ALB to GlaxoSmithKline via WHO.
- Conduct a SCM situation analysis in collaboration with the Burkina Faso MOH and implementing partner (HKI) that will help identify immediate and long-term system strengthening needs.
- Further develop the waste management approach.
- Develop an approach for Niger to collect stock on hand data after the current MDA campaign.
- Assist Niger's national NTD program and implementing partner (HKI) with a training/refreshers training in logistics management and de-junking for national group of trainers.
- Finalize Sierra-Leone's customized SOPs and complementary training materials, deliver training and train MOH on how to present the supply chain content during TOTs.
- Develop new procedures to fill gaps in the Ghana's SOPs as needed and incorporate them into the SOP manual. Develop complementary materials for the new procedures and incorporate them into the existing training curricula.
- Update Niger's NTD logistics management data collection tools and training curriculum.
- Support MOH and HKI staff in Burkina Faso and Niger to customize the supply chain and drug management SOPs to their country-specific circumstances and develop complementary training materials.
- Work with MOH and HDI staff in Togo to customize the supply chain and drug management SOPs and develop complementary training materials. Provide support for delivery of the content as they build it into their existing training program.

M&E

- Continue to monitor the implementation of MDAs in FY2014, including the data validation and reporting processes.
- Analyze MDA data and further conduct data performance reviews to identify successes and challenges.
- Follow up on the alignment of Niger's SCH programs with WHO guidelines.
- Assess data quality and follow-up after workbook trainings.
- Support the pre-TAS and TAS for evaluation of the LF situation in Ghana, Niger, and Burkina Faso in the next six months.
- Provide TA to the NTD program in Ghana to train up to 30 new technicians for surveys relating to LF and Oncho in FY2014. New and younger laboratory technicians are needed to replace those that have retired (or are retiring), and more HDs have to be surveyed in the next 2-3 years.
- Host a partner's meeting in Accra April 23-25, 2014 with all in-country partners and USAID to discuss the sustainability of longer-term surveillance of targeted diseases by the NTD country programs.

Financial Management

- Complete Data Entry for the Activity Cost and Funders Modules: Activity and funding data for leprosy and buruli ulcer, once entered into the TIPAC, will strengthen the data set. Once this is achieved a quality review of all data entry should occur to ensure that the TIPAC data is complete

and accurate and reflective of the GHS/NTDCP Master Plan. END anticipates providing mentoring support to the GHS/NTDCP for FY2015 data entry as needed.

- Support GHS/NTDCP Data Analysis and Reporting to Improve Performance and Outcomes: The END project recommends targeted support to the GHS/NTDCP team to utilize TIPAC's output and reporting modules to perform data analysis and identify actionable findings about cost drivers, NTDCP efficiency in resource mobilization and public health impact. Continued analysis will help increase efficiency and improve health outcomes.

Table 5: FY 2014 Work Plan Execution Timeline

Main Activities	O	N	D	J	F	M	Comments/Status
Issuance and Management of Grants							
Support MOHs and sub grantees in the implementation of FY2014 work plans in all countries.	X	X	X	X	X	X	Ongoing
Execute additional costs extensions of the existing sub agreements for the life of the project	X	X	X				All subs have been extended through life of project
Provide direct implementation support to the GHS NTDCP starting in November 2013	X	X					Transition has been smooth with no impact to GHS.
Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2015							Scheduled for May-June 2014
Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2014		X		X	X	X	
Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs	X	X	X	X	X	X	Ongoing
Organize a meeting in Accra with in-country partners to discuss the sustainability of long-term surveillance					X	X	Meeting scheduled for April 23-25, 2014
Monitor compliance with the project's environmental management and mitigation plan (EMMP)					X	x	
Technical Assistance and Capacity Building							
Engage MOH and sub grantees to provide technical support and leadership in program design, development, planning, implementation, capacity-building, and evaluation at the country level.	X	X	X	X	X	X	Ongoing
Provide technical assistance to MOH and sub grantees in response to approved country work plans for FY2014	X	X	X	X	X	X	Ongoing
Support MOH NTDCP in aligning their treatment strategies with WHO guidelines in countries where deviations exist, such as Burkina Faso and Niger.	X	X		X	X		The review is yet to be done for Niger
Perform a desk review of historical country data prior to the in-country work planning sessions to estimate the number of impact assessments/surveys required in the subsequent year		X	X			X	Will be conducted in May 2014
Support national NTD programs in receiving and clearing their consignments of praziquantel through customs.					X	X	

Main Activities	O	N	D	J	F	M	Comments/Status
Monitor receipt and documentation of praziquantel donations facilitated by Envision					X	X	
Monitor the FY2014 albendazole orders submitted to GlaxoSmithKline via WHO.			X	X			
Assist country programs in developing high quality FY2015 praziquantel forecasts				X	X	X	
Continue to support Ghana, Sierra Leone, and Togo in their efforts to institutionalize supply chain and drug management material into their existing guidance, and begin supporting Burkina Faso and Niger in similar efforts.			X	X	X	X	
Support TIPAC implementation in Niger, Sierra Leone and Togo				X	X	X	TIPAC roll-out in Niger and Sierra Leone has been postponed- To be rescheduled in FY 2015. Togo has been completed in December 2013.
Support Ghana in updating its TIPAC for FY2014		X	X				This has been completed in November 2013
Expand the Platform for Refresher Finance Training for Managing Fixed Obligation Grants (FOGs).		X	X	X	X	X	Implemented in Togo and Burkina Faso. This will be implemented in Niger and Sierra Leone in May 2014 and July 2014 respectively. Ghana has no need in respect of FOG refresher.
Support the implementation of Ghana's NTD Finance Strategy				X	X	X	On-going
Train the NTD team in record keeping and accounting.				X	X	X	This has been implemented concurrently with the FOG Refresher training in both Burkina Faso and Togo. Similar approach will be utilized in May and July 2014 in respect of Niger and Sierra Leone.
Knowledge Management							
Continue to build, update and maintain the End in Africa website: http://www.endinafrica.org	X	X	X	X	X	X	Ongoing
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	Ongoing

Main Activities	O	N	D	J	F	M	Comments/Status
Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program				X	X	X	Produced 5 country pamphlets
Update, maintain and administer the End in Africa contact database	X	x	x	x	x	x	Ongoing
Develop, update and maintain an annual publications calendar and tracking tool to schedule topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, produce, publish and disseminate.	X	X	X	X	X	X	Ongoing
Promote the End in Africa project via social media and online	X	X	X	X	X	X	Ongoing
Develop and maintain synergistic relationships with like-minded organizations in the larger NTD community	X	X	X	X	X	X	Ongoing. Currently partner with Global Network/END 7 on content sharing. Active member of NTD Communicators online network
Develop and administer a repository of End in Africa project photos	X	X	X	X	X	X	Ongoing, using Photoshare.org database.
Provide editorial and quality control services to End in Africa partners and sub grantees			X	X	X	X	SAR and Workplan editing. Coordinated, rewrote, produced, publicized JSI interview article on SCM best practices.
Monitoring and Evaluation							
Coordinate the review of End in Africa data through an iterative process that involves ENVISION, sub grantees, national country programs and USAID	X	X				X	There is an ongoing review presently and the next review will take place in September 2014
Conduct basic descriptive data analysis using the reported NTD data		X			X		
Liaise with sub grantees' technical M&E Officers to ensure that MDAs and TAS are conducted as expected	X	X	X	X	X	X	Ongoing continuous process
Backstop sub grantees and country programs to ensure timely reporting of NTD data					X	X	This is done periodically and will be repeated in August 2014
Liaise with grantees and NTDCP to follow up on the implementation of post-MDA surveillance activities in districts that have stopped MDA	X	X	X	X	X	X	Ongoing continuous process
Continue strengthening the reporting system	X	X	X	X	X	X	Ongoing process
NTD Mapping	X	X	X	X	X	X	May-June 2014

Main Activities	O	N	D	J	F	M	Comments/Status
Provide technical support on M&E addressing countries' specific needs	X	X	X	X	X	X	Ongoing continuous process
Collaboration and Coordination							
Build partnerships with agencies and organizations working on NTDs	X	X	X	X	X	X	Ongoing
Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level	X	X	X	X	X	X	Ongoing
Attend regional scientific meetings, scientific panels and discussions with local institutions, multilateral agencies, government counterparts, and implementing partners	X	X	X	X	X	X	Ongoing
Participate in international NTD working groups and committees at the international and national levels	X		X		X		Ongoing
Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast	X						Completed
Participate in appropriate local and international M&E meetings/workshops upon USAID approval				X	X		Completed
Strengthen coordination with APOC for the management and technical direction of the onchocerciasis control/elimination program in End in Africa countries	X	X	X	X	X	X	Ongoing
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGOs	X	X	X	X	X	X	Ongoing
Engage WHO AFRO and WAHO to address cross-border issues and coordination with government agencies			X	X	X	X	This is a topic at the partner's meeting

Table 6: Travel Plans for Next Six Months

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo S Leone Ghana	5	1 week each	TBD	FY2015 Country work planning sessions with key stakeholders.
Joseph Koroma NTD Technical Advisor	Ghana	Burkina Niger Togo S Leone	4	1 week	TBD	Participate as NTD technical resource in the development of country work plans.
Bolivar Pou, Project Director Nosheen Ahmad SPO	W/DC	Ghana	2	1 weeks	April 2014	Project performance mid-term review. Partners meeting
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	September 2014	End in Africa Work plan 2015
Mposo Ntumbanzondo, M&E Specialist	Ghana	Burkina Niger Togo S Leone	4	1 week	TBD	Capacity building on workbooks management prior to semiannual reports submission to ensure data quality and timely reporting. SAR 2
Youssef Ouedraogo, Senior Logistics Advisor JSI	W/DC	Niger	1	1 week	TBD	Continue to support national program partners in implementing recommendations resulting from the situation analysis.
Youssef Ouedraogo, Senior Logistics Advisor JSI	W/DC	Burkina	2	1 week in country 1 week in country	April 2014 TBD	Review and customize generic SOPs and complementary training materials with NTD trainers. Support the training of NTD trainers/drug managers in implementing SOPs and training materials.
David Paprocki, Logistics Advisor JSI	W/DC	S Leone	1	Two weeks in country	TBD	Assist with TOT for DHMTs and conduct a follow-up OJT visit with Mr. Kargbo at the Makeni warehouse.
Kingsley Frimpong Financial Management (Deloitte)	Ghana	Niger S Leone	2	3 days in each country	TBD	Capacity building on USAID FOG regulations and compliance (Refresher and hands-on training)
US-based STTA	W/DC	Togo,	5	One week in	TBD	Short-term technical assistance

Traveler	From	To	# Trips	Duration	Month	Purpose
provider		Niger Burkina Niger S Leone		each country		according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip.
NTD Technical Advisor Joseph Koroma M&E Specialist Mposo Ntumbanzondo FHI360	Ghana	W/DC WHO Niger Burkina Togo S Leone	20	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.
MOH NTD focal points and sub grantees	Ghana Burkina Niger Togo S Leone	Accra	10	3 days	TBD	Organize a meeting in Accra with all our in-country partners to discuss the sustainability of longer-term surveillance of targeted diseases by the NTD country programs.
MOH NTD Focal Points TBD	Ghana Burkina Niger Togo S Leone	TBD	10	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be request for each trip.

Appendices

Appendix 1: MDA Reporting of Integrated NTD Control

Table 7: Number of people treated, All funding, FY2014

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina Faso	Total treated FY13
	Ghana	Niger*	Sierra Leone**	Togo	Burkina Faso***	Total treated FY14
LF	0	-	1,250,850	NA	0	1,250,850
Oncho	0	NA	-	871,066	-	871,066
SCH	0	-	0		0	
STH	0	-	1,250,850	375,449	0	1,626,299
Trachoma	0	0	NA	NA	0	
Treated for at least one NTD	0	0	1,250,850	871,066	0	2,121,916

* MDA was conducted in Niger but the NTDCP is compiling data yet

* **Data reported for 2 districts only (i.e. MDA that occurred in WA September-October 2013).

MDA for LF-Oncho-STH was later conducted in the remaining 12 provincial districts but the NTDCP is compiling data yet.

*** Burkina Faso conducted partial MDA (only in six districts highly endemic for oncho) but results will be reported in the next SAR

Table 8: Number of people treated through USAID funding, FY2014

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina	Total treated FY14
LF	0	-	1,250,850	-	-	1,250,850
Oncho	0	-	-	-	-	-
SCH	0	-	-	-	0	-
STH	0	-	1,250,850	230,967	-	1,481,817
Trachoma	0	-	-	-	0	-
Treated for at least one NTD	0	0	1,250,850	230,967	0	1,481,817

Table 9: Number of treatments provided, All funding, FY2014

Treatment Provided	Burkina	Ghana	Niger	Sierra Leone	Togo	Total
IVM	-	0	-	1,250,850	871,066	2,121,916
ALB	0	0	-	1,250,850	375,449	1,626,299
PZQ	0	0	-	0	0	0
Azyth-Tetra	0	0	-	NA	NA	0
Total	0	0	0	2,501,700	1,246,515	3,748,215

Table 10: Number of treatments provided, USAID funding, FY2014

Treatment Provided	Burkina	Ghana	Niger	Sierra Leone	Togo	Total
IVM	-	0	-	1,250,850	0	1,250,850
ALB	-	0	-	1,250,850	230,967	1,481,817
PZQ	0	0	-	0	-	0
Azy-Tetra	0	0	-	NA	NA	0
Total	0	0	0	2,501,700	230,967	2,732,667

Table 11: Number of people treated for at least one NTD, USAID funds, annually

Country	2011	2012	2013	2014
Burkina Faso	9,953,928	11,425,882	10,766,545	-
Ghana	0	8,932,210	8,260,837	0
Niger	8,672,220	10,226,100	960,145	-
Sierra Leone	0	5,242,394	4,050,575	1,250,850
Togo	0	2,792,591	2,909,823	230,967
Total	18,626,148	38,619,177	26,947,925	1,481,817

Table 12: Accumulative Number Treated, As of Sar1 FY2014, USAID Funds

Country	2011	2012	2013	2014	Accumulative numbers
Burkina Faso	9,953,928	11,425,882	10,766,545	-	32,146,355
Ghana	0	8,932,210	8,260,837	0	17,193,047
Niger	8,672,220	10,226,100	960,145	-	19,858,465
Sierra Leone	0	5,242,394	4,050,575	1,250,850	10,543,819
Togo	0	2,792,591	2,909,823	230,967	5,933,381
Total	18,626,148	38,619,177	26,947,925	1,481,817	85,675,067

Table 13: Districts endemic at baseline and number of districts that stopped MDA, by NTD, SAR1 FY2014

Country	Known endemic districts by 2009				
	# Districts stopped PC (at least at district level for trachoma), by end SAR1, FY2014				
	LF	Oncho	SCH	STH	Trachoma
B. Faso	63	6	63	63	30
	22	0	0	0	22
Ghana	74	73	170	170	29
	28*	0	0	0	29**
Niger	30	NA	42	42	34
	3***	NA	0	0	15
Sierra Leone	14	12	12****	14	NA
	0	0	0	0	NA
Togo	7	28	30	24	NA
	7	0	0	0	NA

* Temporary results show that 24 additional districts have passed the TAS

** In 2014 only one district will be treated at community level. The prevalence in that district was found to be above 5% during the routine surveillance in 2012

*** 3 districts have apparently passed the TAS but the workbook review Committee is questioning these results because the prevalence in those districts was 1%

****5 additional districts with prevalence ≤10% have been added to the previous 7 HDs that were treated, totaling 12 for SCH endemic districts

Table 14: Number of districts assessed during SAR1 reporting period, FY2014

Country	Number of Districts assessed during SAR 1 reporting period, FY2014								
	LF					Oncho	SCH	STH	Trachoma
	TAS	Pre-Tas	TAS 1	TAS 2	SS/SC				
B. Faso	0	0	0	0	0	0	0	0	0
Ghana	24 (12 EUs)	12	0	0	0	0	0	0	0
Niger	8	0	0	0	0	0	0	0	0
Sierra Leone	0	12*	0	0	0	0	0	0	0
Togo	0	0	0	0	0	0	0	0	0

*Assessment was conducted in August 2014 but results were made available during SAR 1 FY2014, which show that 8 out of 12 districts are eligible for TAS in FY2014.

Table 15: Program and Epidemiological coverage, SAR1 FY2014, USAID funds¹⁰

	Country									
	Burkina Faso*		Ghana**		Niger*		Sierra Leone ***		Togo****	
NTD	Program	Epi %	Program	Epi %	Program	Epi %	Program	Epi %	Program	Epi %*
LF	-	-	-	-	-	-	-	-	-	-
Oncho	-	-	-	-	-	-	-	-	-	-
SCH	-	-	-	-	-	-	-	-	-	-
STH	-	-	-	-	-	-	-	-	-	-
Trachoma	-	-	-	-	-	-	-	-	-	-

*MDA data not yet provided by both countries and will be reported in the next reporting period

**No MDA was conducted during the reporting period in Ghana.

***Only partial data for the 2 districts in WA was reported. Data for the remaining 12 districts will be submitted in the next reporting period and then this table will be completed for Sierra Leone.

****Partial data was reported for STH as only SAC were targeted out of the total at-risk population. The table will be completed after the data submitted is reviewed.

Table 16: Training during the reporting period

Category	Burkina	Ghana	Niger	Sierra Leone	Togo	Total
MOH employees at central level	0	0	0	0	21	21
Trainers (training of trainers)	0	0	0	0	0	0
Supervisors	0	0	0	0	0	0
Health providers	0	0	883	1,230	0	2,113
Community Drug Distributors	0	0	0	24,250	0	24,250
Others	0	0	34	25	64	123
Total	15	0	917	25,505	85	26,522
Total females	4	0	79	9,113	9	9,205
Total male	11	0	838	16,383	76	17,308

¹⁰ Overall the MDA data submitted are incomplete and still being reviewed and so definite program and epidemiological coverage cannot be provided in this report. Ghana did not conduct any MDA during the reporting period and so provided no MDA data.

Table 17: Donations beyond USAID and major pharmaceutical donors

Other donations				
Country	Items	Quantities	Values in USD	Donors
Burkina Faso	Tetracycline	45,776 tablets	Unknown	MoH
Ghana	ICT cards	1,700	Unknown	CNTD Liverpool
Niger	Trichiasis surgical kits	Unknown	5,455 USD	HKI
	Radio station rehabilitation materials	Unknown	13, 394 USD	HKI
Sierra Leone	ALB	5,850,200	117,004 USD	GSK/WHO*
	Equipments, fuel & lubricants, maintenance of vehicle/motor bike, local travelling, office and general admin cost	Unknown	13,937.28 USD	Government of Sierra Leone
	Advocacy, social mobilization, training of health workers, IEC materials, supervision and M&E	Unknown	19,378.98 USD	Sightsavers
	Advocacy, social mobilization, training of health workers and CDDs, IEC materials, supervision and M&E, MDA oncho, distribution of logistics, salaries, office and general admin cost	Unknown	121,578.81 USD	APOC
Togo	ALB	Unknown	Unknown	UNICEF
	ALB	1,402,000	28,040 USD	GSK/WHO
	Delivery related expenses	Unknown	1,115 USD	MoH
	Funding for skin snip surveys	Unknown	51,800 USD	Sightsavers
	2nd round distribution of IVM	Unknown	Unknown	Sightsavers

	STH mapping in Lome region	Unknown	5,000 USD	Hope Educational Foundation
	Acting as consignee for drug deliveries	Unknown	Unknown	WHO

* Only pharmaceutical company included

Appendix 2: Country Program Summaries

Burkina Faso

All activities implemented during the first half of FY2014 (October 2013 to March 2014) were those planned for the fiscal year (FY)2014 in accordance with the work plan.

To-date, 22 districts have stopped LF treatment and 22 districts have stopped trachoma treatment (district-level), with stopping-MDA surveys planned in FY2014 for an additional 11 districts (TAS for LF) and four districts (trachoma). Additionally, pre-transmission assessment surveys (pre-TAS) was conducted in four districts and TAS I will be conducted in nine districts where MDA has been stopped for the first round of post-endemic surveillance. Of these, the trachoma impact studies were implemented during the month of March 2014, pre-TAS for LF took place in February and March 2014, and the other LF surveys (TAS and TAS1) will be implemented in April 2014 as soon as the ICT cards arrive in-country. For surveys that have taken place during the reporting period, results (where available) are reported in the workbooks with this report submission. Currently unavailable results will be included in the next submission of the workbooks.

Mass drug administration (MDA) was conducted in the four districts of the South West region, beginning at the end of February and lasted through early March. This MDA provided treatment against lymphatic filariasis (LF), onchocerciasis (oncho), and soil-transmitted helminthes (STH) and it was the first MDA in this region that included community directed treatment with ivermectin (CDTI). The MDA for LF, onchocerciasis, schistosomiasis, soil transmitted helminthes, and trachoma in the other regions will be conducted in the coming months (April – June).

Deloitte facilitated the TIPAC training; participants included the national NTD program, HKI, partner NGOs (Foundation for Community Development (FDC) and Handicap International), the administrative agencies of the Ministry of Health, the general health directorate, and the disease control directorate. This training offered participants an opportunity, through the use of the TIPAC tool, to strengthen their skills in implementing inclusive integrated NTD planning processes and prepare a budgeted action plan.

Following the TIPAC training, Deloitte held a session on fixed obligation grants (FOGs). The training improved the actors' skills in areas such as budget planning, expenditure validation, preparation/review and classification of financial reports, and accounting and program management systems. Participants included the national NTD control program, HKI, administrative and financial managers from the Ministry of Health, the general health directorate, the disease control directorate, and Burkina Faso's 13 regional health directorates. The session helped the administrative managers responsible for implementing the process to improve adoption and implementation of the FOG process.

Five monthly meetings of the national NTD program were held, including all members of the program coordination team. At these meetings, the various programs reached agreement on the planning and implementation of the activities. Additionally, HKI and the national NTD program held a coordination meeting to review the validated FY 2014 work plan and budget and conduct micro-planning for the year.

Prior to the beginning of FY 2014 NTD MDA campaigns, community mobilization and IEC activities were conducted. Activities included holding regional advocacy days, holding information sessions for village leaders, chiefs, administration officials, and others.

Lastly, supervision of the lymphatic filariasis, onchocerciasis and STH campaigns were conducted to strengthen implementation of the activities. Teams from the three entities' headquarters and regional offices traveled to the field to oversee implementation and make recommendations

1. MDA Assessments

The only MDA that was conducted during the reporting period is the LF, oncho, and STH campaign in the South West region. The data from this campaign are not yet finalized, but will be submitted with the workbooks once the data have been validated by the MOH.

2. Changes in MDA Strategy

A change was made in the South West region (the Batié, Gaoua, Dano and Diébougou districts) for the LF MDA planned in 2014, which will be treated twice during the project year due to the persistent microfilaraemia prevalence.

The onchocerciasis program shifted from a stand-alone mass drug administration program to one that uses the CDTI model, integrated with the lymphatic filariasis MDA. This change in strategy is based on the conclusive results obtained after the strategy was implemented in the Cascades region, where onchocerciasis disease prevalence remained high despite several treatment rounds. The change is part of an effort to implement the WHO onchocerciasis treatment recommendations and standardize the strategy at the national level. To carry out the CDTI campaign, a census was conducted among the population of the onchocerciasis-endemic villages. Family-based census forms are available for all the onchocerciasis villages and were used during the last MDA.

In FY'13, a schistosomiasis evaluation was conducted at all sentinel sites to re-evaluate baseline mapping and to realign the schisto treatment strategy with WHO guidelines. Initially, Burkina Faso was divided into two zones – hypoendemic (44 districts) and hyperendemic (19 districts). This delineation of districts and the once biannual treatment of all districts, however, did not align with the WHO recommended strategy. In November 2013, the results from the evaluations conducted in the previous fiscal year were used to re-assess and update, where necessary, the schisto treatment strategy for each district. The change in treatment strategy will not be implemented until 2015, however, due to a limited timeframe between the meeting in November and the planned FY'14 schisto MDA.

3. Training

A cascade style refresher training at the regional, district and health and social promotion center levels was held to support the implementation of the lymphatic filariasis MDA and onchocerciasis CDTI campaign in the South West. The campaign activity implementation reports are not yet available. Detailed information on the number of participants and their breakdown by sex will be included in the Workbooks and the next report.

The TIPAC training was held in Kombissiri from 13-25 January 2014 and trained 15 individuals (four women and 11 men). Participants came from the NTD program coordination team, the Finance Department of the Ministry of Health, HKI, and two NGOs (Handicap International and FDC).

The FOG training was held from 27-31 January in Kombissiri. Participants included 27 people from 13 regional health centers, the administration and finance department of the Ministry of Health and NTD program managers (six women and 21 men). This was a refresher session for 19 of the participants and new training for nine of them.

A refresher training for the survey teams in data collection techniques for trachoma impact studies was held for ophthalmological health assistants from 24-25 February 2014 in Kombissiri. Participants' number and gender will be added when the activity reports are received. The impact study will take place in four health districts across the Hauts Bassins, Cascade, and Central regions.

A trachoma master grader training of trainer's workshop was held in Debré, Ethiopia from October 28-November 2. The NTDCP trachoma focal point and the HKI NTD Coordinator attended the training, which was facilitated by master trainers from the Global Trachoma Mapping Project.

4. Community Mobilization, IEC materials, Registers, Publications and Presentations

Prior to MDA, multiple copies of posters, brochures, and other community-based communication materials were created in preparation for the campaign. The quantities of tools developed and those received by each entity will be specified after the General Health Directorate deliverables for these activities have been received. The census forms for families in the onchocerciasis villages (for CDTI treatment) were printed and provided to the community distributors prior to MDA. Submission of this family list is intended to improve the effectiveness of the first round of CDTI since the OCP closed. In addition, the regional directorate's team developed radio spots on the combined filariasis/onchocerciasis and soil-transmitted helminth campaigns, which were disseminated to regional health directorates and health districts. The spots are forwarded to the health district teams, which, in turn, broadcast them on the local radio stations. Finally, town criers in each village and site in the region inform the community about the MDA/CDTI campaign. They specify the MDA target population, the dates that campaign workers will be in the villages, and the benefits of the MDA campaigns.

For the MDA conducted in the South West region, an advocacy day with local leaders and traditional, administrative, religious and municipal authorities was held in the region's administrative center and in each of the region's four health districts. The training data have not yet been validated, thus specific information on the participants and their number will be provided in the next submission of the workbooks.

5. Supervision

In connection with implementation of MDA campaigns in the South West region, the national program and HKI carried out a variety of supervision activities to promote adequate coverage in the region. Supervision has thus been provided at all levels, from the central level to the regional directorates, from the regional directorates to the districts, and from the districts to the health and social promotion centers. HKI provided support to the central level during this MDA, supervising training activities at all levels (regional health directorates, health districts and health and social promotion centers) to support implementation of the activities. Drug administration was also supervised, in collaboration with FHI360, to inquire into implementation of activities at all levels.

Before the various campaigns are implemented, the regional health directorates and health districts receive a national implementation directive. This directive, which is updated based on the program objectives and WHO guidelines, is followed by an integrated supervision checklist. Supervisors conduct interviews and direct observation sessions, following a supervision process determined in advance at each level, to review the organization of the MDAs and compliance with the MDA implementation guidelines.

As part of this process, the supervisors assess the actors' level of theoretical and practical knowledge. They visit each actor once before the end of the MDA campaign. Supervision debriefing sessions are typically held at the half-way point to discuss strengths and weaknesses and ensure better results for the remainder of the campaign through monitoring of treatment coverage.

To ensure proper data collection, trainers distributed data collection tools (incorporating the stakeholders' requirements) to the distributors. These tools were emphasized during the trainings to ensure that everyone understood how to use them. In addition, when the various teams made their supervision visits, they also emphasized the tools to ensure proper completion and make corrections, if necessary, and in accordance with the pre-determined procedures and protocols.

After HKI allocated the funds required for supervision, during the campaign it also participated in the monitoring of implementation at various levels of the regional health directorate. This support made it possible to assess the effectiveness of the campaign, ensure compliance with the directives, and identify the main weaknesses in implementation.

6. Supply Chain Management

During this six-month period, the main activities in the area of drug and consumables supply chain included:

- The program has received 10,087,800 tablets of praziquantel to use in the FY'14 MDA. Each of the 44 targeted districts in the nine regions have sufficient stock to conduct the campaigns and distribution is planned to take place in mid-April 2014.
- The request for 13,925 ICT cards was placed in November and the team is anticipating their arrival before the end of March 2014 so that the planned TAS in 11 districts and TAS one in 12 districts can begin.
- Ivermectin and albendazole were distributed to all health centers in the South West region in order to implement the MDA in February-March 2014.
- The FY'15 praziquantel application was submitted to JSI. The application took into account the recommendations made at the schistosomiasis expert review meeting in Ouagadougou in November 2013.
- A request for technical assistance in NTD drug supply chain management has also begun during this period. The terms of reference for the assistance have been sent to the potential consultant and the planning is in process. The dates for the in-country technical assistance are currently planned for March 31-April 4 for the needs assessment and then from April 14-24 for the training focused on the needs assessment.
- Tetracycline 1% ointment is available for the FY'14 trachoma MDA.
- Albendazole and ivermectin drug applications are still in process.
- The Zithromax drug application has been received and reviewed by ITI and final numbers of tablets and oral suspension syrup will be forthcoming.
- Strengths:
 - Since FY'13, the national level has a position at the central level dedicated to supply chain management of medicine. This person is in charge of managing all NTD drugs.
 - The import and customs clearance process is strong and does not negatively impact the timeliness of activities.
 - Applications for NTD drugs are completed on time.
- Weaknesses:
 - Difficulty identifying the amount of medicine that remains at the district level following MDA and transporting the remaining stock to the regional level (regional HQs) due to poor resource planning at the district level to support physical inventories at the level of the health center.

7. Program Monitoring and Evaluation

Over the past six months, HKI has taken the following steps to heighten the level of monitoring/evaluation conducted by the national NTD program:

- All protocols (including pre-TAS, TAS, post-endemic surveillance, and post-MDA coverage surveys) must be submitted and validated by HKI prior to the resources being

distributed for implementing activities; this process is still not fully implemented, as in some cases, the MOH does not send protocols to HKI in advance of the survey taking place.

- Reports at all levels are subject to a detailed analysis before being forwarded to the superior level.
- The HKI NTD team hired a new program assistant to assist with monitoring and evaluation and conduct training and supervision activities.

8. Transition and Post-Elimination Strategy

In general, HKI provides technical assistance to the MOH, who is in charge of implementing activities, managing data, and presenting the achievements of the program. HKI also has a role in advocacy to the MOH to increase the support for NTDs in the national budget and to support increased visibility of the program to attract additional donors and partners.

A range of study activities examining the impact of treatment will be conducted in FY2014 (LF TAS, LF pre-TAS, LF post-MDA surveillance survey, trachoma post-MDA surveillance survey, trachoma impact study and onchocerciasis post-CDTI coverage survey). The trachoma impact study in the Banfora, Dô and Léna districts and the Eastern region sentinel sites is underway. The results will be noted in the workbook as soon as they are available.

9. Short-Term Technical Assistance

The status of the six technical assistance (TA) activities included in the FY 2014 annual work plan is as follows:

- Training of NTDCP team and HKI teams on TIPAC: TIPAC training was held from 13-25 January 2014. Participants included the national neglected tropical disease program, HKI, partner NGOs (CRS and Handicap International), the administrative agencies of the Ministry of Health, the general health directorate and the disease control directorate. The training was new to all participants (four women and 11 men). Two trainers from Deloitte, working with FHI360, conducted the sessions. A final report from this training is not yet completed, but will be shared once it is available.
- Support in capacity-building for program coordination to improve supply chain management for NTD drugs: The request is currently underway. The terms of reference for the assistance have been delivered with an initial visit to take place in April 2014.

Support to develop a trachoma sub-district level survey protocol and surveillance, support in acquiring software to manage NTD drug stocks and training in its use, and support in investigating the persistence of microfilaraemia in two regions (South West and East) are the remaining technical assistance pieces for FY 2014. These requests will be planned and implemented during the second half of the fiscal year and the dates are still being discussed internally.

10. Government Involvement

The DLM in Burkina Faso underwent a re-structuring in the beginning of 2014, which has implications for how the program is organized and managed. There is now a single coordinator for the program, with 4 disease-specific focal points working below him. The Ministry also added a post that is in charge of planning and M&E activities for NTD programs.

Routine collaboration meeting were conducted during the reporting period. A quarterly coordination meeting was held with the NTDCP and partner organizations, including HKI.

Two new policies that demonstrate the government's commitment to the integrated NTD control were also enacted. The 2012-2016 NTD plan activities were incorporated into the national health development plan of the Ministry of Health. Also, NTD control activities were incorporated into health facilities' action plans at the national level (regional health directorates and health districts).

The NTD control partnership in Burkina Faso continues to function well. A consortium of partners led by HKI submitted a proposal for funding to support morbidity control efforts for trachoma and lymphatic filariasis with support from USAID, with Burkina Faso being one of the focus countries. A separate proposal was also recently submitted to support trachoma morbidity activities from l'Occitane Foundation.

11. Proposed Plans for Additional Support to National NTD Program

- Burkina Faso's eligibility to participate in a request for proposals to treat of lymphatic filariasis and trichiasis morbidity cases.
- Burkina Faso's eligibility to participate in a trichiasis surgery project in the Léo health district.
- In May, the WASHPlus project will visit Burkina Faso to explore opportunities to better integrate the WASH (Water, Sanitation and Hygiene) and NTD sectors through an assessment of the current policies and programs in the WASH sector in Burkina Faso.

12. Lessons Learned/Challenges

A meeting to review the approved NTD budgets was held with the national coordination teams to identify shortcomings and allocate resources to correct them. Also, the TIPC software training session improved participants' understanding of activity budgeting, identified planning gaps and, through its implementation, promoted better planning for the coming years.

13. Major Activities for the next six months

- April - September 2014: Ensure visibility for the NTD program (including publications, reports and participation in conferences)
- May 2014: Conduct the official launch of the NTD MDA campaigns.

- May 2014: Hold an informational meeting with communication professionals to increase their knowledge of NTDs and obtain their support to disseminate key messages to the populations.
- April 5-10, 2014: Carry out training for MDA at all levels (trainers, district management teams, head nurses, community distributors and teachers).
- April 14 – 26, 2014: Train government pharmacists and pharmaceutical assistants in managing the NTD drug supply chain.
- Implement MDA campaigns against schistosomiasis (April 11 – 15), trachoma (beginning of May) and lymphatic filariasis (mid-June – early July) in the remaining regions.
- May 2014: Hold the FY'15 planning meeting.
- May – mid-June, 2014: Conduct post-MDA surveillance surveys on lymphatic filariasis and trachoma.
- Mid-May to mid-June, 2014: Conduct the trachoma prevalence evaluation survey in the Central-North region.
- May 2014: Implement the independent post-MDA coverage survey.
- Dates to-be-determined: Implement the three remaining requests for technical assistance that have not yet begun (support in the development of a trachoma surveillance plan and sub-district level survey protocol, support to acquire software to manage NTD drug stocks and training in its use, and support in investigating the persistence of microfilaraemia in two regions) prior to the end of FY'14.

Niger

The NTD Program in Niger began receiving support from USAID for NTDs in 2007 as a “fast track” country, and since has made significant achievements in reaching control and elimination objectives, most notably three districts have reached the criteria for stopping lymphatic filariasis MDA, and 13 districts have reached criteria for stopping trachoma MDA at the district level.

The FY 2014 started off with a training in supply chain management for regional and district-level focal points and logistics managers, followed by technical assistance from John Snow Inc. (JSI) in November/December 2013 to help improve the management and forward/reverse logistics of NTD drugs and materials in Niger. This technical assistance will continue throughout the project year, with additional focus being placed on “first in, first out” and data management.

The FY 2014 MDA began in February with a launching ceremony attended by His Excellency the Mr. Minister of Public Health, WHO, USAID, the Ministry of Public Health, and HKI, among other partners. The MDA targeted 9.1 million people for lymphatic filariasis, 2.3 million for schistosomiasis, 10.6 million for soil transmitted helminths, and 7.3 million for trachoma and will be fully completed in March 2014, with the evaluation meetings held at the district and regional levels.

Social mobilization activities started the MDA activities on a strong note with new television broadcasts at the national level, designed to provide information to the citizens of Niger on disease knowledge, prevention measures, and to mobilize communities to participate in the MDA campaigns. At the level of the communities (health centers and villages), messages were largely shared via the radio and via public criers, however, there were findings of insufficiencies in coverage of mobilization efforts at the community level given the high number of health centers.

As part of an improved monitoring and evaluation strategy, one of the new innovations during this MDA was the introduction of independent monitoring, which allowed for real time troubleshooting to take place both during and after the MDA, to ensure that the highest coverage possible was being achieved. Other monitoring and evaluation activities included the Transmission Assessment Survey in eight health districts (three evaluation units), whereby three districts passed. The additionally planned LF sentinel sites, LF TAS, schistosomiasis evaluation, and trachoma impact assessments will all take place at the end of FY 2014, which will be six months after the end of the MDA. The program anticipates completion of all major activities before the end of FY 2014 and looks forward to the work ahead.

1. MDA Assessment

The disease and program workbooks have been updated with this report.

2. Changes in MDA

There are three districts that are eligible for stopping LF treatment based on the TAS that took place in December 2013; these districts are Tera, Say, and Kollo in the region of Tillabéri.

The PNLBG Niger has planned to hold a schistosomiasis review meeting in November 2014 with national and international experts to review the new data resulting from schistosomiasis evaluation surveys, and review and revise the national strategy. There had been discussions about this meeting taking place earlier, as was planned in our FY 2014 work plan, but the surveys will not be completed in time. For this reason, the request for the PZQ for the year this strategy revision would be implemented (November 2015) is on hold until there is a strategy shift. Drug has already arrived in country for the schistosomiasis MDA planned for November 2014 (FY 2015 MDA).

The PNSO received trachoma survey results from Diffa, N'guigmi, and Tillabéri during October which showed that MDA will still need to continue in Diffa and N'guigmi after seven to eight rounds, but MDA in Tillabéri can be focalized at the sub-district level.

3. Training

During this period, the following trainings took place:

- The supply chain management training was held, with the targeted group for the training being the pharmacy managers and district focal points. This training lasted for three days and was conducted in two different locations : the Dosso training included representatives from Tillabéri, Niamey, Dosso, and Tahoua while the Zinder training included representatives from Maradi, Zinder, and Diffa.
- The cascade training for the MDA began with the training at the level of the health centers managers at the Centre de Sante Intégré (CSI) and school sector managers (secteurs pédagogiques), and then moved on to the community distributors and the teachers.
- The training of independent monitors and supervisors for the independent monitoring took place in Niamey from February 7-9. In total, 28 monitors and six supervisors were trained on the different NTDs, their distribution, and the methodology of the independent monitoring strategy. The training included a pilot test of the methodology and the questionnaires in the field during the last day of the training, with feedback provided to the monitors before they began the actual field work.

4. Community Mobilization, IEC materials, Registers, Publications and Presentations

The radio and television messages were revised by the communication specialists within the NTD program of the MSP, with support from HKI. A copy of the new radio messages were shared with the technical team of ORTN to be created and disseminated, but given the deadline for production before the campaign, only the television messages were finished, not the radio

messages. Given the very tight deadline for production, the messages were not pre-tested in the field which the program recognizes as a weakness.

There were not any publications or presentations for the NTD program in Niger during this reporting period, however the team is working on a publication on the Malian Refugee Project.

5. Supervision

Several levels of supervision were conducted during the MDA campaign in order to ensure adherence to the protocols and best practices established by the Ministry of Public Health, to help mitigate issues that might cause bottlenecks, and to ensure quality data collection. At the National level, this was supervision conducted by the NTD program staff, NTD coordinators and others from the MSP, the Ministry of National Education, and the coordinator of the educational health office. At the regional level, the regional focal points for health and education conducted supervision along with the regionally-based HKI teams. At the district level, the head doctors and the district-level focal points (health and education) conducted supervision; the focal points especially served as permanent contacts between the district and the region. At the community level, the CSI heads and the education sector heads were responsible for supervising distribution, and the district focal point was automatically debriefed by the CSI head in the event of a problem. In order to evaluate the quality of mass distribution, independent monitoring was also conducted in seven districts involved in this campaign.

The HKI teams for each of the regions supervised the campaign in close collaboration with the regional focal points (health and education) throughout the implementation of all campaign activities. There was regular debriefing between HKI, the region, and, even in some cases, the program teams. The next day's schedule was set based on priorities (ie, district needing support for the redeployment of drugs, implementation of registers and dose poles, or distribution for a given village not yet treated) based on independent monitors. In addition to feedback from the independent monitoring, the DRSP also received daily feedback from the regional focal point and supported issues in FOG implementation. A monitoring checklist was used by Ministry of Health and HKI supervisors.

Highlights of focus areas that were identified during the supervision included:

- Ensuring that data were collected properly (forms and registers were filled out correctly and completely, data recorded accurately) and amending any miscalculations or other errors on the spot.
- Mitigating errors made in the allocation of drugs at the CSIs and schools.
- Managing redeployment of drugs when it was discovered that some CSIs had extra drugs while others were reporting stock-outs.
- Identifying and amending best practices and national protocols not being used, such as distribution without using dose poles even when they were available, or CDDs not returning to households to distribute drugs to those who were absent during a previous attempt.

Supervision by the MSP and HKI also took place during the TAS in each evaluation unit to oversee the quality of the sampling of survey participants, delivery of the questionnaire, and data collection/capture

6. Supply Chain Management

There were quite a few key activities that took place during the reporting period with a focus on supply chain management and they are outlined below:

- Supported quantification of NTD drugs and preparation of applications: HKI offers technical support to all of the programs if they request it, in their completion of drug requests with the donation programs (ITI, MDP) and for the praziquantel that is procured (FHI360, JSI). During the reporting period, the PNLBG with support from HKI, JSI, and ENVISION, made preparations for the arrival of praziquantel for the FY 2015. Work began on completing the praziquantel needs for FY 2016, but these were put on hold due to the fact that the strategy will change after the schistosomiasis review meeting takes place in November 2014, which will influence the MDA strategy for FY 2016. The drug requests made through ITI and MDP will be confirmed once the data from the FY 2014 campaign are available.
- Provided training on supply chain management topics: HKI worked with the MOH to develop a training module on the management and security of MDA drugs, followed by the training of trainers for all the regions and health districts. This training (October) involved the MDA focal points from the regions and health districts and the managers of MDA commodities at the regional and district level.
- With support from the JSI consultant, an assessment of the entire logistics management information system (LMIS) was conducted with the MOH. At the end of this consultation, strengths, weaknesses, and recommendations were discussed with senior staff from the Ministry. The main recommendations that require continued JSI support are:
 - Updating of the curriculum tools for logistics management of MDA commodities (development of LMIS management tools for NTD drugs and materials to enable timely collection and reporting of key data);
 - Support for development and implementation of a mechanism for verification and validation of distribution and drug consumption data;
 - Updating of the training module on management and security of drugs through strengthening the drug management, wastage, and calculation adjustment components;
 - Training/updating in logistics management (establishment of a national pool of trainers);
 - Support for the organization of a post-campaign national physical inventory at the CSIs and health districts (developing an approach for data collection on stocks available after the current campaign).

- Obtained physical inventory data: Due to the very tight deadline that the program is had to work within for the campaign in FY 2014, the large budget that would accompany this activity, and the need for technical assistance to implement the physical inventory conducted nationally, the program has decided to program this in the FY 2015 work plan.
- Performed a logistics system audit: A logistics and information system management audit was conducted with support from the consultant at JSI. Recommendations from this audit were mentioned above at the start of the supply chain section.

Several issues that have been encountered during the reporting period with the NTD supply chain are described below:

- Customs clearance and importation: It takes the NTD program with assistance from the Minister of Public Health, at least one month to receive the documents for clearing the drugs after the donation/shipment papers have been filed. This means that donation/shipment papers from the drug donation programs and procurement teams need to arrive as soon as they are available, so that the MOH can begin the preparatory work for the clearance process.
- Quantification: Forecasting and supply planning: After each MDA, each CSI is supposed to physically collect and document all remaining drugs from the villages and schools in their catchment area. This is part of the sub-regional assessment process conducted with support from the districts. Unfortunately, the majority of CSIs do not follow this protocol and provide theoretical figures on the remaining stock that are oftentimes not based on evidence. All drug forecasting is then based on these numbers, so it goes without saying that forecasting is not always conducted using real data about stock on hand. The one and only solution to this issue is to enforce the CSI physical inventory at each CSI after each campaign. As noted above, this will be included in the FY 2015 work plan.
- Distribution & Transportation: Evaluation of the partnership between ONPPC, HKI, and the MSP has identified some shortcomings in the implementation at some structures. Based on our initial findings, this is due to the lack of involvement of NTD programs during the packing and transportation of drugs by the ONPPC. This oversight of the ONPPC would likely mitigate errors in the stock of drugs and other materials. It was agreed that beginning in FY 2015, each disease program will send an agent to assist the ONPPC at the time of packing and transportation.
- Warehousing and stock management: It was decided that stock management and warehousing procedures will function better if ONPPC is better informed about the drug orders, the anticipated quantity, and date of arrival, with information to be shared well before the drugs arrive in country. This will allow ONPPC to prepare space in its warehouse in Niamey and others across the country. For this part as well, ONPPC will need to take a monthly physical inventory of drugs in their possession to improve warehouse management.

- **Loss/Expiration/Wastage:** There is a direct link between the lack of a physical inventory after the MDA at the CSI level, and subsequent stock-outs or drug expiry issues. As noted above, this is a priority for the program in FY 2015 as part of the ongoing support from JSI.
- **Dispensing and Use:** Two issues were identified during the reporting period related to drug dispensing and use. The first is that there have been cases found of drug distributors not observing consumption and merely given drugs out without directly observed treatment. The second is that the albendazole tablet is not always being crushed for children, but being swallowed whole, which could be a choking hazard. These two aspects will be elaborated in the training manual and the number of training days expended from one day to two (for drug distributors) to ensure that the training is detailed enough, which will mean it will be spread across two days instead of consolidated into one day.
- **Human resources capacity:** In Niger, the strength in human resources is the existence of well-trained and informed agents at the central level to support supply chain management, but the weakness is that at the lower levels such as at the CSIs, this capacity is lacking.

7. Program Monitoring and Evaluation

As one effort to improve program monitoring and evaluation, independent monitoring was conducted in the districts of Maine Soroa, Zinder, Maradi, Tchintabaraden, Gaya, Niamey II, and Niamey III. This monitoring was conducted in a way that issues encountered during the campaign could be immediately remedied, and coverage could be estimated after the campaign. For each district involved in the independent monitoring, there was a team deployed consisting of five members: one supervisor and four monitors whereby the four monitors split up to form two sub-teams. The final independent monitoring report has not been compiled, but preliminary data show several interesting findings that can be used to improve program implementation in future years, including:

- Some distributors are not following the house-to-house distribution strategy and instead conducting treatment at a fixed point, which is inhibiting the treatment of women and children;
- Some distributors are not returning to the house to treat those who were absent during the first visit;
- The supervision conducted by the CSIs was, in some cases, insufficient and monitors were finding villages who had not yet been treated late in the campaign, signaling treatment oversight.

The other major monitoring and evaluation activity that took place during the reporting period was the implementation of the TAS, as described above. Preliminary data from the TAS has been included in the disease and program workbooks.

Finally, Dr. Boubacar Kadri, Deputy Program Coordinator of the PNSO, had the opportunity to attend the Global Trachoma Mapping Project training of trainers for survey graders in October, and has brought back what he learned to the program in Niger for use in future trachoma surveys.

8. Short Term Technical Assistance

During the reporting period there were several technical assistance visits to support the program:

- Technical assistance provided by JSI in supply chain management (November – December); as described above, this initial visit is one in a series of steps whereby JSI will provide technical assistance to the NTD program in Niger.
- The Senior Program Manager and Program Officer of NTDs from HKI HQ visited the program in October 2013 to provide support in the workbooks, finalization of the Malian refugee treatment, analysis of the physical inventory results conducted in FY 2013, and development of the independent monitoring protocol.
- Both the NTD Finance Manager and Grants and Contracts Manager from HKI visited the program in October – November 2013 to provide support in the FOGs and conduct a training on USAID rules and regulations.
- The Regional Technical Advisor for Africa visited the program in February, accompanied by the USAID NTD Technical Advisor and FHI360 END in Africa Project Director, to provide program support during the supervision of pre-MDA and MDA activities.
- The Senior Program Manager of NTDs from HKI HQ visited the program in March 2014 accompanied by the USAID NTD Monitoring and Evaluation Advisor to work with the program on the workbooks and the SAR. The USAID NTD Monitoring and Evaluation Advisor conducted several presentations to the MOH NTD Program Coordinators and HKI staff on the President's Global Health Initiative Targets for NTDs from 2009 - 2018, USAID's intensified focus on impact, and the purpose of the USAID data capture efforts.
- There were three other technical assistance requests that were planned during in the FY 2014 work plan but have not yet taken place. The status of these is described above:
- Workbook refresher training – with the support the team has received on the workbooks over the past few years, this activity is no longer needed in FY 2014.
- TIPAC – given the many activities that still need to take place before the end of FY 2014, especially the surveys and efforts to strengthen supply chain management, this activity will be postponed to FY 2015.
- Schistosomiasis review meeting – this has been postponed until November 2014 (FY 2015) since surveys are still ongoing and these survey data will need to be used to help make strategy recommendations.

9. Government Involvement

One of the strongest points displaying government involvement during the reporting period was the leadership of His Excellency the Mr. Minister of Public Health and his close collaborators during the National NTD launching ceremony. However, despite this, the Program still faces insufficient mobility of high authorities within the MOH, leading to an insufficiency in Government of Niger funding allocated to NTDs, not having a new NTD Focal Point or a Coordinator named, and slow adoption of the 2012 – 2016 NTD Strategic Plan. Additionally, with the FOG, Niger law states that it is the regional Governor who is supposed to sign such contractual agreements, not the MSP Region or District, as it was done in the past before the FOG was required. This can also cause delays in the implementation of public health activities at the district level in a region where the Governor is the one with signatory authority.

10. Proposed Plans for Additional Support to National NTD Program

One of the NTD program strategies is to foster the integration of efforts across programs within the Ministry of Public Health and Ministry of Education. The PNSO has already started to work with and partner with other supporters of water and sanitation, to increase latrine and water accessibility. As part of this effort, HKI supports the PNSO and the Ministry of Education to include a trachoma school health curriculum in the Tahoua and Dosso regions, focused on the F &E components of the SAFE Strategy. Similarly, the PNDO/FL has partnered on occasion with the Malaria Program to support mosquito reduction efforts in neighborhoods, large cities, and villages. The PNLBG, UNICEF, and HKI support the National Vaccination Days whereby deworming is coupled with essential vaccinations (such as polio, yellow fever) and Vitamin A distribution at least twice per year.

HKI, along with the Carter Center, has been a long-time supporter of trichiasis surgery in Niger, with the current focus being to support the PNSO to reach elimination of trachoma in the next few years. Support for trichiasis surgery includes training, refresher training, and certification of surgeons; social mobilization of patients; providing all necessary equipment and consumables, such as trichiasis surgical kits, operating tables, sutures, gauze, disinfection and sterilization materials; and supporting post-operative evaluation of patients. RISEAL/SCI currently supports the PNDO/FL to conduct hydrocele surgical campaigns in some areas of the country. HKI continues to advocate for additional morbidity management funding for Niger and submitted a response to an RFA to USAID in August that is focused on Morbidity Management and Disability Prevention of LF and trachoma for Niger, among other countries.

11. Lessons Learned

There were many lessons learned during the reporting period, most of them focused on ways that the quality of the MDA can be improved in the future by improving the supply chain management training module, implementing reverse logistics and physical inventories, increasing the number of training days for the CDDs in the future, and conducting independent monitoring in the districts where historical performance has been less than adequate to improve coverage and data quality.

One major challenge faced was the implementation of the FOG during this MDA, however, the bottlenecks have now been well defined and the program is using this year as a “lesson learned” year with the FOGs. The program does not believe that the problems encountered this year will be encountered next year if the lessons learned are applied. Another significant setback the program faced was the delay by USAID in approval the FY 2014 work plan and budget/FOG budgets. Approval for FOG budgets was not received until December, and then the signing of the FOGs with the regions took a long time despite all of the advocacy conducted to minimize this period, which delayed the starting of the MDA. Niger is a country with very ambitious LF and trachoma elimination goals, these delays set the program back from reaching their annual USG FY goals. Finally, as we have described in this report, it is clear that each CSI not conducting a true physical inventory can bring about issues in understanding stock-on-hand, preventing drug expiry, and inaccurate forecasts.

12. Major Activities for the next six months

- Organization of quarterly coordination meeting (April)
- Preparation of doses poles, registers and posters for MDA (April)
- Preparation of input delivery plan for supply chain management (April)
- Mapping for LF in Filingue and Arlit (May)
- FOG training (June)
- Workshop to develop work plan for FY 2015 (June)
- Submission of 2014 work plan and workbook (June, July)
- Reception of drugs (June, July)
- Mapping for trachoma in Agadez region (June - July)
- Packaging of drugs and distribution tools (July, August)
- Delivery of drugs and tools from Niamey to regions (August, September)
- Training of national level trainers (September)
- Training of trainers (health districts manager and Focal Points in MOH and MOE) at the DRSP level (September)
- Pre-TAS for LF (September)
- Regional micro-planning workshop (September)
- Epidemiological evaluation of Onchocerciasis (September)
- Trachoma impact assessment (September, October)
- Assessment survey for SCH/STH in Arlit (September, October)
- TAS for LF (September, October)

Sierra Leone

During the reporting period, the first cross border neglected tropical disease (NTDs) meeting was successfully held in Kailahun along the border of Guinea and Liberia with about 45 stakeholders in attendance including Mano River Union (MRU) NTD managers and partners, with the exception of Guinea. The major point of discussion was a way of synchronizing Mass Drug Administration (MDA) campaigns, especially in communities along the borders. Sierra Leone will continue to treat traditional migrants who cross the borders during MDA until synchronization is achieved.

MDA LF-STH in WA and MDA LF-oncho-STH in 12 health districts (HDs) were successfully implemented. The overall treatment figure for WA was 1,250,859 eligible persons with 72% epidemiological coverage. End-process independent monitoring (IM) in the WA showed that 82% of eligible persons had ingested the drugs. Even though results from the MDA LF-oncho-STH in the 12HDs are still being compiled, the IM result showed an overall 73% coverage. The IM result for these 12 HDs is reasonable due to delayed funding, late implementation and a new protocol whereby IM went to pre-randomly selected households as opposed to randomly selecting households on site themselves. The end-process IM result from the 12 HDs met our expectations as the method employed was more vigorous compared to the previous IMs and was designed to show whether or not there was significant difference in MDA coverage between districts that had passed and those that had failed the pre-TAS.

The results from the end-process IMs will be used to verify the neglected tropical disease program (NTDP) reported coverage. The pre- transmission assessment survey (pre-TAS) results finalized during the reporting period showed an overall 0.5% (95% CI: 0.4%-0.8%) micro filariaemia (mf) prevalence. This prevalence represents a 79% reduction from baseline 2.6% (95% CI: 2.3-3.0%) in 2008. This result was used to inform decisions on the implementation of Transmission Assessment Survey (TAS) in those evaluation units (EUs).

The final results from the pre-TAS showed that two of the six EUs failed the pre-TAS and will therefore not be implementing TAS and need to undergo treatment for an additional 2 years. In both these EUs the reason for pre-TAS failure is thought in large part to be due to cross border migration to and from Guinea and Liberia. This will impact our planning, as our expectation was to implement TAS in all six EUs in the 12 provincial HDs.

In order to overcome problems and also to accelerate performance, a series of proactive measures were taken during reporting period. Albendazole (ALB) did not arrive in country in time for the MDA LF-STH in the Western Area. To overcome this, MDA was deferred for a month to allow time for successful negotiation with the nutrition program to use the ALB for the deworming of preschool age children during the mother and child health week. For both the LF-STH MDA in WA and LF-oncho-STH in 12 districts, series of monitoring and supervision exercises were performed. The supervisions were conducted at the national, district and community

levels. At the national level, staff from the NTDP supervised the MDA whilst at district and community levels District Health Management Teams (DHMTs) and community leaders took leadership in the supervision of the MDA. Supportive supervisions were also carried out by NTDP, HKI and the National School and Adolescent Health Program during the MDAs. In process independent monitoring were also conducted during the MDA by independent monitors selected from the Sierra Leone Pharmacy Board, Statistics Sierra Leone, Njala University, University of Sierra Leone, Institute of Public Administration and Management (IPAM), Milton Magai College and Eastern Polytechnic College. The in-process and the supportive supervision helped to identify irregularities such as the distribution of IVM or ALB alone, not directly observing treatment and CDDs failing to go for additional drugs when they run out, which might otherwise have had a negative impact on the outcome of the MDAs. These were communicated to the DHMTs and PHU staff for swift corrective measures.

There has been tremendous effort in the recruitment of more females in the health sector. The majority of PHU staffs at the lower levels are females and they are the frontline supervisors. There are about 14,740 males CDDs and 7,260 females. One of the reasons for this continually high proportion of males is the high illiteracy level among rural women. Another reason is that many rural women are occupied with family, domestic work and farming. The current male to female ratio does not affect MDA implementation, but is an area of focus that the program would like to continually improve.

As we draw close to elimination of LF in Sierra Leone, the key areas that require attention are training of technicians for surveillance activities. Morbidity control is also another area that requires attention. The number of persons with morbidity for LF is estimated at 3,600 and there is need to target these individuals.

1. MDA Assessments

Pre-TAS was conducted in the final quarter of FY'13, but results were not captured in the previous semiannual report. Two HDs were combined to form one evaluation unit (EU) giving a total of six EUs. The result showed an overall 0.5% prevalence. However, two of the six EUs (Bombali & Koinadugu and Kailahun & Kenema) had prevalence $\geq 1\%$ which means these EUs might not take part in the upcoming TAS. One possible reason could be due to cross-border infection, as these four districts border Guinea and Liberia. Another possible reason could be the high baseline prevalence especially in Bombali and Koinadugu

2. Changes in MDA Strategy

There has been no change in the overall and district-level MDA strategies based on disease-specific assessments.

3. Training

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

4. Community Mobilization, IEC Materials, Registers, Publications and Presentations

During the reporting period, advocacy meetings were held at the district level with stakeholders and social mobilization was conducted through community meetings at village level prior to MDA to sensitize target populations about NTDs and to solicit their support for the MDA. TV and Radio discussions were held and jingles were aired during MDAs to help increase awareness. Local comedians “Wan Pot” were also used to produce a video which was shown on three community large screens in Freetown prior and during the LF-STH MDA in the WA.

Training manuals were used during the trainings; position statements and frequently asked questions (FAQs) were used and revised for live, interactive radio panel discussion programs.

Presentations:

- NTD Curriculum Development workshop was held in September 2013 at the College of Medicine and Allied Health Sciences (COMAHS) with 70 participants including 28 students, 30 lecturers, NTDP staff, HKI, NSAHP and the director of disease prevention and control

Publications:

- Santigie Sesay^{1†}, Jusufu Paye^{2†}, Mohamed S Bah², Florence Max McCarthy¹, Abdulai Conteh¹, Mustapha Sonnie², Mary H Hodges^{2*} and Yaobi Zhang³
- Sesay et al.: Schistosoma mansoni infection after three years of mass drug administration in Sierra Leone. Parasites & Vectors 2014 7:14.

5. Supervision

As in previous MDAs, funds were made available to the NTDP for regular maintenance of their vehicles to enable supervision of MDA activities at all levels, including supervision of hard-to-reach communities. At district level, funds were provided in the DHMT budgets to cover the cost of hiring motorcycles and providing fuel to aid effective supervision by the NTD focal persons. Furthermore, at PHU level, funds were provided to cover the cost of transportation for PHU staff to supervise her/his catchment communities. Similar facilities were provided for zonal supervisors to supervise their CHWs during the LF-STH MDA in the WA.

In order to ensure that World Health Organization (WHO) guidelines are adhered to and Ministry of Health and Sanitation (MoHS) regulations followed, a series of meetings were held prior to each activity and all available guidelines and protocols explained before implementation. The WHO manual for monitoring and epidemiological assessment of MDA was fully utilized during the pre-TAS.

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

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

Following the refresher training, the CDDs updated their village registers. The data from each village register was collated by the PHU In-charge, verified by NTD focal person and then forwarded to NTDP at national level. The results of the eligible village census data will be used to request the quantity of drugs needed for MDA in FY'15. During MDA, the CDDs administered the drug based on the census data, but were advised to add new members to the register who were not present during the period of the census and administer the drugs to them as well.

For the LF-STH MDA in the WA, tally sheets were used to collect treatment and other demographic data.

6. Supply Chain Management

During the period under review the Supply Chain Management (SCM) activities included distribution of logistics, materials and drugs for the LF- oncho-STH MDA in 12 provincial districts and the LF-STH MDA in the WA.

The IVM and ALB for the LF- oncho-STH MDA in 12 districts arrived in country in June and October respectively and were stored at the NTD warehouse in Makeni. Drugs for LF-STH MDA in the WA were supplied to the DHMT WA from the NTD store in Makeni. These were then distributed to the PHU staff based on their catchment population. Drugs were distributed to the CHWs on a daily basis. Drugs for LF-oncho-oncho-STH MDA in 12 districts arrived 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.

Following MDA in the WA, the remaining drugs were quantified and returned to the NTDP warehouse in Makeni. This is currently being replicated for the LF-oncho-STH MDA in 12 districts. Other logistics such as the dose poles (for semi urban and urban settings), pencils, pens, and polythene bags were distributed to the various DHMTs and onwards to the community based on the number of CHWs and CDDs.

Technical assistance requested from John Snow, Inc. (JSI) on SCM in FY'14 has been scheduled in the second half of FY'14 (May 2014).

The major challenge encountered with the NTD supply chain was the late arrival of ALB for LF-STH MDA in the WA. The remaining stock in store was not enough to carry out the exercise. The main reason for this was confusion in the clearing process. The clearing process was handed to DHL unknown to WHO which normally do the clearing on behalf of the NTDP. Both agencies (WHO and DHL) forwarded documents to MoHS for the same drugs. This resulted in the MoHS holding the documents pending clarification. Even though MDA was deferred to October to allow time for the arrival of ALB, the drugs still did not arrive in time. HKI and the NTDP borrowed ALB from the MoHS-Nutrition program to perform MDA thanks to the good partnerships. We recommend that key partners be informed of such changes to avoid recurrence.

All drugs for the LF-oncho-STH MDA in 12 districts, however, arrived in time. Once available in the NTD store in Makeni, there were no issues in distribution to the respective DHMTs since the necessary logistics were provided. There was no issue with warehouse and stock management under the reporting period. With support from JSI, all the necessary forms are used for drug supply and all NTD drugs now go through the district pharmacist. The issue of expiration or wastage did not arise during the reporting period. Drugs were distributed based on the "First to Expire First out" rule.

Another major challenge was the timely implementation of MDA against LF-oncho-STH in 12 districts. The MDA had been planned to end in November 2013 in time for the implementation of the TAS six months later, in June 2014. Delayed approval of USAID funds for FY14 was not given until mid-December which means MDA did not end until January and the postponement of the TAS implementation to September 2014.

Waste management was also not an issue. Empty cups, which were normally reused by the community for domestic purposes following the completion of MDA, were returned to the PHUs based on recommendations from JSI.

The SCM training received from JSI in FY'13 by the DHMTs formed part of the training of the other personnel like PHU staff, CHWs, and CDDs. This improved the tracking of drug movement at each level.

7. Program Monitoring and Evaluation

In order to improve monitoring and evaluation of the national NTDP, a disease surveillance officer (DSO) from each DHMT was used to evaluate the knowledge gained by PHU staff-training, CDD training and community sensitization meetings. Also LF patients were interviewed to evaluate their knowledge and attitude towards their disease and the NTDP.

The sampling for the end-process independent monitoring conducted for MDA against LF-oncho-STH in 12 districts was modified such that monitors go to pre-randomly selected households in a randomly selected cluster to perform interviews on ALL eligible members of that household. In addition, social inclusion and gender equity policies for IMs from various ethnic groups speaking a wider range of native languages and representing both sexes more equitably were introduced. This helped minimize bias in the selection of households, individuals and improved communication at community level.

8. Transition and Post-Elimination Strategy

The NTDP is currently managed by MoHS. All training activities conducted during the reporting period were implemented by NTDP with HKI playing only planning, technical assistance and supervisory roles.

The laboratory work for the pre-TAS was concluded during the period under review. The results showed that four EUs (eight districts) will implement TAS in the second half of FY14. The results from the TAS will determine whether MDA should be stopped in those districts. Also as part of preparation for post elimination strategy for LF, one laboratory technician each from the 12 provincial districts and two from the WA was trained on LF surveillance in March 2014. No impact assessment was conducted for the remaining NTDs during the period under review

No timeline was established for government to take over additional roles during the reporting period. However, an advocacy meeting has been scheduled for the end of March with members of the parliamentary health committee to advocate for additional budget line for NTDs in the Government of Sierra Leone budget.

As a way of ensuring a commitment to sustaining achievement, the laboratory technician training for LF described above will serve as the first of several trainings in preparation for post MDA surveillance for districts that will pass the TAS and eventually stop MDA. This will be extended to the other NTDs.

Another step taken during the reporting period to ensure sustainability was the hosting of the Mano River Union cross border NTD control meeting in the last quarter of FY'13 with participation from MRU NTD managers and partners. This was geared towards reduction of the risk of recrudescence due to cross border movement since seven of Sierra Leone's 14 HDs share borders with Guinea and Liberia who have not reached full national coverage for NTDs. Cross border control and MDA synchronization also formed key part of the annual MRU NTD meeting hosted in Sierra Leone in October 2013.

Another step taken to ensure sustainability is the inclusion of MoHS staff at central level to take part in the TIPAC training to help increase their knowledge of the NTDP and its funding needs. Due to delayed USAID funding in FY'14, this has been postponed to FY'15. MoHS also plans to synchronize the activities of all volunteer including CDDs and bring them under the direct supervision of the DHMTs. This may help minimize CDD attrition as they will be utilized by multiple programs and gain more recognition.

9. Short Term Technical

No Technical Assistance (TA) was received during the period under review. One TA was proposed for TIPAC/FOG training in March. FOG training has been reduced to three days and will be implemented in July. The TIPAC training will occur over six days during FY'15.

10. Government Involvement

As a way of demonstrating government of Sierra Leone's commitment, the MoHS organized and took leadership role in the annual MRU NTD meeting hosted in Sierra Leone. Also, an advocacy meeting with the health committee of the members of parliament is planned in late March in order to advocate for additional government support and eventual taking over of the program.

An NTD Task Force meeting was held in March 2014. Among the issues discussed was increase government support to the NTD program. It was suggested that the proposed meeting with members of parliamentary health committee be extended to the finance committee and the civil societies. The MoHS annual work plan includes NTDs, but the release of funds remains a challenge and there was no increase of Government budget line to NTDP. With the exception of the funding from APOC and Sightsavers to support NTD control, no additional funding was sought or received during the reporting period.

11. Proposed Plans for Additional Support to National NTD Program

The National School and Adolescent Health Program (NSAHP) continue to support the NTDP in the SCH and STH program. The water sanitation and hygiene (WASH) program of the NSAHP is one of the areas identified for possible collaboration as we move towards elimination. NTDP and NSAHP will integrate messages on SCH and STH WASH programs with support from UNICEF. In FY13, HKI partnered with Action Against Hunger (ACF) which is one of the WASH consortium organizations in the WA during the pilot phase of their project to provide training for head teachers and deworming for their school children. This training on worm control was combined with messages on WASH. This partnership continued during the period under review and there are plans to continue once the actual ACF project starts.

No activities were implemented to support morbidity management during the reporting period. With funds from Johnson and Johnson, there are plans for additional hydrocele surgeries in March. The current backlog of hydrocele patients requiring surgery is estimated 3,600 costing about \$265,787. It is hoped that CNTD will support these backlog hydrocele surgeries following the submission of a successful proposal in FY'15.

12. Lessons Learned/Challenges

The training provided by JSI on SCM and standard operating procedures helped the NTD drug and logistic supply and reporting.

The provision of shoes from TOMS in addition to the T-Shirts normally distributed helped increased CDD motivation

October and November remains the ideal period for CDDs to volunteer. This 'window of opportunity' was not met due to the late USAID approval of funds for FY14.

The airing of jingles and the intensive radio discussions in different radio stations several days before MDA in WA helped to achieve good coverage for the MDA. Additionally, the use of screens in public locations to show the 'Wan Pot' video drama on NTDs also helped sensitize the public for MDA in the WA.

13. Major Activities for the next six months

The objective for the next six months is to provide results of the MDA-LF WA conducted in September 2013 and conduct MDA for LF-Oncho-STH in 12 HDs November - December 2013.

The activities will include:

- Annual Review Meeting for MDA-LF, Oncho, STH and SCH – May 2014
- FY'15 work planning with MoH, HKI and FHI– May 2014
- Training
- MDA against SCH-STH in 12 districts for supervisors, DHMT staff and PHU staff – May/June 2014
- MDA against LF in the WA for supervisors, PHU staff and Community Health worker – September 2014
- MDA LF-oncho in 12 districts for DHMT staff, PHU staff and CDDs – August/September 2014
- Advocacy meetings and social mobilization
- MDA for schistosomiasis-STH in 12 districts - June 2014
- MDA for LF in the WA – August 2014
- MDA for LF-oncho in 12 districts – September 2014
- Distribution for the MDA against SCH in 12 Districts – June 2014
- Distribution for the MDA against LF in the WA – September 2014

Togo

This six-month period has been very productive in Togo. During this time, the Togo Ministry of Health (MOH) conducted an October 2013 mass drug administration (MDA), began preparing for a nationwide MDA planned for April 2014, and led and participated in a number of training activities. In addition, the MOH has recently been negotiating additional activities to be incorporated into the April 2014 integrated MDA, e.g., water, sanitation and hygiene (WASH) messages, chlorine distribution, and distribution of albendazole and vitamin A to preschool aged children. Finally, Health & Development International (HDI) presented the 2012 coverage survey results on behalf of the MOH at the American Society for Tropical Medicine and Hygiene, and two posters were presented by the MOH and HDI that described the large-scale integrated MDA in 2011.

The October 2013 MDA targeted those areas in which soil-transmitted helminths (STH) prevalence was >50% (funded by USAID) and in which onchocerciasis prevalence has historically been high (funded by the Onchocerciasis Program). All drugs and materials were delivered to the appropriate locations and no stock outs were reported. Data and drugs were recovered from the field faster than ever, and for the first time, data from the October MDA are available for inclusion in the March semiannual report. Coverage in the four districts treated with albendazole was quite high; 98% for girls 5-14 years of age, 98% for women of child-bearing age, and 99.5% for boys 5-14 years of age. Coverage in the peripheral health units (PHUs) was quite high overall (>80%) but was lower (68%) in one location in the district of Yoto. The reasons for the low coverage in this PHU will be investigated. Drug losses were well below 1%.

Integration of WASH messages into the MDA was included as a goal in the Work Plan, and to achieve that goal, HDI worked with the MOH-WASH program during the summer of 2013 to develop a new WASH page for the flip chart. The page was printed at the start of the new fiscal year, in October 2013. At some point between the design of the WASH flip chart page and February 2014, the WASH program altered their key messages – they are now supporting the distribution of chlorine to households without access to clean water – and this caused the newly printed flip chart page to be out of alignment with current WASH messages. Discussions are currently in progress to determine whether the WASH flip chart page that was printed can be used in the field. This challenge serves as a reminder that integration can be complicated, and consistent communication with partners is needed. The MOH is currently considering whether distribution of chlorine can be incorporated into the integrated MDA, as an additional WASH activity.

STH/Schistosomiasis surveillance activities were planned for 2014, prior to the nationwide April MDA, but have been postponed until 2015 due to the loss of key staff needed for training, implementation and supervision of the surveillance activities.

HDI suffered a great loss in January with the passing of the Resident Representative, Dr. Anthony. HDI Headquarters staff members interviewed a number of candidates to replace Dr. Anthony and we have hired an excellent replacement. The rest of the HDI-Togo team has, in the face of tragedy, continued to move forward with the preparations for the April MDA.

Overall, the Togo integrated NTD program continues to improve the quality and cost-effectiveness of its activities. Although there are some challenges associated with the coordination and management of integrated activities, the Togo MOH remains committed to the integrated process.

1. MDA Assessments

All workbooks have been updated with the most recent information.

2. Changes in MDA Strategy

- All districts Schistosomiasis: Expanded treatment strategy to include treatment of school-age children in low prevalence areas twice during primary school. This change follows WHO recommendations
- Yoto, Est Mono, Oti, Tandjoare STH: Addition of second round of treatment in highest prevalence districts. This change follows WHO recommendations.
- All districts: STH: Addition of women of child-bearing age to target groups, with albendazole donation from UNICEF. This change follows WHO recommendations.
- All districts: Schistosomiasis: Starting in April 2014, we will expand treatment to include adult women in peripheral health units with moderate prevalence of schistosomiasis (10%-49% prevalence): As per the WHO Guidelines on Preventive Therapy in Human Helminthiasis, we are treating adult women, a group felt to be at high risk of schistosomiasis because of their domestic duties, with PZQ.

3. Training

Several trainings were held during this six-month period. Deloitte/FHI 360 conducted two trainings – a TIPAC training From December 9-20, 2013 and a FOG training from February 17-20. In addition, HDI and the Togo MOH conducted an accountant training for all district accountants from February 25-26.

4. Community Mobilization, IEC materials, Registers, Publications and Presentations

During the October 2013 MDA, town criers were used to publicize the campaign. A new page for the flip chart to convey water, sanitation and hygiene (WASH) messages was developed collaboratively with the WASH Program; however, WASH messages have changed since this printing and it is uncertain whether this flip chart page will be used in the upcoming MDA.

5. Supervision

The Togo NTD Program conducts training and supervision using a cascade approach. Each level trains and supervises the next lower level, from central to region-, district-, and finally to the peripheral health unit (PHU)-level. During MDA activities, drugs are delivered to each level, and ultimately reach the community drug distributors (CDDs). After the MDA is complete, CDDs return the left-over drugs along with treatment records to their local nurse supervisor, who then collates the drugs and data and returns them to his or her district supervisor. Supervisors also examine registers and summary sheets to confirm that data have been correctly recorded in the registers. Problems in implementation of the integrated MDA are identified during field supervisory visits, during post-MDA reviews when drugs and data are returned to the nurses and district supervisors, and at a central level after data are analyzed. If implementation problems are identified in a particular geographic area, these problems are addressed during the next round of training and more attention is paid to that area during future MDAs by the central supervisors in order to resolve the issues.

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

6. Supply Chain Management

Supply chain management (SCM) continues to be a strength of the Togo program. Drug requests are calculated and submitted in a timely fashion. All drugs for the October 2013 MDA were already in Togo (delivered prior to the April 2013 MDA), and were delivered to the regions according to a drug distribution plan that was generated collaboratively by the Togo MOH and HDI. Once in the regions, the drugs are then distributed to the districts and PHUs. At each step of the process, the number of drugs distributed was documented and inventory forms were signed. Once the MDA was completed, the remaining drugs, as well as the reporting forms, flowed back up the chain from CDD to PHU, district, region, and ultimately back to Lomé. At each step, drug distribution records were checked against the number of drugs received, and any losses were documented. During the October MDA, losses and wastage were minimal (~1%).

Since the World Health Organization (WHO) agreed to act as consignee of the delivered medication, the MOH has been able to receive deliveries with few problems. Unfortunately, in January 2014, praziquantel was delivered to Togo with incorrect consignee information and therefore became trapped in customs. HDI worked with JSI and RTI to amend the paperwork, and then worked with the WHO and MOH to obtain the release of the praziquantel, which occurred in February 2014. The praziquantel is now at the MOH storage facility, CAMEG. Hopefully, the problems that occurred with the praziquantel paperwork will not occur in the future.

In the past, the MOH has faced problems with drugs clearing customs, but since WHO has agreed to act as the consignee for the shipments, the drugs have been received with little delay. Forecasting continues to be more precise as our population estimates improve.

7. Program Monitoring and Evaluation

We have updated the workbooks with the most recent information. The Togo MOH is continuing to use the existing monitoring and evaluation (M&E) framework and tools supplied by FHI 360. The Coverage Survey results indicate that coverage is quite high in most areas, but there is room for improvement with respect to the educational component of MDAs; the flip charts were not used as much as they should have been. The importance of the educational component of the activity will be emphasized in upcoming MDA trainings.

8. Transition and Post-Elimination Strategy

The MOH is demonstrating commitment to the integrated NTD project in a number of important ways. The Togo MOH has had an NTD five-year plan in place for several years and is taking on additional responsibility for management and analysis of the Integrated NTD Program data, including meeting the reporting requirements for FHI and USAID.

9. Short-Term Technical Assistance

Deloitte/FHI 360 provided trainings on TIPAC utilization and FOG management during this period. In addition, we received the report from the Onchocerciasis technical assistance (TA) conducted by FHI 360 during the last reporting period.

10. Government Involvement

The government of Togo continues to be strongly supportive of the Integrated NTD Control Program. The MOH has held numerous coordination meetings over the past six months to discuss the October 2013 MDA implementation and April 2014 MDA preparations. The MOH recently organized a Stakeholder / MOH NTD Planning meeting, during which previous activities were reviewed and future activities and collaborations were detailed. The Togo MOH is also developing their data management and analytical capabilities; MOH staff members entered and cleaned the October 2013 MDA data, and worked with HDI to prepare the Disease Workbook for this semiannual report.

The MOH is currently seeking a donor to supply albendazole for women of child-bearing age during the April 2014 MDA, since UNICEF donation this year is looking unlikely due to budget constraints. Treatment of this population was part of the MOH NTD Strategic Plan and is recommended by the WHO, but albendazole for this population has not been available through USAID mechanisms. Although the albendazole donation may not occur, UNICEF has conveyed their interest in participating in the MDA this spring by donating albendazole and vitamin A for preschool aged children. The details of this collaboration have not yet been worked out, as integration with UNICEF may delay the MDA until May, which is not ideal due to the potential

for rain/beginning of peak agricultural season, and, very importantly, due to the importance of proving MDA in endemic areas prior to the rains so as to prevent onchocerciasis transmission.

The MOH, HDI, and WASH program are continuing to discuss the integration of WASH messages into the NTD program. In addition, the MOH and HDI are working with WASH to determine if the distribution of chlorine can be integrated into the April MDA.

11. Proposed Plans for Additional Support

The Togo Integrated NTD Program has relied on broad partnerships to accomplish goals and continues to encourage active participation by a variety of partners. For example, the MOH continues to work with the WHO to successfully obtain the release of the MDA medication from Customs, and with the Onchocerciasis Program to implement integrated MDAs. The MOH and HDI are currently working on the methods to expand integration to include the WASH program, specifically, the distribution of chlorine for water purification and/or the inclusion of WASH messages in the MDA trainings.

12. Lessons Learned/ Challenges

The Togo Integrated NTD Program has continued to improve over the years, both in terms of implementation quality and cost-efficiency. The registers, reporting forms, training manuals, and drug management forms have been refined several times over the years to improve data quality as well as enhance drug management and supervision. Tools are intended to be used for multiple years, and therefore keep the cost of implementation low.

Although we have successfully accomplished many of the activities described in the Work Plan for this period, we did experience some challenges in a number of areas, including drug delivery, collaboration with the WASH sector, availability of local experts for the planned surveillance activities, and the loss of our Resident Representative, Dr. Anthony.

The praziquantel paperwork accompanying a delivery misstated the consignee of the delivery, and this resulted in the delivery being held up at customs while we had the paperwork adjusted to reflect WHO as the consignee, in accordance with what was stated in the initial drug order. It was fortunate that the WHO was ultimately able to take custody of the praziquantel with the revised paperwork, but paperwork problems like this strain the good will shown by the WHO in their assistance to the program.

HDI and MOH-WASH staff designed the WASH flip chart page during the summer of 2013, but it was not printed until October 2013. At some point between the design of the WASH flip chart page and February, the WASH program altered their key messages – they are now supporting the distribution of chlorine to households for water purification – and this caused the newly printed flip chart page to be out of alignment with current WASH messages. Discussions are currently in progress to determine whether the WASH flip chart page that was printed will be used in the field.

STH/Schistosomiasis surveillance activities were planned for 2014, prior to the nationwide April MDA, but have been postponed until 2015 due to the loss of key staff needed for training, implementation and supervision of the surveillance activities.

Lastly, HDI suffered a great loss in January with the passing of the Resident Representative, Dr. Anthony. HDI Headquarters staff members interviewed a number of candidates to replace Dr. Anthony and we have hired a replacement. The rest of the HDI-Togo team has continued to move forward with the preparations for the April MDA.

13. Major Activities for the next six months

- April 2014 – Receive all medications; Implement training of supervisors, nurses, and CDDs; Implement social mobilization activities; Conduct April 2014 MDA; Attend End in Africa Partners meeting in Ghana; Finalize ivermectin application
- May 2014 – Collect, enter, and analyze data from April 2014 MDA; Work Plan meeting for FY2015; Finalize albendazole application
- June 2014 – Generate report of April 2014 MDA; Revise FY2015 Work Plan based on meeting results
- July 2014 – Disseminate results of April 2014 MDA
- August 2014 – Begin preparations for October 2014 MDA
- September 2014 – Finish preparations for October 2014 MDA

Ghana

The Neglected Tropical Disease (NTD) program of the Ghana Health Service (GHS), in collaboration with fhi360 is implementing the “End in Africa” Ghana Project with funding from the United States Agency for International Development (USAID). This semiannual report summarizes the activities implemented under the project for the first half of the financial year 2014 which spans October 2013 to March 2014.

The main activities implemented during this period have been disease surveillance activities (DSAs). These comprise Pre-Transmission Assessment Survey (Pre-TAS) in 12 districts and Transmission Assessment Survey (TAS) for Lymphatic Filariasis (LF). Pre-TAS field work has been completed and 10,455 slides collected are currently being read. TAS has been completed in 12 out of 24 Evaluation Units (EUs) covering 61 districts (initially 45¹¹). All 12 EUs completed so far have passed and will be stopping mass drug administration (MDAs) in 2015. The remaining EUs will be completed by mid-May 2014.

No new mapping was done over the period and as a result there has been no change in disease distribution. However Ghana has re demarcated her administrative districts from 170 to 216 and this has affected the numbers of districts endemic for each of the diseases. The populations however have not changed.

An MDA was conducted in January 2014 for Trachoma in eight HDs in Northern and Upper West regions. This MDA was scheduled to be conducted in November 2013 as part of the 2013 calendar annual work plan¹². This is the last of three rounds of drug distribution for the seven hotspot communities discovered during trachoma surveillance in 2010. The eighth community hotspot was discovered in 2012 and this MDA in January 2014 is the first of three MDAs that are to be conducted for this community; two more MDAs will be conducted in this community in 2014 and 2015. Treatment data will be compiled at the national level at the end of March 2014 and will be used to update the FY2014 workbooks.

The End in Africa Community Programs Manager and Monitoring and Evaluation (M&E) Officer attended a Training of Trainers (TOT) Workshop for NTD National Database Template and Data Quality Assessment tools in Nairobi, Kenya.

The NTD program of the GHS continues to own and lead the implementation of the country’s NTD program through its national, regional and district offices countrywide. Technical capacity and resources are also provided by the government to facilitate program delivery.

¹¹ Many districts were recently redemarcated in Ghana. The total number of districts have moved from 170 to 216. Likewise, the 45 districts targeted for TAS are now 61 districts. The workbooks are now updated to reflect this new information.

¹² The Neglected Tropical Diseases Control Program (NTDCP) in Ghana has 2 annual plans: 1 for USAID and another for the other partners based on the calendar year January – December.

In the next six months the main activities will be completing the TAS, and conducting two MDAs: one school-based in June/July 2014 and the other community-based in April May 2014. Four Intra Country Coordinating Committee (ICCC) meetings are also expected to be held over the next reporting period. The program will develop work plan and budget for FY2015 in May 2014, hold an annual review meeting for NTD and finally prepare and submit an annual report and other activity reports.

1. MDA Assessments

An MDA was conducted in January 2014 for Trachoma in eight districts in Northern and Upper West regions. This MDA was scheduled to be done in November 2013 as part of the 2013 annual work plan¹³. This is the last of three rounds of drug distribution for seven hotspot communities discovered during trachoma surveillance in 2010. The MDA in January 2014 was the first mass treatment for the eighth hotspot community that has to be treated in 2014 and 2015. Treatment data will be compiled at the national level at the end of April 2014 and will be used to update the FY2014 workbooks.

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

There has been no change in MDA strategy since the last semi-annual report.

3. Training

Training of technicians was conducted for the ongoing TAS before it was started. The training was facilitated by the Centre for Disease Control and Prevention (CDC), Liverpool School of Tropical Medicine (LSTM) and IMA World Health. Trainings will be conducted for the community-based MDA for lymphatic filariasis (LF)-onchocerciasis (oncho)-soil transmitted helminthiasis (STH) that will take place in May/June 2014 in all endemic districts. Trainings for the school-based schistosomiasis (SCH)-STH MDA will be conducted only if praziquantel (PZQ) will be made available to the NTDCP.

4. Community Mobilization, IEC materials, Registers, Publications and Presentations

The program recognises the importance of community ownership and participation in MDAs and program surveys to achieve the goals of the program and therefore continuously engages communities in all NTD activities. During the reporting period DSAs were conducted that involved sensitization of community members and schools in the EUs selected for the surveys.

5. Supervision

Some of the NTDCP national level staff supervised the trachoma MDA that took place in the eight hotspot communities. The FHI360 staff that work within the GHS also supervised and supported the NTDCP staff during the pre-TAS and the ongoing TAS.

¹³ Based on the calendar year (January 1 – December 31) as opposed to the United States Government (USG) fiscal year (October 1 – September 30).

Challenges previously identified by the NTDCP during supervision are being gradually resolved:

- The NTDCP will include procurement of identification badges for CDDs in the FY2015 work plan and budget.
- Registers and IEC materials are presently being procured for use in the regions and districts during the next MDAs.

The NTDCP will also take steps to address these challenges in subsequent MDAs.

6. Supply Chain Management

The NTDCP has received all the drugs needed for community-based LF-oncho-STH MDA in 133 districts planned for May/June 2013. These drugs were successfully distributed to the endemic regions from where they will be distributed to the endemic districts prior to the MDAs. The ICT cards being used for the TAS were procured by FHI360 and brought to the country using WHO as consignee. The ICT cards were received on arrival by WHO on behalf of the NTDCP and have since been kept according to guidelines and recommendations of the manufacturer while being used for the ongoing TAS.

7. Program Monitoring and Evaluation

Pre-TAS for LF was conducted in 12 districts in Northern and Upper East regions from December 2013 to January 2014. A total of 10,455 samples were collected from sentinel and spot-check sites in these districts. These samples will be read over the next few months and a final report generated by May 2014.

After years of treatment for LF, and following pre-TAS carried out in 2012 and 2013, 61 districts (previously 45 districts) qualified for TAS and were scheduled for 2014. These districts have been grouped into 24 Evaluation Units (EUs). The program constituted six field teams for the field work which is still ongoing. Currently the teams have completed collection and testing of samples from 12 EUs and all have passed the TAS, indicating that MDAs can be stopped in the districts represented by the 12 EUs.

8. Transition and Post-Elimination Strategy

The Ghana program is implemented by the Ghana Health Service, the responsible government agency, with management support from FHI360 since November 1, 2013. MDA planning and implementation, as well as impact assessment surveys to determine disease elimination are led by the Ghana NTD Program

Pre-TAS was completed in 12 districts to determine their eligibility for TAS. TAS is being conducted presently for 61 districts in 24 EUs. The results from the 12 EUs completed so far indicate that MDA has to be stopped in the districts represented by these 12 EUs. Four districts stopped MDA in 2010 after TAS indicated that local transmission of LF has stopped and the first post-MDA TAS was conducted in 2012 by the NTD Support Center in Accra. The second post-MDA TAS for these four districts should take place in FY2015. One community hotspot still has to be treated for trachoma in 2014 and 2015.

9. Short Tem Technical Assistance

The following technical assistance were provided to the NTDCP during the reporting period:

- Support was provided for the NTDCP to update the TIPAC using latest available information for FY2014.
- Training on the program and disease workbooks- this training was provided by the FHI360 Technical Advisor and the Community Programs Manager to strengthen the capacity of the newly appointed M&E Officer that will be working with the NTDCP.

The following technical assistant requests still have to be provided to the NTDCP:

- Creation of a training curriculum for the topics in the standard operating procedures (SOP) for supply chain management (SCM). This activity is expected to be carried out before the community-based MDA in May/June 2014.
- Training of up to 30 new technicians for surveys relating to LF, oncho, STH and SCH. The NTDCP has decided to have the trainings conducted before the surveys are implemented to ensure that the techniques learnt are not forgotten since the technicians will get to use the acquired skills immediately after the trainings. The next panned training will be for the entomology survey for oncho that will be conducted in collaboration with the African Program for Onchocerciasis Control (APOC).
- Training of the NTDCP on program planning, management and implementation. This training will be conducted by Deloitte in the next two quarters.

10. Government Involvement

The NTD program of the GHS owns and leads the implementation of the country's NTD program through its national, regional and district offices countrywide. All NTDs targeted through preventive chemotherapy and transmission control (PCT) are integrated under the NTD Program Manager with technical officers responsible for each of the diseases. The diseases targeted through case management (Buruli Ulcer, Yaws, Human African Trypanosomiasis, and Leprosy) are however run by individual Program Managers. The Ministry of Health convenes and chairs the Intra Country Coordinating Committee (ICCC) for NTDs bringing together Managers of PCT and case management diseases. Technical capacity and resources are also provided by the government to facilitate program delivery.

The NTDCP is implemented in partnership with other government agencies such as the Ghana Education service, Volta River Authority and the Municipal and District Assemblies. Other partners are World Health Organization (WHO), APOC, Liverpool Centre for Neglected Tropical Diseases (CNTD), and Partnership for Childhood Diseases (PCD).

11. Proposed Plans for Additional Support

Morbidity control for NTDs has not received much attention under this project however the NTDCP continues to seek additional support for trachoma trichiasis (TT) surgeries and lymphedema management. As the NTDCP makes significant progress in the elimination of LF

and trachoma, morbidity control still remains a major challenge especially so when indicators relating to morbidity will be used for certification of elimination of trachoma. There should be less than 1 TT case in the country per 1000 population for certification of elimination of trachoma.

12. Lessons Learned/Challenges

The supply of PZQ to the country is still a challenge as the Ghana Food and Drugs Authority has requested that the supplier of the generic PZQ conduct a bioequivalent study and present the results before their product can be used in the country. This process has taken too long and so the NTDCP has approached the World Health organization (WHO) Headquarter (HQ) for support. Treatment for SCH might not take place for the second successive year if PZQ is not provided by end of May 2014.

13. Major Activities for the next six months

The Program has planned these activities listed below for the next six months:

- Complete TAS in the remaining 12 EUs.
- Carry out a Community based MDA for LF, Oncho and STH in May 2014.
- Hold four ICCM meetings.
- Carry out a School and Community based MDA for SCH and STH in May/June 2014 subject to availability of PZQ from WHO.
- Develop Annual Work Plan and Budget for FY2015.
- Hold National MDA Review meeting.
- Compile and submit monthly and semiannual reports.