



End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

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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 in Tropical Health
LF	Lymphatic Filariasis
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 third and fourth 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 activities outlined in the FY2014 work plan (October 2013 – September 2014).

FHI 360 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 that USAID policies and regulations were observed. This included making periodical site visits, reviewing sub grantees’ monthly progress reports, monitoring project expenditures and cost share contributions, project coordination, and addressing any implementation issues that arose.

Disease surveillance activities (DSA) were successfully conducted in:

- **Burkina Faso:** Lymphatic filariasis (LF) Transmission Assessment Surveys (TAS) were conducted in 11 health districts (HDs) in the health regions of the Centre-Nord (4 health districts), Centre-Ouest (3 health districts) and the Boucle de Mouhoun (4 health districts). All eleven HDs will be able to stop LF MDA in FY15. Lymphatic filariasis pre-TAS was conducted in the Est region’s health districts: 2 sentinel sites and 6 control sites were selected for evaluation. These will not be eligible for the TAS in FY15. The integrated Soil Transmitted Helminthiasis (STH) TAS survey was developed and implemented in the Centre-Nord health region. In August 2014, post-Mass Drug Administration (MDA) trachoma surveys were prepared and conducted at the sub-district level in the health districts of Koudougou (2 sub-districts), Sapouy (2 sub-districts) and Ziniaré (2 sub-districts).
- **Niger:** END in Africa will implement TAS in 6 HDs, Pre-TAS in 2 HDs, a schistosomiasis (SCH) and STH survey in 2 HDs, a trachoma impact survey in 7 HDs, and an onchocerciasis (Oncho) survey in 3 HDs at the end of September 2014. The results of these surveys will help the NTDP to make informed decisions as to whether to make changes to the MDA strategy.
- **Sierra Leone:** Sierra Leone has been challenged with an unprecedented Ebola epidemic in this reporting period, which gradually brought NTDP activities to a halt in July 2014. The TAS planned for September 2014 has been rescheduled to the last quarter in FY15.
- **Togo:** During field supervision visits in April 2014, it was determined that certain groups of migrant workers may not be present in their villages at the time of the MDA, and this population may be a reservoir for ongoing transmission. Plans for onchocerciasis

surveillance during the next fiscal year, as well as strategies to treat migrant workers, were discussed during this period. Even after the elimination of LF in Togo, the MOH is actively involved in post-MDA surveillance for LF. The Togo MOH hopes the World Health Organization (WHO) will confirm LF elimination, although ongoing onchocerciasis treatment with ivermectin (IVM) may be a barrier to verification.

- **Ghana:** Pre-TAS results from 12 districts showed that 7 districts passed (with LF microfilaremia prevalence <1%) and can move on to do TAS in 2015. Five districts failed the Pre-TAS (LF microfilaremia prevalence ≥1%) and will have to continue with MDA for at least 2 more years. All 64 districts that conducted TAS passed the survey. The implication is that these 64 districts have reached the endpoint in LF MDA and will be moving on to post-MDA surveillance for LF.

Preventive chemotherapy (PCT) was provided through MDAs in this period as follows:

- **Burkina Faso:** Lymphatic filariasis, onchocerciasis and STH treatment campaigns were held in the 4 health districts in the South-West region from February 25 – March 1, 2014. A total of 636,919 persons were treated for LF; 110,391 for onchocerciasis; and 261,401 school-aged children were treated for STH. While this MDA was held during the first semi-annual reporting period, the data only became available for inclusion in the disease workbooks in the second period. April 11-16 and May 11-16 2014: schistosomiasis MDA campaigns were conducted in 44 health districts, with a total of 4,175,713 school-aged children receiving treatment. May 17-22, 2014: trachoma MDA campaigns were conducted in 5 health districts and 1,093,486 persons were treated.
- **Niger:** During the reporting period, no drugs were distributed. This period coincided with sub-regional, regional, and national level evaluation of the MDAs. The results for the March 2014 MDA were received from the MOH and included in the workbook. The next MDA is planned for November 2014.
- **Sierra Leone:** The Government of Sierra Leone (GOSL) on Wednesday July 30, 2014, declared a 'state-of emergency' for 60 to 90 days, which has affected the timeframe and extent of MDA implementation for SCH and STH in 12 health districts, and LF and STH in the Western Area (WA). A decision on the best timing for the implementation of these activities will be made when the state of emergency is lifted.
- **Togo:** In April/May 2014, the MOH implemented its fourth nation-wide integrated MDA to treat Oncho, SCH and STH, representing the fifth large-scale integrated MDA under USAID funding. Medications (ivermectin, praziquantel, and albendazole) were provided to school-aged children and high-risk adults via community-based, house-to-house distribution. This MDA activity was coordinated with UNICEF, which provided albendazole and vitamin A to preschool-aged children and funded some aspects of the integrated MDA training and implementation. Community drug distributors (CDDs) provided medications according to local disease prevalence, per WHO guidelines.

- **Ghana:** The second round of MDA for Oncho, funded by Sightsavers and the African Program for Onchocerciasis Control (APOC), which was originally scheduled for December 2013, was finally conducted in April 2014. The 2013 workbooks will be updated accordingly. The delay was due to funding challenges at the African Program for Onchocerciasis Control (APOC). An MDA for LF, Oncho and STH was held in 167 districts in June/July 2014. It was preceded by cascaded training for Ghana Health Services (GHS) staff across all regions. The Ghana NTD Program has received 100% of the reports from this MDA and is currently collating the data. The results received so far have been used to update the disease workbooks.

FHI 360 hosted a stakeholders meeting in April 2014 in Accra, Ghana, in which END in Africa partners discussed pertinent issues relating to project implementation in the 5 supported countries: Ghana, Niger, Burkina Faso, Sierra Leone, and Togo. The workshop brought together 50 participants from USAID, FHI 360, and the national NTD Programs of the 5 supported countries. Representatives from the project sub grantees—Helen Keller International (HKI) and Health and Development International (HDI)—were also in attendance.

The three main objectives of the meeting were to discuss:

- Country updates on NTD program progress towards elimination and priority actions for FY 2015.
- Country plans for sustaining surveillance after MDAs have stopped.
- Ways to address cross-border issues, hard-to-reach communities and areas of persistent high prevalence after multiple treatments.

END in Africa is making good progress toward eliminating LF, oncho and trachoma and controlling SCH and STH; however, these achievements must be validated through technically sound surveillance to ensure that MDA can be stopped and the achievements preserved. Country surveillance plans will be reviewed by the USAID NTD Program, END in Africa, and the ENVISION project of RTI to ensure that they are sound and identify areas to be strengthened and potential pitfalls. Further discussion about hot spots and cross-border collaboration will be needed to identify issues that require high-level talks involving USAID and the governments of END border countries with weak NTD programs. This will facilitate the coordination of time and resources in efforts to eliminate the targeted NTDs.

Over the past six months, John Snow International (JSI) implemented the following main procurement and supply chain management (SCM) activities:

- Supported Niger and Sierra Leone's national NTD programs and implementing partners as they prepared to receive and clear 2014 PZQ consignments through customs.
- Traveled to Burkina Faso (JSI staff Youssouf Ouedraogo on March 31 - April 4, 2014) to conduct a supply chain management situation analysis in collaboration with the Burkina

Faso MOH and implementing partner (HKI) to identify immediate and long-term system strengthening needs.

- Traveled to Niger (Youssof Ouedraogo on August 25 – September 8, 2014) to assist the MOH and implementing partner (HKI) in revising SCM training materials and the LMIS tools used during MDAs and to train SCM trainers.
- Supported the development of tools to collect and manage NTDs logistics indicators.
- Standard operating procedures (SOPs)
 - Finalized Sierra Leone’s training curriculum and customized SOPs.
 - Drafted a tip sheet for district level personnel on their role before, during, and after MDAs (sent to FHI 360 for review and consideration).
- Waste management
 - Reprinting and distributing the USAID/DELIVER “Guide to HCWM for the CHW” to trainers and district focal persons, so they would have a ready-reference on the basics of health care waste management.
 - Drafted a tip sheet on MDA waste management for CDDs (sent to FHI 360 for review and consideration). Proposed printing and distributing this tip sheet to provide CDDs with a ready reference for minimizing health care waste during MDAs.

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 Neglected Tropical Diseases Control Programs with the aim of improving NTD program performance. Deloitte has focused on building on the success and activities from the second half of FY 2014 with an emphasis on country ownership, collaboration, transparency, accountability and sustainability of NTD programs. The END in Africa Project is using a three-pronged approach to support the NTDCPs in achieving their FM objectives. It included:

- Conducting FM training on United States Government (USG) rules and regulations for 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 FY14 work plan that support the financial management of the NTDCPs and for which Deloitte has been engaged include:

- Supporting the implementation of Ghana’s NTD finance strategy and promoting sustainability and effectiveness.
 - Continuing to develop and execute Ghana’s NTD finance strategy in collaboration with the Ghana NTD Country Team.
 - Conducting resource tracking to better understand NTD Master Plan resource needs, inputs from different sources, and gaps.

- Defining the NTD Finance Strategy performance objectives and the Performance Measurement Plan (PMP), which includes critical targets for monitoring the impact of finance strategy on NTDCP performance.
- Implementing the “Sustainability Planning and Business Case Development” workshop (July 2014), which enabled the GHS/NTDCP to align its NTD Finance Strategy objectives to tangible actions and to identify skills needed to fill financial gaps and sustain programming efforts.
- Expanding the Platform for Refresher Finance Training for Managing Fixed Obligation Grants (FOGs):
 - Ensuring a better understanding of country responsibilities in managing MDA resources in the context of FOGs.
 - Improving the standardization and use of standard policies for project management and governance.
 - Strengthening the organizational governance, reliability/credibility and accountability of the Togo NTDCP in implementing MDA activities.
 - Reducing financial management risks and improving risk prevention and early fraud detection mechanisms.
 - Improving operational effectiveness and efficiency in the implementation of NTD country action plans.
 - Developing basic skills in using Excel for financial management.
- Providing continuous follow-up to facilitate the execution of country action plans.

In the next six months, FHI 360 and partners will continue to implement END in Africa project activities as outlined in the FY2015 annual work plan. FHI 360 and partners will work to support HKI and HDI on the implementation of their activities in each country, including MDAs and second tier sub-agreements. Finally, FHI 360 will continue to ensure that sub-grantees and partners remain compliant with all approved sub-agreements regarding financial reporting and project implementation.

Project Management

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

- Weekly conference calls and/or meetings have been held between the USAID NTD team and the End in Africa team to exchange information, consult on various issues, and keep all stakeholders current on project implementation.
- FHI 360 recruited a full-time Communication Specialist in October 2014, to help implement the NTD strategic plan for advocacy and communication in Ghana. The person selected had served as a Communication Support Consultant for the NTD program between March and September 2014, and was selected to continue as the Communication Specialist because of her excellent performance in her previous role.
- The END in Africa FY 2015 work plan was submitted to USAID for approval in September 2014 and was approved in October 2014.
- FHI 360 hosted a partner's meeting in April 2014 to bring together USAID, country programs, and technical partners. The goal of the meeting was to review NTD progress, surveillance, and cross-border issues, which may be contributing to abnormal disease prevalence despite years of MDA campaigns.
- FHI 360 received a 3-year extension and an increased obligation of \$20 million, extending the life of the project through September 2018, with a total obligation of \$68 million.

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 ensure compliance with USAID reporting, spending and cost-share requirements and regulations.
- Processed sub-grantee monthly financial reports and accruals.
- Reviewed budgets and FOGs submitted by sub-grantees for approval. The following numbers of FOGs were reviewed for FY2015: Ghana (5), Burkina Faso (12), Sierra Leone (3), Niger (10), and Togo (3). Grant packages for Sierra Leone, Burkina Faso and Togo did not require OAA approval as those packages were previously approved during the FY 14 review. Below is a table of each country's FOGs by activity and amount:

Table 1: FOG Summary

Country	Activities	Total
Ghana	Training, MDA, M&E	\$1,503,369
Togo	Social Mobilization, Training, MDA	\$570,517
Burkina Faso	Social Mobilization, Training, MDA, M&E	\$1,645,929
Niger	Social Mobilization, Training, MDA, M&E	\$1,434,633
Sierra Leone	Social Mobilization, Training, MDA, M&E	\$860,392

- The ceilings of all sub agreement obligations for Togo, Ghana, Burkina Faso, Niger, and Sierra Leone were increased to extend through September 2015.

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 (April 2014 – September 2014) nearly all planned activities for FY14 were completed. The exceptions are the Transmission Assessment Surveys (TAS 1), which are scheduled to begin September 24th and last through October 24th in the regions of Nord, Cascades, and Haut-Bassins. These evaluations were delayed due to the late arrival of immunochromatographic card tests (ICT cards). Preliminary data from the evaluations conducted to date suggest:

- The 4 HDs that underwent trachoma impact evaluation (Banfora, Boulmiougou, Do and Lena) have met stop-MDA criteria at the district level;
- All 11 HDs that underwent TAS will be able to stop LF MDA in FY15 (Nouna, Solenzo, Toma, Tougan, Barsalogho, Boulsa, Kaya, Kongoussi, Koudougou, Nanoro and Reo);
- The 6 HDs of the Est region, which underwent pre-TAS in FY14 with END in Africa support, will not be eligible for the TAS in FY15.

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

- The trachoma MDA (azithromycin + tetracycline eye ointment) was held from May 17-22, 2014 in the health districts of Karangasso-Vigué, Dafra, Dandé, Signonghin and Pô. A total of 1,093,486 people were treated.
- The schistosomiasis MDA targeted 44 health districts in the Centre-Est, Plateau Central, Centre, Hauts Bassins, Centre-Sud, Centre-Nord, Cascades, Centre-Ouest and Est health regions. It was held from April 11-16, and 4,175,713 children ages 5 to 14 received treatment.
- The LF, Oncho and STH MDA in the 4 health districts of the Sud-Ouest region was held for the first time from February 25 – March 1, 2014. A total of 110,391 people were treated in the onchocerciasis villages, and 636,919 people received treatment against lymphatic filariasis and STH. While this MDA took place during the first semiannual reporting period, distribution data were not previously available to report.
- The LF MDA for all endemic districts is scheduled for September 12-17, 2014, and targets 5,372,303 people for treatment in the Centre, Centre-Est, Boucle de Mouhoun, Centre-Ouest, Centre-Sud, Est, Sahel, and Sud-Ouest health regions.

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

- Training/refresher sessions were held for community distributors (CDs) and teams from the regional health directorates, districts, and health and social promotion centers (CSPS), on implementing schistosomiasis and trachoma MDAs. These sessions provided first-time or refresher training on MDA implementation guidelines, including new guidelines that the program has adopted to achieve adequate coverage for each MDA. Training of Trainers sessions were held at each regional administrative center and targeted both the regional health directorate teams and members of the health district management teams, as making all levels responsible for carrying out the MDA improves the quality of MDA supervision and implementation and thus, coverage. Complete information on training beneficiaries will be available after the lymphatic filariasis treatment campaign, which is scheduled for September 12-17. However to date, 255 regional health directorate and health district trainers have been trained on supervision; 1,438 representatives from the CSPS received training on MDAs; and 9,465 CDs were trained on how to deliver drugs during the SCH and trachoma MDAs.
- July 21-23: Eleven surveyors (3 women and 8 men) were trained to collect trachoma post-MDA data at the sub-district level in the Koudougou, Sapouy and Ziniaré health districts.
- Training was held for survey team members on TAS implementation in the health regions of the Centre-Nord, Centre-Ouest, and Boucle de Mouhoun. This training was held just before the surveys were launched, with the purpose of familiarizing the participants with survey implementation protocol to ensure credible and reliable results. Specific information on the number and gender breakdown of participants will be included in the workbooks once the reports are validated by the National Program.

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

- Reproduction and duplication of approximately 7,000 posters, 6,500 brochures and other grassroots communication materials used in implementing the schistosomiasis, trachoma, onchocerciasis and lymphatic filariasis campaigns. The actual quantities of materials developed and received by each facility will be specified once the General Health Directorate submits its deliverables for the activities.
- April 10, 2014: A national launch day for the NTD MDA campaigns in Burkina Faso was held in Boussé. Officials from the highest levels of the Ministry of Health (including the Secretary General of Health), as well as administrative and traditional authorities of the health regions selected for the launch participated in the event. The ceremony sought to mobilize the population and to increase participation in the MDAs.
- Eleven advocacy days were held at the regional administrative centers (one day per region) to promote MDA implementation. They targeted local leaders and traditional, administrative, religious and municipal authorities. Reports on the activities and the participant numbers and gender breakdown will be available following the MDAs..
- Radio messages were developed and disseminated on community and local radio stations. These involved informational and awareness-raising messages on the campaigns (SCH, STH, trachoma and Oncho) at the regional and health district levels. Messages were developed and broadcast regionally by the regional health directorate teams.
- Two manuscripts are being drafted: One on trachoma and the other on cross-border issues related to the implementation of LF MDAs. The abstracts of these manuscripts were submitted for presentation at the upcoming American Society of Tropical Medicine and Hygiene (ASTMH) meeting.

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

Niger

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

- LF: TAS surveys in 6 HDs (Aguié, Mayahi, Guidan Roumdji, Madaoua, Tillabéri and Boboye) and pre-TAS in 2 HDs (Niamey II and III). The Pre-TAS results will determine which districts will implement TAS next year (prevalence < 1%). The TAS results will then help to determine whether MDA will be stopped in those districts. Districts that stop MDA will then undergo post-treatment monitoring. Discussions are underway for the inclusion of the STH surveys in the 2015 TAS. Note that 3 districts are already under post-treatment monitoring: Say, Téra and Kollo.
- Onchocerciasis: an epidemiological survey will be done this September. APOC has completed the related training. This survey will be conducted in 3 HDs (Kollo, Say & Téra).

The results of the study will provide information on whether elimination has been achieved for Oncho, as the districts had passed the previous TAS and therefore MDA with IVM and ALB was not implemented there.

- Trachoma: Seven districts will conduct impact assessments in September 2014. The results will determine whether treatment will be stopped. To date, 14 districts (Gaya, Dosso, Boboye, Tchintabaraden, Illéla, Abalak, Tanout, Maradi commune, Filingué, Kollo, Say, Téra, Tillabéri, and Ouallam) have already stopped treatment. However, the national program has not yet developed or implemented a post-MDA surveillance plan. This activity is planned for FY15.
- SCH: Two districts conducted assessment surveys in September 2014. Following the surveys, results for all districts in Niger will be presented at the November 2014 meeting of experts to realign Niger with the WHO strategy for SCH.

Several program planning activities took place during the reporting period:

- Two quarterly coordination meetings with the NTDP coordinators were held in May and August to discuss the status of NTD activities planned for FY2014, especially the surveys, and to discuss USAID's 1 billionth NTD treatment campaign.
- A meeting was held with the HKI West Africa Representative, NTD program coordinators, and HKI to discuss emergency action plans for NTD activities and the consequences of not implementing the activities on time and of non-utilization of funds.
- A meeting was held with the Schistosomiasis Control Initiative (SCI) team to discuss the revitalization of the partnership to strengthen the fight against SCH in Niger. The meeting focused on the necessity of sharing data on field activities with National Schistosomiasis and Soil Transmitted Helminthes Control Program (PNLBG) partners and on preparing for the SCH experts meeting in November 2014.
- A meeting was held with The National Office of Pharmaceutical and Chemical Products (ONPPC) to review the activities of the previous year and make recommendations for upcoming activities. These recommendations included: developing a district-level drug distribution plan and timeline, selecting a MOH representative to supervise the packing and transportation of drugs for 2015 having ONPPC conduct a monthly physical inventory of NTD drugs in the stores, and updating inventory management records. The monthly physical inventory will start in FY15.

The following mapping activities took place during the reporting period:

- Trachoma mapping in the 4 HDs of Agadez was conducted in August 2014. The results are expected to be available in October.
- LF mapping in the HDs of Filingué and Arlit was conducted in July and August, respectively. The reports have been received from National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis (PNDO/EFL) and data for Arlit are included in the

disease workbooks and show that treatment is necessary there; preliminary data for Filingué have not yet been included in the workbooks, but indicate that treatment is not needed.

During this period, the following trainings took place:

- The SCM training was held for pharmacy managers and district focal points. The training lasted for 3 days and was conducted in two locations: Dosso (for representatives from Tillabéri, Niamey, Dosso and Tahoua) and Zinder (for representatives from Maradi, Zinder and Diffa).
- The cascade training for the MDA began with training for health center managers at the Centre de Sante Intégré (CSI) and for school sector managers (secteurs pédagogiques), and then moved onto community distributors and teachers.
- Training for independent monitors and supervisors took place in Niamey on February 7-9, 2014. In total, 28 monitors and 6 supervisors were trained on the NTDs, their distribution, and the methodology of the IM strategy. The last day of the training included a pilot test of the methodology and the questionnaires in the field, and the monitors were given feedback before beginning actual field work.

Due to the rainy season ending in late August, most of the activities planned for the second half of FY14 have been scheduled for the last month of the fiscal year and were not fully complete at the writing of this report; however, some important activities were successfully implemented.

During the reporting period, the MOH conducted an evaluation at all levels in April and August for the MDA implemented in January-March, with support from Helen Keller International. Preliminary data show epidemiological coverage ranging from 53.3% to 94% in districts treated for trachoma, and from 40.1% to 114% in districts treated for LF. The data show program coverage ranging from 58.4% to 140.4% for districts treated for SCH, and from 38.5% to 142.9% for districts treated for STH.

The independent monitoring results from the end of the trachoma MDA helped identify gaps in MDA training quality, especially at the community level with regard to drug distribution. Another issue identified by the IM is the lack of motivation among the drug distributors, as evidenced by the fact that 55.5% of those who could not recall taking ALB said the distributor did not come to their residence; this finding is also supported by the MOH evaluation report. Going forward, monitoring will be expanded to include evaluation of Peripheral Health Unit (PHU) staff training, community meetings and community drug distributor training. During the next MDA, any irregularities (e.g. distribution of IVM or ALB alone as opposed to together, distribution of drugs to ineligible persons) identified by the IM will be included in the training curricula at all levels

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

Sierra Leone

Many activities were implemented during the reporting period prior to the Ebola epidemic. The NTD program held its annual review meeting and reviewed the previous year's NTDs activities with district health management teams (DHMTs) from all 14 HDs and partners. This was followed by the FY 15 NTDP work planning process, which began with a series of macro planning meetings. At the macro planning meetings, target populations for all HDs were agreed upon, and recommendations and lessons learned from the review meeting were discussed and transformed into a working document. The work-planning sessions were led by the national NTDP, with participation from USAID, FHI360, HKI regional and Sierra Leone country offices, the WHO Sierra Leone country office, for the purpose of developing a FY 15 NTD work plan. The sessions provided a clear understanding of the Ministry of Health and Sanitation's (MoHS) road map toward NTD control/elimination, with a special focus on the plans for FY15.

The supply chain management (SCM) activities that were implemented during the period under review included the distribution of logistics, IEC materials, and drugs for MDA for SCH in 12 HDs and MDA for LF-Oncho-STH in 14 HDs:

- HKI had placed an order with Alere for ICT cards to arrive during the reporting period for the TAS, but the shipment had to be delayed, since the proper temperature controls for the cards could not be assured given the uncertainty due to Ebola.
- A constraint facing the DHMTs is the lack of functional vehicles to transport drugs to the various PHUs. Most of the vehicles supplied to the DHMTs in past years have broken down, making it difficult to distribute drugs in a timely manner. To solve these problems, motor bikes and boats are normally hired for MDA activities to help focal persons transport drugs when there is a -vehicle constraint.
- Technical assistance from JSI was planned for August to train NTD focal persons and district pharmacists on SOPs for drug supply. This activity did not take place due to the current Ebola epidemic.

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

Togo

During this period, the Togo MOH, in partnership with UNICEF and Health & Development International-Togo, implemented a nation-wide integrated MDA activity to treat Oncho, SCH, and STH, and to provide vitamin A supplementation to preschool-aged children in April/May. HDI is developing plans for the second round of treatment that will take place in October. The final number of people treated is expected to be available in October 2014. In preparation for the MDA, the MOH organized supervisor training sessions in all 5 geographical regions in early April 2014, followed by training of the nurses, and culminating in the CDD training. The MDA began in mid-April and continued through mid-May 2014. Drug distribution report forms were collected from all districts in June 2014, and data entry occurred in July 2014. Data analysis is ongoing and results

will be available shortly. Overall, we expect the data will demonstrate high treatment coverage and minimal drug losses.

Several program planning activities took place during the reporting period:

- The Togo MOH developed its FY 15 work plan in collaboration with partners at HDI, USAID, and FHI 360. Included in the work plan are new and/or expanded activities (e.g., onchocerciasis surveillance, the lymphatic filariasis transmission assessment survey) as well as activities that are ongoing (e.g., lymphatic filariasis surveillance). Activities not completed in a previous work plan (the STH/schistosomiasis integrated disease specific assessment) are also included.
- Discussions around the 1 billionth treatment campaign celebration and the Fall integrated MDA are ongoing. Recent discussions indicate that this celebration will be held in October. An agenda, terms of reference, budget and invitation list have been developed. The NTD partners will honor three unsung heroes of the integrated NTD effort at this event: a nurse, a community drug distributor and the LF program manager.

The Togo NTD Program conducts training and supervision using a cascade approach. Each level trains and supervises the next lower level: from the central level to regional, district, and PHU levels. Detailed implementation plans are developed at the PHU level and part of the preparatory process involves communication of specific drug distribution plans for each location. During MDA activities, drugs and printed materials are delivered to each geographical level according to the detailed implementation plan, ultimately reaching the CDDs. Supervision of the MDA occurs at all levels; and central-level MOH and HDI-Togo employees also work in the field to monitor the MDA. After the MDA is complete, CDDs return any leftover drugs along with their treatment records to the local nurse supervisor, who then collates and sends the data and drugs to the district supervisor. Any implementation problems during the integrated MDA are identified during field supervisory visits, post-MDA reviews (when drugs and data are returned to the nurses and district supervisors), or at the central level after data are analyzed. If implementation problems are identified in a particular geographical area, more attention is paid to that area during future MDAs by central supervisors in order to resolve the issues.

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

Ghana

The main activities implemented during this period include surveillance, MDAs, and several advocacy and social mobilization events.

The following assessments occurred during the reporting period:

- A Pre-TAS for LF was conducted in 12 districts in the Northern and Upper East regions from December 2013 to January 2014. A total of 10,455 samples were collected from 52 sentinel and spot-check sites in these districts. These samples were read over a period of

- 7 months (mainly because the technicians who were reading the slides were part of the team who also conducted TAS during that same period).
- Results show that 7 out of 12 districts passed, but 5 districts still have relatively high LF microfilaremia prevalence ($\geq 1\%$) in spite of many years of treatment. The 7 districts that passed the pre-TAS will conduct TAS in 2015, while the rest will continue with MDAs for another 2 years and repeat the pre-TAS after these additional 2 years of treatment.
 - A survey of primary school pupils in classes one and two was undertaken in 64 districts from January to April 2014, to ascertain the effectiveness of annually distributed drugs against LF. The purpose of the survey was to determine the end-point of LF MDA, which has been implemented for over 10 years in Ghana.
 - In all, 39,320 pupils in classes one and two in 912 primary schools were sampled and tested with immunochromatographic test (ICT) kits for the filarial antigen. Only 10 positives were recorded among these samples. The critical cut-off point determined by WHO, which formed the basis to either 'pass' or 'fail' any district, was fixed at 18 positives per district.
 - These reports indicate that drug distribution against LF in these 64 districts has been effective and that LF elimination in the surveyed districts may have been achieved. Therefore as of 2015, these districts will stop MDAs for LF and start post-MDA surveillance. This brings the total number of districts that have stopped LF treatment to 69, after having stopped MDA in 5 districts beginning in 2010.

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

- The 2013 second round of treatment for all 47 Oncho endemic districts, which was originally scheduled to take place in December 2013, occurred in April 2014 due to delays in funding and other GHS national activities. Preparation for this treatment took place between January - April 2014. A total of 3,397 villages were targeted, mobilized and sensitized to ensure therapeutic coverage of 80%. Cascaded training from the district to community level provided 659 health workers with refresher training on MDA objectives and strategies and on management of drug side effects. A similar session was held for 7,267 CDDs at the sub-district and community levels. The training focused on challenges in the Oncho program, such as poor documentation and reporting. An at-risk population of 2.3 million was targeted for treatment, and 1,784,101 people were actually treated, representing therapeutic coverage of 81.02% and geographical coverage of 94%. The disease workbook 2013 has been updated accordingly.
- A national MDA training of trainers (TOT) and review meeting was organized for health workers from June 3-5, 2014. The purpose was to equip and reinforce MDA objectives and strategies aimed at elimination of LF and Oncho in Ghana. The meeting brought together Supply Chain Officers / Pharmacists, Regional Deputy Directors of Public Health, Regional NTD Focal persons and the National NTD team, which facilitated the training. The meeting also reviewed previous MDA performance by region and solutions to specific

regional challenges. At the end of the meeting, common timelines for MDA activities and reporting were agreed for each region.

- Drug distribution for LF, Oncho and STH was conducted in June-July 2014, in 167 districts. Reports from 159 (100%) districts have been received and the disease workbook has been updated.

Several advocacy activities took place during the reporting period:

- As part of 2014 MDA, a team from the END in Africa project made up of the Community Program Manager and the Communication Consultant took 2 journalists from TV3 around the Western Region to monitor the MDA and document news stories to be shown on TV. This was aimed at boosting public participation in the MDA and promoting the NTD program.
- After consistent advocacy by the NTD program, the Society of Private Medical and Dental practitioners (SPMDP) chose to use its 36th annual general meeting (AGM) to highlight the negative effects of NTDs and build the capacity of its members to identify, properly diagnose and manage NTDs.
- The 2014 World Health Day projected the importance of focusing attention on vector-borne diseases including malaria, LF, oncho and schistosomiasis. The week was commemorated in Ghana by the Ministry of Health and the GHS in an outdoor launch. The NTD program mounted an exhibition, and screened for LF using ICT cards. The event brought together the malaria program and its partners, the NTD program and its partners, and health professionals within GHS and the MOH. The Minister of Health called for the partnerships at all levels to work harder to control and eliminate vector-borne diseases in Ghana.
- The official launch of the NTD Master Plan and the celebration of USAID's one billionth global treatment was held at the Labadi Beach hotel on the 3rd of July 2014. The ceremony was used to honor 2 unsung NTD local heroes who have played pivotal roles at the community and program levels to improve Oncho control, and to showcase an NTD Ambassador selected for the country.
 - The launch was attended by the Minister of Health, Madam Sherry Ayitey and the Director of USAID Ghana, who represented the US Ambassador for Ghana. It was attended by dignitaries including the Director General of the GHS, Queen Mothers from the Ga State and other NTD partners.
 - As part of the NTD Master Plan launch, a symbolic MDA was organized in the La community to commemorate the 1 billionth global treatment and to launch this year's MDA against LF, Oncho and STH. The Minister of Health personally took the drugs and joined other dignitaries that administered NTD medicines to eligible persons.

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, FHI 360 was responsible for coordinating all technical and administrative support to sub-grantees and the NTDCPs for CB. It took the lead in providing assistance related to compliance with USAID requirements. In this regard, it strengthened the NTDCPs' and sub-grantees' capacity to manage projects, work planning, M&E, data, 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 Associates in 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.

NTD Technical Assistance

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

Table 3: UPDATED TECHNICAL ASSISTANCE PROVIDED IN 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 plans, experience in countries with advanced trachoma elimination programs	5 days	The national NTD program has indicated ITI is its preferred source ¹	Postponed: Will be addressed in a TAF/END in Africa training in Accra for all 5 countries in FY2015. Surveillance Framework currently under revision by USAID.
	Support to build capacity for program coordination and improve supply chain management of NTD drugs via: - training NTD drug managers in implementing standard operating procedures - supplying NTD drugs to health facilities.	End in Africa project	WP FY2014	Experts in drug supply chain management	5 days		Provided (will continue in FY2015)
	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	Postponed to FY2015: SOW being revised by the MOH and HKI after USAID comments.
	Training on Tool for integrated planning and costing (TIPAC)	End in Africa project	WP FY2014	Expertise on TIPAC	15 days	-	Provided
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	Provided

¹ 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 PROVIDED IN FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
						first quarter of FY2014	
	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	Provided (WHO has since provided another set of guidelines that are being prioritized in the country)
	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 epidemiological evaluations for oncho, the Kato Katz technique, pre-TAS and TAS.	The END project will work with the NTDP to coordinate the training; will include other NTD partners such as APOC, Noguchi and WHO	No longer needed as planned: The NTD Program Manager has decided to have the trainings before the surveys are implemented to ensure that the techniques learnt are not forgotten. There were trainings in FY2014 on the pre-TAS and TAS for LF. Training will be conducted in FY2015 for the SCH/STH survey.
	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 of the new M&E Officer that will be working with the GHS)

Table 3: UPDATED TECHNICAL ASSISTANCE PROVIDED IN FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
	Training NTD team in program planning, management and implementation	End in Africa project	WP FY2014	Expertise in planning, management and program implementation. Previous experience with USAID projects.	5 days		Provided
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 the TIPAC	End in Africa project	WP FY2014	Expertise on the TIPAC	15 days	-	Postponed by NTDCP to FY2015
	Training on supply chain management	End in Africa project	WP FY2014	Excellent knowledge of supply chain management at all levels	15 ² days	-	Provided
	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	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))

²The 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 PROVIDED IN FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
			WHO guidelines				
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		Postponed to FY2015 due to Ebola outbreak
	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 ³	M&E of NTDs	5 days		Postponed to FY2015 due to Ebola outbreak (Budget for this activity already approved by USAID in the FY2014 work plan, but will need to be moved to the FY2015 budget).
	Training on TIPAC	End in Africa project	WP FY2014	Expertise on TIPAC	15 days		Postponed to FY2015 (this was a decision by the NTDP manager since

³ 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), and HKI and the NTD program are requesting wider scale training at the national level 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 the national level.

Table 3: UPDATED TECHNICAL ASSISTANCE PROVIDED IN FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
							the training will last for 15 days
	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	Postponed to FY2015 due to Ebola outbreak
	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 ⁴	5 days		Provided
	Training on NTD Policy	WHO Expert ⁵	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	Postponed to FY2015 due to Ebola outbreak

⁴ FHI 360 maintains regular contact and collaborates with CNTD on END in Africa countries that they support. CNTD provides funding for basic maintenance of the laboratory in Sierra Leone and 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.

⁵ The NTD program has requested support from WHO, as WHO usually takes the lead in the development of country policies. FHI 360 will collaborate with the WHO expert.

Table 3: UPDATED TECHNICAL ASSISTANCE PROVIDED IN FY2014

Country	TA requested	Suggested source	Justification	Technical skills required	Number of days required	Comments	Status
						overall MOH budget.	
Togo	Training for the 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		Provided.
	Conduct follow-up surveys after a systematic review of the onchocerciasis program is conducted to confirm three existing areas and identify new areas of persistent elevated prevalence and determine 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 of onchocerciasis in 2014	Expertise in epidemiological evaluation of onchocerciasis	10 days	This TA will involve development of protocol and supervision of field activities	No longer needed: The way forward on this still has to be discussed with HDI and the MOH/NTDP. HDI is suggesting a series of operational research in collaboration with the Global Task Force for NTDs.
	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		No longer needed according to HDI/NTDP Togo

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:

- Supported Niger and Sierra Leone national NTD programs and implementing partners as they prepared to receive and clear 2014 PZQ consignments through customs. Documentation requirements were coordinated with FHI 360, 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.
 - Niger received a PZQ consignment of 16,000,000 tablets on May 5, 2014. Proof of delivery was received. Niger's 2014 PZQ shipment was sent as two separate shipments because it was from two different manufacturers. The first shipment was for 12,923,500 tablets and the second shipment was for 3,076,500 tablets.
 - Sierra Leone received a PZQ consignment of 7,000,000 tablets on June 18, 2014. Proof of delivery was received.
 - Ghana received a consignment of 6 M PZQ tablets from WHO, which will be used for the Fall SCH MDA.
- Youssouf Ouedraogo traveled to Burkina Faso (March 31 - April 4, 2014) to conduct a supply chain management situation analysis in collaboration with the Burkina Faso MOH and implementing partner (HKI), and to help identify immediate and long-term system strengthening needs. An action plan was developed for improving the NTD logistics management system in Burkina Faso. A summary of the situation analysis shows that the Burkina program needs to:
 - Strengthen the organizational capacity of stakeholders to manage pharmaceutical supplies by developing procedural manuals and training modules, and increasing the number of staff involved in logistical management.
 - Improve the performance of the NTD Logistics Management Information System (LMIS) by the end of 2016 through annual validation, training 120 workers in pharmaceutical logistics, and providing the program with management software.
 - Improve forecasting by repacking drugs after campaigns, performing an active inventory of stock, and organizing a workshop to forecast needs at all levels.
 - Implement inventory control procedures using essential logistics data management.
 - Improve NTD product storage practices and capacity at all levels of the health pyramid by strengthening the skills of warehouse workers and ensuring the destruction of bio medical supplies.
 - Improve the NTD product quality assurance process by the end of 2016 by annually allocating resources for systemic quality control, training more workers, and ensuring logistics audits are conducted after each MDA.

- More detailed information can be found in the trip report submitted to FHI 360.
- Youssouf Ouedraogo traveled to Burkina Faso (July 28-August 11, 2014) to assist the Burkina Faso MOH and implementing partner (HKI) with the development of SOPs and training materials in logistics management. Youssouf also helped train trainers on SCM content on August 6-10, 2014.
 - Over 22 participants attended, representing different stakeholders and including MOH staff involved in NTD drug management.
 - The technical working group developed draft SOPs based on the existing MOH documents and policies for drug management. and ensured that the SOPs were in harmony with the national drug management system. The SOPs address logistics management for the medicines used to treat NTDs, and cover procedures that should be followed through all levels of the system for a mass drug administration (MDA).
- Youssouf Ouedraogo traveled to Niger (August 25 – September 8, 2014) to assist the Niger MOH and implementing partner (HKI) in revising SCM training materials and LMIS tools used during MDAs and to conduct a SCM training of trainers for 35 participants. The specific objectives of the training were to:
 - Revise the training module to better develop the LMIS component.
 - Revise the summary register to take into account new LMIS data.
 - Revise the community distributor register to take into account new LMIS data.
 - Train actors in selection techniques, forecasting, and acquisition of medications.
 - Train actors in pharmaceutical vigilance monitoring and interpretation of information in regard to decision-making at each data collection level.
- In collaboration with HDI, JSI arranged for the HDI Logistics Officer in Togo to participate in a nine-day supply chain TOT that JSI conducted in Lomé, Togo on September 8-18, 2014. While the main focus of the training is on family planning logistics for the Togo system, many of the concepts are relevant for the NTD program. This presents a good opportunity to study the system in close collaboration with other Togo supply chain staff and to develop professional relationships to support future logistics efforts.
- Standard operating procedures (SOPs):
 - Sierra Leone's training curriculum and customized SOPs have been finalized. The revised SCM training curriculum content will be used during the MDA training that was planned for August 2014, but postponed due to the Ebola outbreak. At the time this report was prepared, the TOT had not yet been rescheduled.
 - Drafted a tip sheet for district level personnel that reviews their role before, during, and after an MDA and sent it to FHI 360 for review and consideration. JSI proposed that this tip sheet be printed and distributed during district level trainings. In addition, the tip sheet could be customized slightly for each END in

Africa country to capture each country's SOPs and ensure usage of country-specific vocabulary/terminology.

- Waste Management:
 - Proposed to FHI 360 that the JSI/DELIVER "Guide to HCWM for the CHW" be reprinted for distribution to trainers and district focal persons. The guide is too detailed for distribution at the CDD level, however.
 - Drafted a tip sheet on MDA waste management for CDDs and sent it to FHI360 for review and consideration. This tip sheet could be customized slightly for each END in Africa country to capture the SOPs for each country and ensure usage of country-specific vocabulary/terminology .
- JSI drafted and plans to print a tip sheet and waste management guide for every CDD at the district and central levels. Tip sheets will be distributed during FY 15.
 - The tip sheets break down the district personnel responsibilities before, during and after the MDA. Tips include: Sending the same batch numbers to each PHU to simplify tracking of medicines; arranging transfers if one community needs more medicine and another has too much; and consolidating leftover usable drugs by batch number before sending to the appropriate level.
 - The MDA waste management guide breaks down the CDD's responsibilities before, during and after the MDA. Tips include: using medicines that are first to expire; separating good, expired, and damaged medicines; and never putting expired or damaged medicines in the trash.
 - Both sheets have instructions for country-specific customization.
- JSI 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 FHI 360. The country programs submitted orders to FHI 360 via JSI, according to the following schedule requested by FHI 360:
 - By February 14, 2014, country programs submitted rough estimates to JSI for submission to FHI 360.
 - 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 FHI 360.

Table 2: PZQ Procurement FY 2015

COUNTRY	2015 PZQ ORDER QUANTITY	DESIRED DELIVERY DATE
Burkina Faso	20,753,567 tablets	Mid-December 2014
Ghana	20,701,876 tablets	Unknown at the time this report was submitted
Niger	17,000,000 tablets*	N/A*
Sierra Leone	4,119,347 tablets	March 2015
Togo	7,104,587 tablets	End of February 2015

* Niger is conducting a review of its SCH strategy and will define its need for PZQ in FY2016. The final figures are expected in November 2014.

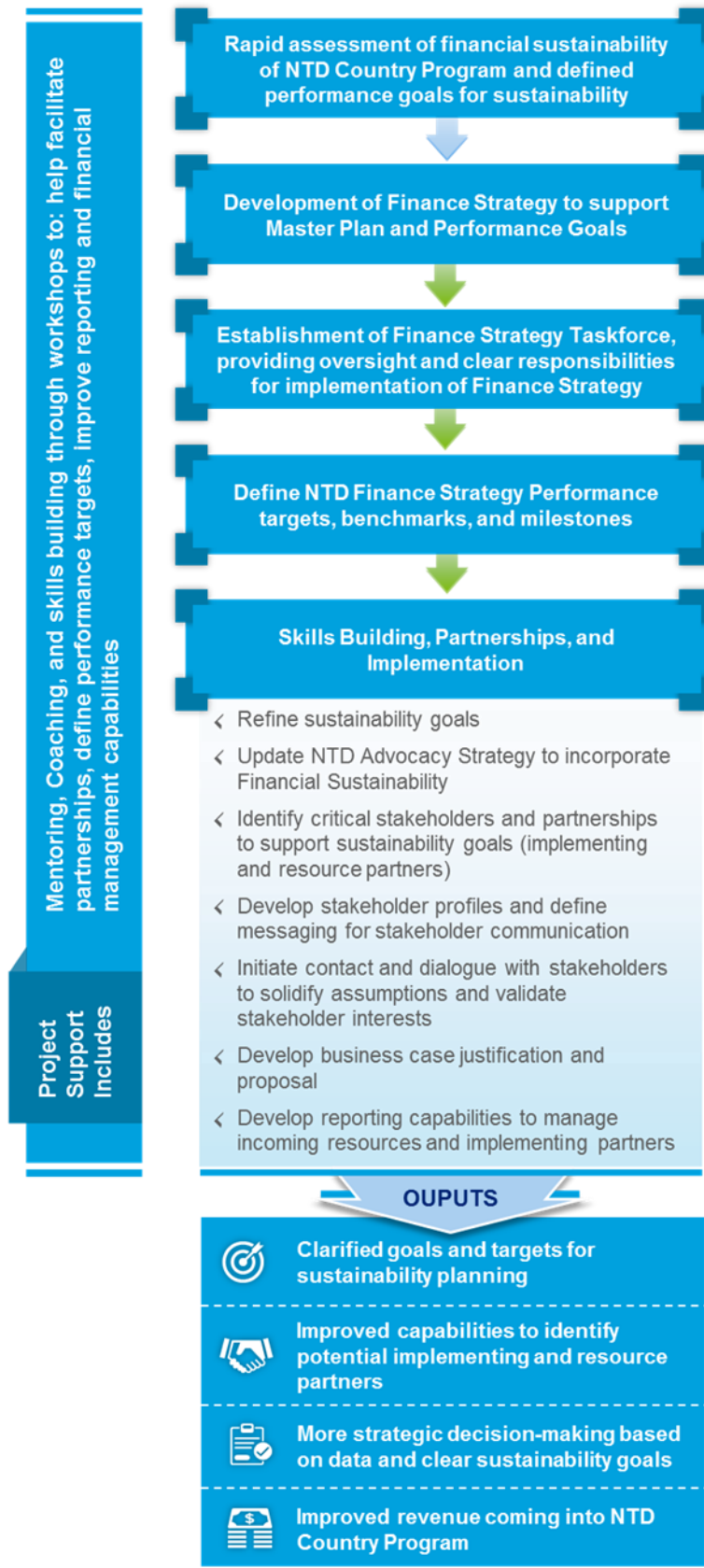
Financial Management

- Sustained and consistent funding is necessary for successful control and elimination of NTDs. Currently, USAID serves as the primary funding source for the END in Africa NTD Country Programs (NTDCPs). However in order to sustain achievements made and minimize future risks to the programs, there is an urgent need to diversify funding. Options for diversified funding include leveraging in-country resources, such as other government agencies and corporate bodies.

NTD Finance Strategies can help provide a framework for increasing the sustainability of NTDCPs through defining a roadmap for identifying resource needs and gaps, identifying resource mobilization opportunities, and diversifying funding sources. Enhanced government ownership, advocacy, coordination, and partnership can further support program stability and encourage synergies and efficiencies to meet NTD program targets for less money.

Previously, END in Africa worked with the GHS/NTDCP to assess financial gaps and needs that were affecting program effectiveness, and developed an NTD Finance Strategy. During the past 6 months, we have been focusing on helping the GHS/NTDCP execute the strategy.

The overarching approach to the NTD Finance Strategy and related sustainability framework can be found below:



To date, Deloitte has been working with the Program Manager and the GHS/NTDCP team to organize the team for successful implementation, accountability, and performance management. To do this, we helped them develop an NTD Financing Taskforce, led by Dr. Nana Biritwum, Program Manager. In collaboration with Dr. Biritwum, we helped the Taskforce develop and approve terms of reference (TOR), which include overseeing finance strategy execution. The process used to establish the Taskforce, draft and approve the TOR, and define performance targets related to finance strategy execution, helped to empower the Taskforce team and build momentum and ownership around the process of improving the financial stability of the NTD program. The Taskforce had a kickoff meeting in March 2014, in which the team reviewed the NTD Finance Strategy and committed to the action plan.

The project supported the following specific actions of the NTD Financing Taskforce:

- Conducting resource tracking to clearly understand the resources needed to support the NTD Master Plan, the sources of various resources, and resource gaps for NTD Master Plan execution. Much of this data was available through sources such as the TIPAC; however, it was not being used for planning, strategizing, implementation and decision-making. The project enabled the Taskforce to understand the data, and translate it into information to help guide decision-making.
- Defining performance objectives for the NTD Finance Strategy and the Performance Measurement Plan (PMP), which identified critical targets for monitoring how the finance strategy affects NTDCP performance. This activity has helped the Taskforce and NTD team members understand the importance of performance management, ensuring that monitoring and evaluation activities focus on performance and impact, rather than on process indicators.
- In July 2014, the project's "Sustainability Planning and Business Case Development" workshop helped the GHS/NTDCP to align its NTD Finance Strategy objectives with tangible actions and identify the skills required to fill financial gaps and sustain programming efforts. The 5-day workshop included practical, hands-on mentoring, support and guidance to help the GHS/NTDCP:
 - Refine sustainability goals.
 - Update its NTD Advocacy Strategy to incorporate Financial Sustainability.
 - Identify critical stakeholders and partnerships to support sustainability goals (implementing and resource partners).
 - Develop stakeholder profiles and define messaging for stakeholder communication.
 - Initiate contact and dialogue with stakeholders to solidify assumptions and validate stakeholder interests.
 - Develop business case justification and proposals.
 - Develop reporting capabilities to manage incoming resources and implementing partners.

In addition, the END in Africa project organized a private sector panel discussion, which included key decision-makers from local social investors. The panel of participants represented organizations including: CAL Bank, Uni Bank, Volta River Authority and the Kufuor Foundation.

The panel provided an opportunity for the GHS/NTDCP to: expand its network to potential resource partners, learn from social investors about their interests and how they make social investing decisions, and understand the process for requesting investments in the NTD program.

In addition, the debrief from the panel discussion helped hone the following points: each stakeholder has a different interest in the NTD project portfolio, and the way in which the business case is developed, aligned to stakeholder values, and articulated (i.e. the “ask” message), will have critical implications on the success of the request.

To illustrate, a participant asked one of the panelists if they would ever fund volunteer lunches and transport. There was a quick response from the panelist, indicating that he likely would not be interested in funding this. However after further dialogue from the workshop facilitator about supporting volunteers who are implementing the MDAs, providing shirts with stakeholder logos, and covering costs to ensure volunteers are satisfied (and therefore increase the number of individuals with whom they interact and expose said logo), the stakeholder shifted his perspective and was keen to continue the dialogue about potential support.

Aligning messages with stakeholder interests was one of the key takeaways from the workshop (based on the post-workshop survey). The workshop was led by Deloitte Consulting, with technical input from the Global Network for NTDs on the overall agenda and the advocacy session.

- Strong financial management systems are critical to the sustainability, effectiveness, and efficiency of NTD program delivery. These systems improve resource planning and needs-based financing procedures; enable more effective resource allocation for drug procurement and other program needs; enhance the integrity of internal controls, thereby enhancing transparency and accountability; and enable the measurement of program financial performance and return on investment.

Further, strong financial management allows for the scaling-up of integrated MDAs and promotes country ownership, as countries are empowered to ensure compliance with national and donor standards, supporting the transition to direct funding to governments to manage and support NTD programs.

Given the new USAID guidance to use FOGs for implementing second-tier sub agreements with the Ministry of Health, it is necessary to reinforce the NTDCP’s capacities in developing,

managing and implementing this assistance instrument, as well as improve its financial management systems more broadly for sustained compliance. Developed in consultation with the NTDCPs and HKI in Sierra Leone and Niger, Deloitte Consulting prepared a series of modules on: (i) FOG implementation, (ii) Basic accounting principles, and (iii) financial management performance, to help the NTDCP and collaborators at decentralized levels to improve NTDCP capacity in budgeting, costing, accounting, internal controls, and performance management around the FOGs. The 5-day workshop has built local ownership and helped strengthen MDA execution.

The specific objectives of the FOG workshops were to:

- Ensure better understanding of country responsibilities in managing MDA resources in the context of FOGs.
- Better standardize policies and improve their use for project management and governance.
- Strengthen organizational governance, reliability/credibility and accountability of the Togo NTDCP in implementing MDA activities.
- Reduce financial management risks and improve risk prevention and early fraud detection mechanisms.
- Improve operational effectiveness and efficiency in implementing NTD country action plans.
- Develop basic Excel skills for financial management.

The following topics were addressed during the sessions:

- Transaction Processing Domain – with a focus on assessing the financial transaction environment that facilitates reliability, availability, and consistent, fast response times in NTD program implementation. Parameters taken into account included project accounting, routine financial reconciliations, general accounting, treasury and cash flow planning, and travel and expense processing.
- Financial Control and Documentation - with sub-parameters such as sustained compliance, risk management, financial documentation, internal controls and assessment management, monitoring and 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 affecting NTD programs. Performance areas include process reliability, agility, responsiveness, and cost/efficiency. They will be applied across the various aforementioned capacity domains so that NTDCPs can monitor their own performance and take action toward continuous process

improvement. The training program emphasized the need for key performance indicators and an action plan for indicator implementation.

The approach for the FOG workshops was founded on best practices in financial management skill-building, 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 NTDCP performance is affected by improved financial management systems. This is a more robust approach to ensure that the financial and FOG management systems contribute to service delivery.

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 FY2015 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.

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

Burkina Faso

- In-country partnership efforts to combat NTDs in Burkina Faso continue to function effectively and assist the National Program in carrying out its program activities on time and within international standards. In order to expand these partnerships, two new initiatives were undertaken in FY14:
 - The National NTD Program conducted an integrated TAS+STH survey in collaboration with the Task Force for Global Health, which demonstrated that it is possible to carry out surveys conjointly and also reduce costs, both in terms of personnel and financial resources. It also reduced costs for survey supervision, vehicle rental, and fuel. Future partnerships with other organizations may further assist the National Program in conducting disease-specific evaluations.
 - The WASHPlus pilot project is underway, in collaboration with FHI 360 and with financial support from USAID, to accelerate NTD control or elimination. This project will improve the knowledge of the target populations on WASH (individual and community hygiene, and behavior change to prevent STH, trachoma and SCH in some of the most endemic areas of Burkina Faso), as well as bolster MDA efforts against these NTDs, which began in Burkina Faso in 2001 (with USAID support since 2007).

- An integrated TAS+STH survey was conducted in the Centre-Nord region, which showed cost-efficiencies in terms of personnel, logistics, fuel and financial resources. Evaluation surveys were conducted in the Center-North region; specifically, the TAS and STH survey.
- The WASHPlus initiative will help ensure that gains made through END in Africa-supported MDAs, particularly for trachoma, SCH and STH, are not lost once MDA stops. The complementary activities provided through WASHPlus, including information and advocacy on water, hygiene and sanitation, support the control and elimination goals and obviate the need for END in Africa to seek funding to provide these services.

Niger

- A work meeting with a World Bank team and all NTD and Malaria partners was held in June to discuss the new NTD/Malaria project. It was a contact-making meeting with NTD partners to develop a project to fill funding gaps in three countries (Niger, Burkina Faso and Mali).
- A work meeting was held with the SCI team in August with support from the PNLBG, to discuss the revitalization of the partnership to strengthen the fight against SCH and intestinal worms. During this meeting, the necessity of sharing data on field activities with PNLBG partners and preparing for the SCH experts meeting in November 2014 was discussed.
- A work meeting with Doctors Without Borders (MSF) was held in August, aiming to extend MSF's scope of interventions to include NTD control. The aim of the meeting was to present the HKI NTD program and financial gaps. This meeting also focused on sharing HKI's experience in mass drug distribution strategies for NTD control in the communities.
- A study visit was made by Handicap International-Burkina Faso (HI) in June to learn about lymphedema management (washing) from Niger, during which HKI Niger introduced HI staff to PNDO/EFL.
- A partnership meeting was held by HKI and RISEAL in August to share information and to harmonize and coordinate SCH field activities.

Sierra Leone

- Two NTD partners' meetings were held in April and May 2014, with participation of NTDP, HKI, Sightsavers and WHO. These meetings were held to bring partners together to improve NTDP coordination. The discussions were centered around national advocacy targeting the parliamentary health committee to increase support for NTD programs.
- The National School and Adolescent Health Program (NSAHP) continues to support the NTDP's SCH and STH program. The water sanitation and hygiene (WASH) program of the NSAHP is an area for possible collaboration toward NTDP targets of SCH elimination and STH control. NTDP and NSAHP had planned to integrate messages on SCH and STH into WASH programs with support from UNICEF; however, this has been greatly hindered by the current Ebola situation in the country. There are still plans to embark on this as soon as normal health activities resume.

Togo

- The MOH is developing partnerships with other organizations to participate in integrated MDA. It collaborated with UNICEF during the April/May MDA to deliver albendazole and vitamin A to preschool-aged children. There is much to be gained from an expanded integration network, and we are optimistic that the MOH can further expand successful integration of community activities.
- Collaborations among the Integrated NTD Program, HDI-Togo, and the Onchocerciasis Program are being strengthened as a first step to moving toward onchocerciasis elimination. The MOH, HDI, and Onchocerciasis Program participated in a partners meeting in Accra; and since that meeting, they have discussed ways to further insert onchocerciasis into the integrated platform, including collaborative development of detailed, integrated implementation plans at the central level to distribute medications and analyze data.
- Collaboration with the WASH sector has led to the recent incorporation of a new page in the educational flip chart that describes improved WASH practices, as well as increased interest in collaborating on additional integrated activities. The MOH is also actively seeking to collaborate and integrate with other NTD programs, such as noma and buruli ulcer.

Ghana

- The NTD program is implemented in partnership with government agencies such as the Ghana Education Service, the Volta River Authority and Municipal and District Assemblies. Other partners are WHO, APOC, Liverpool Centre for Neglected Tropical Diseases (CNTD), Partnership for Childhood Diseases (PCD) and the United States' Centers for Disease Control and Prevention (CDC).
- Liverpool CNTD supported the program with funding, supplies and technical capacity to conduct a three-day training on TAS from January 20-22, followed by integrated implementation of TAS and the STH survey in the Twifo Praso district, which was coordinated by CDC. Sightsavers and APOC funded the second round of Oncho treatment. The West Africa Morbidity Project supported morbidity control and management activities, which included training on hydrocele surgery for medical officers at the Tamale West Hospital and lymphedema management. Under this support, 10 medical doctors were trained on hydrocele surgery. Five hydrocele and 13 hernia surgeries were performed and 50 lymphedema cases were managed.
- The 2014 World Health Day focused attention on vector-borne diseases including malaria, LF, oncho and SCH. The event brought together the Malaria program, the NTD program and partners, as well as health professionals within the GHS and the MOH. The Minister of Health called for partnerships at all levels to work harder to control and eliminate vector-borne diseases in Ghana.

Monitoring and Evaluation

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

Key M&E activities undertaken within the last six months are classified into the following 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 Senior M&E Technical Officer continued to liaise with country program and other NTD partners to ensure appropriate execution of M&E activities for NTD Control Programs. The main accomplishments for this reporting period were as follows:

- In collaboration with USAID-RTI and FHI 360, the Senior M&E Technical 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 comments were developed and discussed by reviewers before sending feedback to respective countries.
- The Senior M&E Technical Officer provided clarifications to pending questions regarding the FY13 workbooks. Most of the questions were country specific and required a better understanding of the country background. All FY2013 workbooks have been submitted to USAID and RTI. Ghana, however, mentioned that APOC had conducted the second round of MDA for Oncho for FY2013 in April 2014. Ghana will update the FY2013 workbooks when ready.
- Worked closely with JSI staff to review country estimates of PZQ for FY15.
- Provided inputs necessary to respond to a GET2020 request to END in Africa.

Country specific details are below:

Burkina Faso

There were minor delays in the execution of TAS1 in Burkina Faso due to the late arrival of ICT cards. However, MDA for LF-Oncho-STH was executed in September 2014 and data are yet to be

validated. The only available data for Burkina Faso were collected during the February MDA for LF-Oncho-STH in 4 highly endemic districts in South West region, the April MDA for SCH, and the May MDA for trachoma.

A second LF-Oncho-STH MDA was conducted in September 2014. END in Africa will work with the sub and the MoH to report data for that MDA in the workbooks as soon as possible.

TAS1 in the regions of Nord, Cascades, Haut-Bassins was delayed due to the late arrival of PZQ. These assessments should resume soon.

As a reminder, the 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 FY 2015.

Ghana

In Ghana, MDAs for LF-Oncho-STH and SCH were executed as expected. MDA for SCH was delayed due to the unavailability of Praziquantel. Fortunately, a consignment of 4,500,000 PZQ tablets arrived after 2 years of shortages. SCH treatment is expected to occur in October and November 2014. Additionally, MDA for trachoma in the last trachoma endemic community will be held in November 2014. DSAs were also conducted as expected.

Ghana has new geographical re-demarcations, which bring the number of administrative districts from 170 to 216. Also, the names or spellings of some districts have changed, which has delayed the uploading of the Ghanaian workbooks into the NTD database. END in Africa is providing input to RTI in order to update the database with Ghana's new names/spellings. The database should be functional for uploading Ghana's workbooks soon.

Similarly, APOC conducted the second round of MDA for FY 2013 in the 45 highly Oncho endemic districts in April 2014. END in Africa will make sure that the 2013 workbooks are updated.

Niger

In Niger, results for the MDAs for LF-SCH-STH and trachoma have been reported to FHI 360 and USAID. Transmission Assessment Surveys in 6 health districts, Pre-TAS in 2 HDs, a SCH and STH survey in 2 HDs, a trachoma impact survey in 7 HDs, and an Oncho survey in 3 HDs were implemented at the end of September 2014. Results for these assessments should be released soon. In addition, the results of the respective mapping and remapping in Arlit and Filingue are official now. Arlit will start MDA for LF in FY2015 but in Filingue, the prevalence of LF was below the treatment threshold, suggesting that no treatment is needed for that district.

Similarly, END in Africa is awaiting the results of the trachoma mapping in Agadez region.

An SCH Expert Committee will meet in November to determine new strategies for SCH treatment in Niger. END in Africa will participate in that meeting.

Sierra Leone

In Sierra Leone, nearly all NTD activities have been delayed due to the Ebola epidemic. Only treatment data for the MDA that was conducted in November-December 2013 are available.

Major NTD activities have been suspended/ postponed due to the escalation of the Ebola outbreak. END in Africa sympathizes with Sierra Leone and hopes that NTD activities will resume soon, when the epidemic is under control.

Togo

In Togo, MDA for Oncho-SCH-STH was successfully conducted in all endemic districts, but data is not available at this time. Data from the Oncho-SCH-STH MDA has not yet been submitted to FHI 360. Like in other countries, END in Africa will ensure that data is reported in reasonable time to all stakeholders. No assessment was expected in Togo in this reporting period.

The Togo MOH is preparing the dossier to confirm LF elimination if TASII is successful in FY 2015. The MoH hopes that WHO will confirm the elimination, although ongoing onchocerciasis treatment with ivermectin may be a barrier to verification.

Data Management and Dissemination

All 5 country 2014 workbooks have been submitted to USAID.

A total of 68 health districts did not report data during this reporting period. Among these were 48 health districts from the LF-Oncho-STH MDA in Burkina Faso (conducted September 17-24, 2014), 32 health districts for Oncho-SCH-STH MDA. That said, the M&E Specialist compiled the available data, which is presented in figures and tables below.

Routine Program Monitoring

FHI 360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. FHI 360 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 country M&E activities on a regular basis. Information was collected through phone calls, monthly reports, workbooks, work plans and emails.

Overall, END in Africa treated 255 health districts for at least one NTD in fiscal year 2014. END in Africa is awaiting data submission from 68 health districts; however, data from the 255 health districts indicate that 28,735,092 people were treated for at least one NTD, which corresponds to 53,321,299 treatments provided during FY2014. Approximately 18,971,498 people were treated for LF; 6,016,106 people for Oncho; 6,090,933 people for SCH; 14,938,381 people for STH; and 7,304,380 people for trachoma.

MDA

In Burkina Faso, MDAs for SCH and trachoma were successfully conducted in April and May 2014, reaching every endemic district, notably 44 SCH endemic districts and 5 trachoma health districts. During the schistosomiasis MDA, a total of 4,175,713 school-aged children, including 2,111,329 (51%) girls, were treated. The trachoma MDA provided PCT to a total of 1,093,486 persons, of whom 561,897 (51.4%) were female. MDA for lymphatic filariasis in 37 HD was planned for September 12-17. Data is being compiled now. Trachoma impact assessments were successful in all 4 eligible health districts (Banfora, Boulmiougou, Do and Lena). TAS was conducted in 11 health districts in FY15 (Nouna, Solenzo, Toma, Tougan, Barsalogo, Boulsa, Kaya, Kongoussi, Koudougou, Nanoro, and Reo), all of which have met the criteria to stop MDA. However, pre-TAS was unsuccessful in all 6 eligible health districts. MDA for LF will continue in these 6 districts for at least 2 years.

In Ghana, MDA for LF-Oncho-STH occurred in June and July 2014, reaching 6,506,324 people for LF-STH, including 3,417,213 females. A total of 3,238,350 people, including 1,687,482 females, received PCT for Oncho. In total, 167 health districts were covered during that MDA. A “catch-up” MDA also took place during this reporting period, representing the second round of FY2013 MDA for Oncho, which was delayed in 45 hyperendemic districts due to funding challenges at APOC. This MDA was finally conducted in April 2014. The 2013 workbooks will be updated accordingly.

Districts assessments were conducted from January to April 2014; 7 out of the 12 health districts that undertook pre-TAS were declared eligible for TAS in FY2015. The remaining 5 health districts failed the pre-TAS and thus, will continue MDA for at least 2 years. As we mentioned in SAR 7, the 64 health districts that undertook TAS in FY2014, passed the assessment and thus, will not conduct MDA in FY2015.

Ghana expects to treat its last trachoma-endemic district one last time before seeking confirmation of elimination from WHO. This is the last of three rounds of drug distribution for the last of the 8 hotspot communities discovered during trachoma surveillance in 2010. This MDA will be conducted in November 2014; data will be used to update the 2014 workbooks.

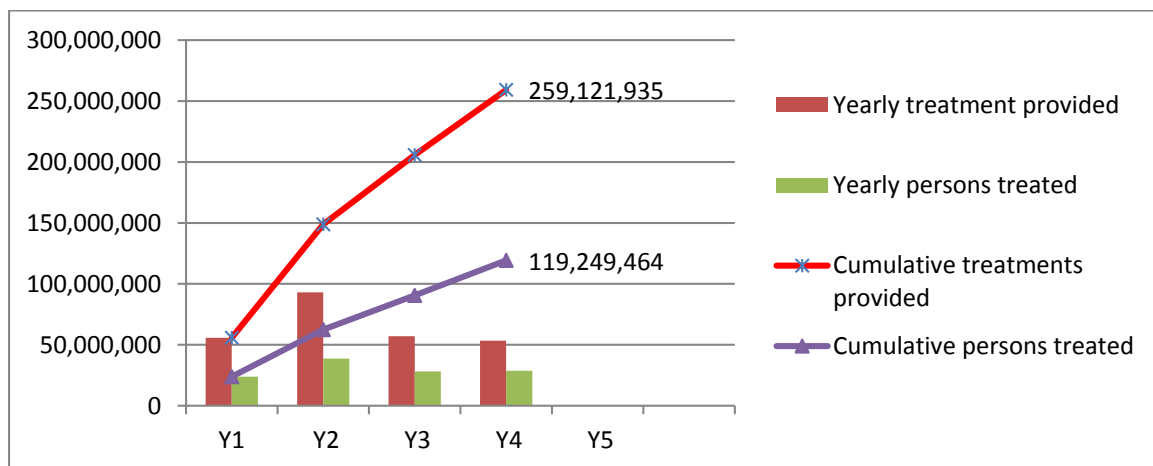
In Niger, the MDA for LF-SCH-STH and trachoma was conducted from January to March 2014, but results were submitted during this reporting period. A total of 7,736,758 persons, of whom 3,884,453 were females, were treated for LF; 1,915,220 people, including 1,108,230 females, were treated for SCH; 8,760,467 people, among whom 4,394,141 were female, were treated for STH; and 6,210,894 people, of whom 3,255,345 were female, were treated for trachoma. Baseline mapping of Arlit and remapping of Filingué showed 1.3% and 0% microfilariemia prevalence, respectively. Consequently, Arlit will start MDA in FY15, but MDA is not needed in Filingué. In addition, the four districts of Agadez were mapped for trachoma. Results of this mapping are not yet available.

In Sierra Leone, the major NTD activities (MDA for SCH-STH in 12 health districts (other than Western areas), MDA for LF-STH in Western Areas, and TAS in 8 health districts) have been postponed to the Ebola outbreak. On July 30, 2014, the government of Sierra Leone declared a “state-of-emergency” for nearly 3 months, complicating predictions on when NTD activities may resume. Nonetheless, we have results for the MDA that was conducted in November-December 2013, in the 12 health districts targeting LF-Oncho-STH. During that MDA, 4,091,497 persons, among whom 2,069,472 were female, were targeted for LF-STH; and 2,667,365 people, of whom 1,353,343 were female, were targeted for Oncho.

In Togo, the main MDA for Oncho-SCH-STH was conducted in April and May 2014. Data analysis for that MDA is ongoing and results will be available soon. Nevertheless, we have the results of the MDA that was conducted using USAID funds in November 2013, which reached 230,967 people, among whom 115,006 were women, in the 4 STH high-endemic districts. Eleven other districts were treated for Oncho with MOH funding, reaching 871,066 people.

The graph below provides the total population treated and the number of treatments provided since the inception of the END in Africa project, by year and cumulatively.

Figure 1. People treated and treatments provided by year and cumulatively.



As we can see in this graph, the cumulative number of people treated for at least one NTD through END in Africa is nearly 120,000,000, while the cumulative number of treatments provided is over 260,000,000.

After 2012, the number of people treated and the number of treatments provided has decreased, as the number of districts stopping MDA has increased (table 8). The difference in the number of people treated and number of treatments provided in FY2013 and FY2014 is slightly noticeable for a few reasons: 1) Sierra Leone was unable to conduct TAS in 8 eligible districts due to the Ebola outbreak; 2) 6 out of the 9 health districts that conducted TAS in 2013 Niger did not pass; 3) the results for Niger’s TAS FY2014 are not yet reported; 4) the 75 health districts (64 in Ghana and 11

in Burkina Faso) that reached the criteria for stopping MDA will stop MDA in 2015' and 5) Niger conducted MDA only in 2 health districts in FY2013. In the first program year, however, Ghana did not conduct MDA due the lengthy transition from RTI to END in Africa, and the late signing of the contract with the latter.

In year 2, MDA for schistosomiasis was delayed in 4 END in Africa countries due to manufacturing capacity constraints at the pharmaceutical company that was contracted to produce and supply praziquantel.

In year 3, Niger conducted MDA only in 2 districts (Mahayi and Guidan Roumdji) and Ghana did not conduct MDA for SCH. Treatment of SCH in Ghana will resume this year (2015). Program coverage at the national level was quite high in all countries. We noticed low national program coverage only in Ghana, where LF program coverage was 69.4%. At the district level, low program coverage was noticed in 1 health district (treating SCH) in Burkina Faso, in 16 health districts for LF and 1 health district for Oncho in Ghana; and in 5 health districts for LF, 2 districts for SCH and 4 districts for trachoma in Niger.

Finally, it's worth noting that no country has reported any SAEs in FY2014.

Impact Assessment

To measure the impact of MDA on disease prevalence, the NTDCPs supported the following DSAs:

- Pre-TAS was conducted in 18 health districts: 6 in Burkina Faso and 12 in Ghana. The 6 HDs in Burkina Faso failed the assessment. In Ghana, 7 out of 12 HDs passed the TAS. Niger is currently conducting Pre-TAS in 2 health districts.
- TAS was conducted in 75 health districts: 11 in Burkina Faso and 64 in Ghana. TAS was successful in all 75 health districts. TAS is ongoing in 6 health districts in Niger. In Sierra Leone, TAS in 8 health districts was postponed due to the Ebola epidemic.
- TAS1 will be conducted in 9 health districts in Burkina Faso. Results will be released and the workbooks updated as soon as official results are available.
- District-level trachoma impact surveys: 11 health districts were expected to conduct trachoma impact surveys: 4 in Burkina Faso and 7 in Niger. The trachoma impact survey is underway in Niger. In Burkina Faso, the results of the trachoma impact survey indicate that the assessment was successful in the 4 health districts.
- Niger also conducted an SCH-STH evaluation in 2 health districts. The Expert Committee meeting to be held in November 2014, will realign the SCH treatment strategy with WHO guidelines.

Overall, 113 out of 213 LF endemic health districts have stopped MDA, and 75 out of 100 trachoma endemic health districts have stopped MDA, which brings the number of districts to be treated in FY2015, to 100 for LF and to 25 for trachoma.

Training

In this reporting period, 102,969 people were trained to conduct and/or supervise MDAs, or to perform other M&E related activities. Training sessions were cascaded and organized mainly around MDA activities. Many districts, especially those in Niger, did not disaggregate trainee data by gender. A reminder was sent to Niger, as this is mandatory from USAID's perspective. Available data suggests that nearly one-third of the trainees were female (21,840 out of 75,141). 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. During the END in Africa partners meeting held in Accra in April 2014, it was noted that a large number of districts in the supported countries are stopping MDA for LF and Trachoma (50% of districts targeted for LF and 75% of districts targeted for Trachoma). The END in Africa project has therefore prioritized capacity building in post-MDA surveillance for LF and Trachoma. During the reporting period, the END in Africa project collaborated with the ENVISION project to prepare presentations on post-MDA surveillance for LF and Trachoma, based on current WHO guidelines on the 2 diseases and the experience in post-MDA surveillance in the 5 END in Africa countries. These guidelines are currently being discussed with the USAID NTD team so that countries will be adequately supported to establish effective post-MDA surveillance systems for LF and Trachoma in FY2015.

Knowledge Management

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

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

Major activities completed during the semester:

- Coordinated; researched, wrote and/or edited; and produced a series of 25 country profiles outlining the USAID NTD Program's achievements and activities in each country.
- Coordinated; researched, wrote and/or edited; and produced a series of 44 NTD unsung hero profile texts, each with one or more visual elements, such as photos and videos, to recognize the efforts of the many thousands of volunteers and health professionals who contribute to the work of the USAID NTD Program in their respective 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 9 success stories and articles. See below for the publication schedule. These included:
 1. [Burkina Faso Restructures National Schistosomiasis Treatment Strategy Using Recommendations from Experts Meeting](#)
 2. [One Billion NTD Treatments and Counting](#)
 3. [Surveillance, Sustainability among Topics Discussed at Spring 2014 END In Africa Partners Meeting](#)
 4. [From Standardized to Just the Right Size: Customizing Standard Operating Procedures for NTD Supply Chain Management](#)
 5. [Ghana launches NTD master plan, mass drug administration campaign, celebrates billionth NTD treatment](#)
 6. [Celebrating USAID's Billionth Global NTD Treatment in Burkina Faso](#)
 7. [Ghana's 2014 MDA Showcases Efficiency Advances, Areas for Improvement](#)
 8. [As NTD progress improves, Niger celebrates USAID's billionth global NTD treatment](#)
 9. [Delivering critical NTD treatments in Africa \(this article was prominently featured on FHI360's homepage for several weeks\)](#)
- Composed, posted and tracked approximately 50 tweets on the END in Africa Twitter account aimed at broadening the reach of USAID's Billionth Treatment celebration activities as well as END in Africa's success stories, innovations and news; raising awareness about project results, best practices, and lessons learned; engaging and strengthening alliances with partners and colleagues in the NTD community; and increasing interaction and information exchange with the public and the NTD community.
- Between March 11, 2014 and September 17, 2014, the END in Africa website had 1,423 total visits, who viewed a total of 3,104 pages. Of these visitors, 1,065 were "unique visitors" (meaning first-time visitors); the remaining 358 were repeat visits from people who had visited the website previously at least once. This represents a 15% increase in overall website

usage, a 15% increase in first-time visitors, and among existing users, increased usage of 11%, as compared to the last semester.

- END in Africa's influence in the Twittersphere has grown by 40% between March 10, 2104 and September 17, 2014, increasing from 169 to 236 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 27 times in tweets by other organizations; and 10 END in Africa tweets were retweeted by others.
- Actively promoted and participated in online USAID NTD Program Billionth Treatment Campaign launch on social media using the #1BforNTDs hashtag leading up to and on May 8, 2014. Continued promoting subsequent campaign-related events in Ghana, Burkina Faso, and Niger in social media, email communications, blog pieces and NTD community networking forums.
- Updated END in Africa's SharePoint site with photos, videos and KM-related content.
- Added new photos to the [PhotoShare](#) photo repository as well as incorporated appropriate descriptive data, identifiers, and credit information for each photo. 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.
- Updated and expanded END in Africa's contact and information dissemination database; used this database to disseminate key project success stories and articles of interest throughout the semester.
- Continued to coordinate, support and maintain the END in Africa article publication schedule and tracking tool. The tool ensures timely, well-researched, effective dissemination of information on the successes of project implementation in the beneficiary countries, including success stories, lessons learned and best practices. It is used to track publications submitted in peer-reviewed journals, as well as technical articles and blog posts. More specifically, the project team is using the tool to identify, schedule and track the progress of articles as they move from the conception stage to final publication; it is particularly useful for ensuring the integrity and accuracy of articles and publications requiring input, collaboration and approval from multiple parties.

- Wrote and disseminated three issues of the END Notes e-newsletter to the END in Africa contact email list. The e-newsletter serves as a tool for disseminating END in Africa's accumulated project knowledge, as well as for engaging and collaborating with partners and others in the NTD community on issues of shared concern.
- As a founding member of the NTD Communicators Google Group, actively contributed to group discussions and promoted the group to others in the NTD community. The group aims to increase collaboration among knowledge and communications managers through information and network sharing, cross-promotions, and creation of synergies.
- Worked with staff from the Sabin Vaccine Institute to expand collaboration and joint communication efforts. Monitored the Institute's efforts to advance NTD Legislation and the Post-2015 MDG agenda as it relates to NTDs.
- Worked with staff from Publichealth.org to expand the reach of END in Africa publications through that organization's website.
- Participated in weekly Billionth Treatment campaign meetings to coordinate on communication and other activities carried out in USAID NTD Program countries.
- Responded to public requests for information on the END in Africa project.
- Worked with USAID NTD Senior Communication Advisor Rabab Pettitt and other USAID NTD Program staff to develop and provide content for USAID NTD communication efforts. In addition to 25 country profiles and 44 unsung hero biographies, the communications products that were produced by END in Africa or with END in Africa editorial and/or production support included 15 posters for the September 17, 2014 USAID NTD Program DC Billionth Treatment celebration; USAID's main Billionth Treatment (1BT) Campaign video, along with coordinating its transcription and subtitling in French; and items for the country toolkits such as the social media strategy, press release, and USAID NTD backgrounder
- Coordinated with sub-grantees and the Ghana country team to produce, translate, subtitle and publish on the END in Africa website seven [videos of unsung heroes and program beneficiaries](#) in Togo, Ghana, Sierra Leone and Burkina Faso. The videos have also been posted on FHI360's YouTube video page, increasing the END in Africa project's visibility and public following.

Table 4: Final Publication List for FY2014 (Oct 2013 – Sept 2014)

S. No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Responsible	Comments
			PRP	A	B			
1.	Review of schistosomiasis and soil transmitted helminthiasis situation in Ghana sheds light on promising new treatment strategies	Based on a review workshop conducted in Ghana for schistosomiasis and soil transmitted helminthiasis (STH)			Yes	Oct 2013	JBK and Kathy	Published on the END website
2.	NTD Program Refresher Training Makes Sense: The Case of Sierra Leone	Based on a refresher training before MDAs witnessed in Sierra Leone			Yes	Nov 2013	JBK and Kathy	Published in the END website
3.	Journey toward Lymphatic Filariasis Elimination in Sierra Leone	Based on observations made during pre-TAS in Sierra Leone			Yes	Dec 2013	JBK and Kathy	Published in the END website
4.	Building capacity: On-the-job training improves storage of NTD medicines in Sierra Leone	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
5.	Cross-Border Collaboration for NTD Control in 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
6.	Findings from supply chain rapid assessments improve odds for MDA success	Interview with JSI Senior Public Health Specialist Paula Nersesian on how SCM rapid assessments improve MDA efficiency by identifying strengths and weaknesses in the chain prior to MDAs.			Yes	Mar 2014	Kathy and JSI	Published on the END website
7.	Burkina Faso Restructures National Schistosomiasis Treatment Strategy Using Recommendations from Experts Meeting	Outlines how Burkina's NTDP is updating its SCH treatment strategy to reflect WHO recommendations.		Yes		Apr 2014	JBK and Kathy	Published on the END website

8.	Surveillance, Sustainability among Topics Discussed at Spring 2014 END In Africa Partners Meeting	Recaps the highlights and main issues discussed at the Spring 2014 END in Africa Partners Meeting in Accra.			Yes	Apr 2014	JBK and Kathy	Published on the END website
9.	Delivering critical Ntd treatments in Africa	Blog written in collaboration with FHI 360 Corporate Communication outlining END in Africa's work and contribution toward USAID's billionth NTD treatment efforts.			Yes	May 2014	Kathy and Corp Comm	Published on the END website
10.	JSI article on the SCM SOPs	Describes how END in Africa is working with national NTDPs to adapt and customize SCM SOPs to their unique country circumstances.		Yes		June 2014	JSI and Kathy	Published on the END website
11.	Celebrating the 1Bth treatment for neglected tropical diseases in Ghana	Recaps the events and highlights of Ghana's national NTD master plan launch and billionth treatment campaign celebration.			Yes	July 2014	Debbie K and Kathy	Published on the END website
12.	Celebrating the 1Bth treatment for neglected tropical diseases in Burkina Faso	Presents highlights from Burkina Faso's billionth treatment campaign activities and celebration. Includes links to videos of an NTD unsung hero and a young END in Africa program beneficiary.			Yes	Aug 2014	Kathy	Published on the END website
13.	Ghana's 2014 MDA Showcases Efficiency Advances, Areas for Improvement	Provides an inside view into Ghana's 2014 MDA campaign and identifies successes and lessons learned. Includes video in addition to blog.		Yes		Aug 2014	Debbie K and Kathy	Published on the END website
14.	As NTD progress improves, Niger celebrates USAID's billionth global NTD treatment	Describes Niger's celebration of USAID's billionth NTD treatment and recognizes the country's unsung NTD heroes.			Yes	Sept 2014	Kathy	Published on the END website

Lessons Learned

SCM

Although supply chain standard procedures and complementary training materials have now been developed for each country and training programs have been initiated, considerable ongoing technical support for supply chain implementation and monitoring will be required; and requests in this regard have already been received from country programs.

Financial Management

The work undertaken by Deloitte to support the END in Africa project has reinforced lessons that will continue to guide our work:

Building political will and leadership capabilities is critical to success. To enable and sustain the progress that has been made to date in the control and elimination of NTDs, NTD Country Program Managers need to cultivate political savviness and leadership skills, identify and facilitate partnerships for mutual benefit, mobilize resources, and enable integrated programs.

Leadership and management skills are not intuitive or inherent, but they can be developed by empowering and equipping Program Managers with tools to advance and sustain NTD program objectives. By designing and instituting leadership development programs, END in Africa can support the NTDCPs to develop skills that will last far beyond the life of the project.

Mentoring and coaching are needed to institutionalize good management practices and hone skills learned during workshops. The past year has seen the introduction of new skills and practices intended to improve the planning and budgeting practices of staff, and the effectiveness and financial sustainability of NTD programs. In some cases, project staff have been embedded into NTDCPs to augment staff capabilities and drive program objectives. However, workshops are only the beginning, and staff augmentation is not sustainable without continued funding.

Focused mentoring and coaching reinforces the skills learned during workshops, helping to institutionalize improved processes for NTD program delivery. Seconded staff will be leveraged to help with mentoring and transfer of skills to the program teams (particularly in areas related to FOG management, TIPAC implementation and use, partnership facilitation and resource mobilization).

Reference materials and focused follow-up and mentoring provides on-going support to NTDCPs. This lesson became increasingly apparent during the most recent “Sustainability Planning” workshop, in which the participants were introduced to several new concepts and approaches to partnership development, business case justification, and resource mobilization. We intend to develop a handbook and instructor’s manual that incorporates the materials from the “Sustainability Planning” workshop and distributes this guidance for future reference to participants. In addition, END advisors will conduct targeted follow-up sessions with relevant country team members regarding the application and clarification of topics related to sustainability planning.

Public-private partnerships are possible, but require facilitation. During the Sustainability Planning workshop, we introduced the GHS/NTDCP to different private sector players who are active in the practice of social investing. It became clear that the GHS/NTDCP team did not always feel they were empowered to seek out partnerships of this nature. However, the project can play a critical role in facilitating these introductions and supporting the NTDCP in nurturing those relationships to mobilize resources.

M&E

- Weak data management skills remain an issue for country programs. FHI 360 and USAID are working to improve the countries' data quality.
- Late execution of MDAs leads to late reporting. Unfortunately, late execution of MDAs is generally attributed to compelling factors. FHI 360 will work with sub grantees and MOHs to reduce MDA delays whenever possible.
- Countries that undertake geographic re-demarcation should submit the new demarcation in advance of the reporting period. Updating the database with the new HDs can be tedious, especially in countries with many HDs.

Major Activities Planned for the Next Six Months

Program Management and Implementation (FHI 360):

- 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.
- Participation in USAID's partners meeting on December 4 and 5 in Washington DC, USA.
- The technical advisor will provide technical assistance to address requests from the NTDPs in the END in Africa implementing countries in FY2015 in line with TA requests made for FY2015.
- Support development of survey protocols, support training of research teams and supervise field activities relating to all disease specific assessments (DSAs) that will be conducted in Ghana in FY2015.

Burkina Faso:

- Implement the lymphatic filariasis mass treatment campaign in 41 health districts in 9 health regions.
- Train 120 actors (pharmacists, government pharmaceutical assistants and regional and district team manager) in drug and NTD consumables logistics management, with support from JSI.
- Conduct the post-MDA surveillance surveys for lymphatic filariasis (TAS1 and TAS2) in the Cascades, Hauts Bassins and Nord regions.
- Support the national program's publication of four articles on the program (one each on LF, schistosomiasis, trachoma and STH) to obtain more visibility for the NTD program.
- Prepare the orders for the ICT cards for the FY2015 evaluations.
- Purchase drug stock and NTD consumables management software and provide training in its use.
- Conduct the study on the determinants of the persistence of microfilaraemia in 3 regions in Burkina Faso after more than 10 rounds of treatment.

Niger:

- Micro-planning workshops - September 2014
- NTD Coordination meetings - October 2014 and January 2015
- Hydrocele surgery and lymphedema management (patients pay for own surgery; occasional support from Government of Niger to purchase washing kits) – October 2014 to January 2015
- Trichiasis surgeries, TT kit and consumables purchases, and M&E for TT surgery in all endemic districts (with financial support from HKI and The Carter Center via the Conrad N. Hilton Foundation) - October to June 2015
- Printing and distribution of posters, flip charts, and brochures on NTD prevention -October 2014
- Awareness-raising caravans in districts with low MDA coverage - October to November 2014
- SCH experts' meeting - November 2014
- National launch of MDA for NTDs - November 2014

- Advocacy meetings at the health district level - November 2014
- MDA for SCH in 11 districts (including 4 districts where ALB will also be added for STH) - November 2014
- MDA for trachoma in 13 districts - November 2014
- MDA 1 for LF in 27 districts - November 2014
- Regional supervisors (from health and education sectors) will supervise training and distribution for health center managers and leaders in the different disease sectors - November & December 2014
- Supervision of district and health center level training sessions and MDA by Regional focal points for health and education - November to December 2014
- Independent monitoring during MDA - November to December 2014
- National supervisors (national NTD focal point, NTD coordinators and program team members, health education office) will supervise preparation meetings, trainings of health center heads, MDA distribution and conduct a final evaluation of the campaign - November 2014 to February 2015
- Development of MOH 2015 annual NTD action plan - December 2014
- TIPAC training - February 2015
- Validation workshop for follow-up and assessment plan of the 2012-2016 National NTD Strategic Plan - February 2015
- Creation of NTD task force - February 2015
- MDA 2 for LF in 2 districts (Bouza and Keita) that failed the TAS - July to August 2015
- Training biomedical/laboratory technicians - March 2015
- Electronic tablet training for Trachoma impact assessments - March 2015

Sierra Leone:

- MDA SCH & STH in 7 districts and MDA LF& STH in the WA which have been carry-over from FY14 activities due to the Ebola outbreak;
- MDA-onchocerciasis-LF & STH in 12 districts October 2013- December 2013.

Other activities to be conducted in a timeline to-be-determined during the next six months are:

- Training (carry-over from FY14)
 - MDA LF in the WA for supervisors, PHU staff and community health worker
 - MDA LF, onchocerciasis, and & STH in 12 districts for DHMT staff, PHU staff and CDDs
- Advocacy meetings and social mobilization (carry-over from FY14)
 - MDA for LF in the WA
 - MDA for LF, onchocerciasis, and STH in 12 districts
- Distribution of praziquantel for SCH and STH in 12 Districts (carry-over from FY14)
- Distribution of ALB and IVM LF and STH in the WA (carry-over from FY14)
- Distribution of ALB and IVM LF, onchocerciasis, and STH in the 12 Districts

- Independent monitoring for MDA SCH & STH in 7 districts, MDA LF&STH Western Area and MDA LF, Oncho, and STH in 12 districts
- Collection, analysis, reporting for MDA SCH & STH in 7 districts, MDA LF&STH Western Area and MDA LF, onchocerciasis, and STH in 12 districts
- NTD review meeting with DHMTs and partners

Togo:

- October 2014 – Conduct MDA in high-STH-burden areas; Produce report of April/May 2014 MDA; Billionth dose celebration
- November 2014 – MDA data is collected at the local level; Togo and HDI-HQ team participates in ASTMH meeting in New Orleans, LA
- December 2014 – Onchocerciasis surveillance activities begin; Collect, enter, and analyze data from October 2014 MDA
- January 2015 – Refine MDA training materials; Conduct NTD Program stakeholder meeting; Finalize microplans, budget; Receive all medication; Initiate integrated disease specific assessments for STH and schistosomiasis; Onchocerciasis surveillance activities continue
- February 2015 –Reproduce training materials for MDA; Revise, produce, distribute messages for social mobilization; LF transmission assessment survey; STH and schistosomiasis integrated DSAs continue; Onchocerciasis surveillance activities continue
- March 2015 – Continue preparations for April 2014 MDA; Finalize Praziquantel application; Implement training of supervisors, nurses, and CDDs; Onchocerciasis surveillance activities continue

Ghana:

- Disease specific assessments (DSAs) will be conducted in Ghana in FY2015:
 - Development of survey protocol and implementation of trachoma survey to obtain data on the SAFE strategy that will be used for verification of elimination of trachoma;
 - Training of research teams and supervise field activities during transmission assessment survey (TAS) for LF to obtain data that can be used for stopping MDA in 7 districts; support implementation of TAS2 (second post-MDA TAS that is part of post-MDA surveillance) in 5 districts; and support implementation of pre-transmission assessment survey (Pre-TAS) in 14 districts to obtain data that can be used to decide if TAS can be conducted in the 14 districts.

SCM

- Assist the country programs in developing their 2016 praziquantel forecasts.
- Discuss with END in Africa management how they would like to proceed regarding NTD waste management and further develop the waste management approach.
- Finalize Burkina Faso and Niger's SCM SOPs and complementary training materials.

- Finalize and translate into French the proposed MDA tip sheet for district level personnel and assist the country programs in customizing it to their country specific needs.
- Support MOH and HKI staff in Burkina Faso with development of logistic tools based on the logistics manual.
- Support MOH and HKI staff in Niger in documenting the use of the revised LMIS tools.
- Support MOH and FHI360 staff in Ghana with the development of appropriate SCM references for inclusion in a SOP/reference booklet being considered for CDDs.
- Collaborate with FHI360 on 2016 praziquantel orders.
- Support the Burkina MOH and HKI in the implementation of selected activities from the SCM action plan that was developed during the August 2014 LSAT assessment.
- For Ghana, Assist with amending the Summary Report form to capture stock balance at each level, thus providing a more accurate understanding of stock status on an ongoing basis.
- For Niger, Follow up on the stock status and inventory.
- Coordinate the implementation of the LMIS and ensure the collection of essential logistics data.
- Provide technical assistance as needed and as requested to handle the expired drugs.

M&E

- Continue to monitor the implementation of MDAs in FY2015, including the data validation and reporting processes.
- Analyze MDA data and further conduct data performance reviews to identify successes and challenges.
- Continue to implement M&E activities as outlined in the Annual Workplan 2015.
- Training on NTD database and DQA.
- Monitor the execution of TAS1 in Burkina Faso and ensure that the workbooks are updated accordingly
- Follow up on Ebola situation in Sierra Leone
- Monitor execution of FY 15 MDA in Niger as well as Pre-TAS, TAS and trachoma impact survey and;
- Ensure that Togo reports the Oncho-SCH-STH MDA data in time.

Financial Management

- In FY2015, we will continue working with the NTDP in Ghana to implement the strategy.
- Provide consistent technical support and mentoring to help the GHS implement the strategic interventions highlighted in the finance strategy including:
- Initiate and sustain policy dialogue between private firms, NGOs, civil society, and policy makers and mobilize resource to increase private sector involvement in NTDCP;
- Work with the GHS/NTDCP to develop a business case for the Ministry of Finance and Economic Planning (MoFEP) to advocate for increasing the share of government expenditures for NTDs;
- Support the NTD Finance Steering Committee to oversee the implementation process and subsequent monitoring and evaluation of the Finance Strategy;

- Provide consistent mentoring and guidance to help the GHS update and implement the Advocacy Strategy and develop business cases, with special emphasis on the sustainability goals, as defined during the “Sustainability Planning” Workshop.

Table 5: FY 2014 Work Plan Execution Timeline

Main Activities	A	M	J	J	A	S	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	Completed
Provide direct implementation support to the GHS NTDCP starting in November 2013	X	X	X	X	X	X	Completed
Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2015		X	X				Completed
Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2014	X	X	X	X	X	X	Completed. See p.22 for details.
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	Completed
Organize a meeting in Accra with in-country partners to discuss the sustainability of long-term surveillance	X						Completed. Meeting held April 23-25, 2014
Monitor compliance with the project's environmental management and mitigation plan (EMMP)	X	X	X	X	X	X	Completed. EMMP reports will be submitted to USAID once available.
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	Completed
Provide technical assistance to MOH and sub grantees in response to approved country work plans for FY2014	X	X	X	X	X	X	Completed
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		Completed
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					Completed
Support national NTD programs in receiving and clearing their consignments of praziquantel through customs.	X						Completed for FY 14 orders

Main Activities	A	M	J	J	A	S	Comments/Status
Monitor receipt and documentation of praziquantel donations facilitated by Envision	X						Completed
Monitor the FY2014 albendazole orders submitted to GlaxoSmithKline via WHO.					X	X	Completed
Assist country programs in developing high quality FY2015 praziquantel forecasts							Completed during last SAR
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	X	X	Completed
Support TIPAC implementation in Niger, Sierra Leone and Togo							TIPAC roll-out in Niger and Sierra Leone has been postponed- To be rescheduled in FY 2015. Togo completed in December 2013.
Support Ghana in updating its TIPAC for FY2014							Completed in November 2013
Expand the Platform for Refresher Finance Training for Managing Fixed Obligation Grants (FOGs).		X	X	X			Implemented in Togo and Burkina Faso. This was 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	X	X	X	Completed
Train the NTD team in record keeping and accounting.							This has been implemented concurrently with the FOG Refresher training in both Burkina Faso and Togo. Similar approach was utilized in May and July 2014 in respect of Niger and Sierra Leone.
				X	X	X	
Knowledge Management							
Continue to build, update and maintain the End in Africa website: http://www.endinafrica.org	X	X	X	X	X	X	Completed
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	Completed
Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program	X	X	X	X	X		Produced country profiles and hero bios and additional materials for all USAID NTD portfolio countries for Billionth Treatment Campaign

Main Activities	A	M	J	J	A	S	Comments/Status
Update, maintain and administer the End in Africa contact database	X	X	X	X	X	X	Completed
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	Completed
Promote the End in Africa project via social media and online	X	X	X	X	X	X	Completed
Develop and maintain synergistic relationships with like-minded organizations in the larger NTD community	X	X	X	X	X	X	Completed. 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	Completed. Using Photoshare.org database.
Provide editorial and quality control services to End in Africa partners and sub grantees	X				X	X	SAR and Workplan editing.
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	Completed
Conduct basic descriptive data analysis using the reported NTD data		X			X		Completed
Liaise with sub grantees' technical M&E Officers to ensure that MDAs and TAS are conducted as expected	X	X	X	X	X	X	Completed
Backstop sub grantees and country programs to ensure timely reporting of NTD data					X	X	This is done periodically
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	Completed
Continue strengthening the reporting system	X	X	X	X	X	X	Completed
NTD Mapping				X	X		Only Niger conducted mapping
Provide technical support on M&E addressing countries' specific needs	X	X	X	X	X	X	Completed
Collaboration and Coordination							
Build partnerships with agencies and organizations working on NTDs	X	X	X	X	X	X	Completed
Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level	X	X	X	X	X	X	Completed
Attend regional scientific meetings, scientific panels and discussions with local institutions, multilateral agencies, government counterparts, and implementing partners	X	X	X	X	X	X	Completed

Main Activities	A	M	J	J	A	S	Comments/Status
Participate in international NTD working groups and committees at the international and national levels	X	X	X	X	X		Completed
Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast							Completed last SAR
Participate in appropriate local and international M&E meetings/workshops upon USAID approval							Completed last SAR
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	Completed
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGOs	X	X	X	X	X	X	Completed
Engage WHO AFRO and WAHO to address cross-border issues and coordination with government agencies	X	X	X	X	X	X	Completed. This is was a topic at the partner's meeting and is continued to be discussed

Table 6: Travel Plans for Fiscal Year 2015

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana	5	1 week each	May June July	FY2016 Country work planning sessions with key stakeholders.
Mposo Ntumbanzondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	May June July	Participate as NTD M&E technical resource in the development of country work plans.
Joseph Koroma NTD Technical Advisor	Ghana	Burkina Niger Togo SLeone	4	1 week	May June July	Participate as NTD technical resource in the development of country work plans.
Bolivar Pou, Project Director Nosheen Ahmad SPO	W/DC	Ghana	2	1 week	April	Semi-annual review. Cross border meeting.
Bolivar Pou Project Director	W/DC	Togo Niger	2	1 week each	TBD	Field trip for monitoring project implementation.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	August	End in Africa Work plan 2016
Mposo Ntumbanzondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Capacity building on database, DQA tool and workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.
Yousseuf Ouedraogo, Senior Logistics Advisor JSI	W/DC	Niger	2	2 weeks each	TBD	TA on inventory management and implementation of drugs distribution tracking tools.

Traveler	From	To	# Trips	Duration	Month	Purpose
Youssef Ouedraogo, Senior Logistics Advisor JSI	W/DC	Burkina	2	2 weeks each	TBD	Support the implementing SOPs and training materials.
David Paprocki, Logistics Advisor JSI	W/DC	S Leone	1	2 weeks	TBD	Assist with TOT for DHMTs and conduct a follow-up on-the-job training (OJT) visit with Mr. Kargbo at the Makeni warehouse. This activity was cancelled by the MOH in FY2014 due to the Ebola outbreak.
Justin Tine Health Financing/Costing Specialist Deloitte	Senegal	Togo Burkina Niger	3	2 weeks in each country	TBD	Continue support for TIPAC implementation and yearly update. FOG refresher training.
Kingsley Frimpong Financial Management Deloitte	Ghana	S Leone	1	2 weeks	TBD	Continue support for TIPAC implementation and yearly update. FOG refresher training.
Kimberly Switlick-Prose Resources Mobilization Deloitte	W/DC	Ghana Burkina	2	1 week in each country	TBD	Continue capacity building on Resources Mobilization in Ghana.
Justin Tine Health Financing/Costing Specialist Deloitte	Senegal	Burkina	1	2 weeks	TBD	Initiate TA on capacity building for resources mobilization in Burkina.
Justin Tine Health Financing/Costing Specialist Deloitte	Senegal	Togo	2	1 week/each	TBD	Capacity building on program management/administration for MOH/NTDP in Togo.

Traveler	From	To	# Trips	Duration	Month	Purpose
NTD Technical Advisor Joseph Koroma Mposo Ntumbanzondo M&E Specialist	Ghana	W/DC WHO Niger Burkina Togo S Leone Others	15	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.
MOH NTD Focal points	Burkina Niger Togo S Leone APOC	Accra	10	3 days	TBD	Accra meeting with key stakeholders to address cross border issues and coordination with Government Agencies. Two participants/country.
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.
US-based short-term technical assistance (STTA) provider	W/DC	Togo Niger Burkina Niger S Leone	5	TBD	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip.

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	8,126,475	7,736,758	4,091,497	NA	636,919	20,591,649
Oncho	3,238,350	NA	2,667,365	871,066	110,391	6,887,172
SCH	0	2,277,072	0		4,175,713	6,452,785
STH	1,990,986	8,760,467	4,091,497	375,449	261,401	15,335,318
Trachoma	0	5,975,480	NA	NA	1,093,486	7,304,380
Treatment provided	13,355,812	24,985,191	10,850,359	1,246,515	6,277,910	56,571,305
Treated for at least one NTD	10,606,413	9,942,661	4,091,497	1,140,504	5,518,787	31,299,862

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

** Awaiting the data on the LF-Oncho-STH MDA that was conducted September 2014 in Burkina Faso

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

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina	Total treated FY14
LF	6,506,324	7,736,758	4,091,497	0	636,919	18,971,498
Oncho	3,238,350	NA	2,667,365		110,391	6,016,106
SCH	0	1,915,220			4,175,713	6,090,933
STH	1,594,049	8,760,467	4,091,497	230,967	261,401	14,938,381
Trachoma	0	6,210,894	NA	NA	1,093,486	7,304,380
Treatment provided	11,338,724	24,623,339	10,850,359	230,967	6,277,910	53,321,299
Treated for at least one NTD	8,986,262	9,907,579	4,091,497	230,967	5,518,787	28,735,092

Table 9: Gender distribution: Percentage male treated over the females by NTD and by country, 2014

Country	LF		Oncho		SCH		STH		Trachoma	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Burkina Faso	47.9*	52.1*	48.5	51.5	49.2	50.8	*	*	48.6	51.5
Ghana	47.5	52.5	47.9	52.1			48.8	51.2		
Niger	49.8	50.2	NA	NA	51.2	48.8	59.8	50.2	47.6	52.4
Sierra Leone	49.4	50.6	49.27	50.73	**	**	49.3	50.7	NA	NA
Togo	NA	NA	****	****	****	****	50.2*	49.8*	NA	NA

* Data reported for the 4 highly endemic Oncho or STH districts only

**MDA postponed due to Ebola outbreak

**** Data to be reported shortly

**Table 10: Number of people treated for at least one NTD, USAID funds, annually
ACCUMULATIVE NUMBER TREATED, AS of SAR2 2014, USAID FUNDS**

Country	2011	2012	2013	2014	Accumulative
Burkina Faso	9,953,928	11,425,882	10,766,545	5,518,787	37,665,142
Ghana	0	8,932,210	8,260,837	8,986,262	26,179,309
Niger	8,672,220	10,226,100	960,145	9,907,579	29,766,044
Sierra Leone	3,908,514	5,242,394	5,214,790	4,091,497	18,457,195
Togo	1,248,393	2,792,591	2,909,823	230,967	7,181,774
Total	23,783,055	38,619,177	28,112,140	28,735,092	119,249,464

Table 11: Accumulative Number Treated, As of Sar2 FY2014, USAID Funds

ACCUMULATIVE NUMBER TREATMENTS PROVIDED, AS of SAR2 2014, USAID FUNDS

Country	2011	2012	2013	2014	Accumulative numbers
Burkina Faso	20,842,690	24,460,183	20,094,365	6,277,910	71,675,148
Ghana	0	20,315,518	14,712,196	12,999,486	48,027,200
Niger	22,417,876	28,004,828	1,822,325	24,378,789	76,623,818
Sierra Leone	10,263,686	14,754,384	14,670,706	10,850,359	50,539,135
Togo	2,252,012	5,491,657	5,698,210	230,967	13,672,846
Total	55,776,264	93,026,570	56,997,802	54,737,511	260,538,147

Table 12: Districts endemic at baseline and number of districts that stopped MDA, by NTD, SAR2 FY2014

Country	Known endemic districts by 2009				
	# Districts stopped PC (at least at district level for trachoma), by end SAR2, FY2014				
	LF	Oncho	SCH	STH	Trachoma
B. Faso	63	6	63	63	30
	33	0	0	0	25
Ghana	98	85*	216	216	37
	69	0	0	0	37**
Niger	30	NA	42	42	34
	3	NA	0	0	13***
Sierra Leone	14	12	7****	14	0
	0	0	0	0	0
Togo	8	32	35	40	NA
	8	0	0	0	NA

* the 50 Oncho hypo-endemic districts are not included

** In 2014 only one district will be treated at community level. The prevalence in that district

*was found above 5% during the routine surveillance

***7 districts undertook trachoma survey this year. If successful, the number of districts that have stopped MDA will be updated to 20

**** 5 other districts are hypo-endemic, not treated yet.

Table 13: Number of districts assessed during FY2014

Country	Pre-TAS	TAS	TAS 1	TAS 2	SCH	Trachoma
B. Faso*	3	11	0	0	2	4
Ghana	12**	64	0	0	0	0
Niger***	0	9**	0	0	2	0
Sierra Leone	0	0	0	0	0	NA
Togo	NA	NA	NA	NA	0	NA

* Burkina Faso: TAS 1 to be conducted in 9 health districts. Delayed was due to the late arrival of ICT cards Impact survey in 7 health districts underway

** 6 out of 9 health districts did not pass the TAS in Niger. In Ghana, 7 out 12 health districts failed the Pre-TAS

*** Niger: pre-TAS in 2 health districts, TAS in 6 health districts, and trachoma

Table 14: Program and Epidemiological coverage, FY2014, USAID funds

	Country									
	Burkina Faso*		Ghana		Niger		Sierra Leone		Togo*	
NTD	Program	Epi %	Program	Epi %	Program	Program	Epi %	Program	Epi %	Program
LF	102.0**	82.1**	89.2	72.7	85.2	102.0**	82.1**	89.2	72.7	85.2
Oncho	87.2**	69.5**	103.1	82.9	NA	87.2**	69.5**	103.1	82.9	NA
SCH	104.1	33.3			99.9	104.1	33.3			99.9
STH	**	**	89.2	72.7	80.6	**	**	89.2	72.7	80.6
Trachoma	93.5	93.5	**	**	84.8	93.5	93.5	**	**	84.8

* Data reported for the 4 highly LF, Oncho or STH highly endemic districts

** Additional results to be reported shortly

*** Postponed due to Ebola epidemic

Table 15: Total trained during FY2014, by country and socio-professional category

Category	Burkina	Ghana	Niger	Sierra Leone	Togo	Total
TOT	255	43		18	641	1,883
Supervisors	1,438	2,989		137	133	4,725
Health Providers						
CDDs	9,465*	15,786** *	34,455	24,250	10,062	94,018
Others	124**		956****	2146	77	2,377
Total	11,282	18,818	35,411	26,545	10,913	102,969
Tot fem	2,255	6,389	1,106*****	9,886	2,204	21,840
Tot male	9,027	12,429	6,477*****	16,659	8,709	53,301
TOT	255	43		18	641	1,883

* 20,751 CDDs were expected to be trained during MDA for LF (September 2014)

** 120 people to be trained on drugs management (Sept-Oct 2014)

***Ghana: Nearly 40,000 teachers to be trained during implementation of MDA for SCH

****Niger: nearly 1,124 people expected to be trained October 2014. Among those, 1092 fall in category

"Others"

***** Many districts did not provide gender disaggregated data

Table 16: Donations beyond USAID and major pharmaceutical donors

Country	Items	Quantities	Values in USD	Donors
Burkina Faso	Tetracycline	45,776 tablets	16,021 USD	MoH
Ghana	ICT cards	1,700	Unknown	CNTD Liverpool
Niger	Trichiasis surgery, radio messaging and school health curriculum	Unknown	17,640USD	HKI (Conrad N Hilton Foundation)
Sierra Leone	Shoes for CDD motivation	201,330 pairs	\$402,660.00 USD	TOMS Shoes
	Equipments, fuel & lubricants, maintenance of vehicle/motor bike, local travelling, office and general admin cost	Unknown	16,169 USD	Government of Sierra Leone

	MDA review meeting, training of Health workers, supervision and M&E of NTD activities	Unknown	\$23,259.98USD	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	198,704.81 USD	APOC
	Hydrocele Surgery	Unknown	5,574.91 USD	Johnson & Johnson
Togo	ALB	Unknown	Unknown	UNICEF
	Meetings, trainings, surveys April-September	Unkown	47,111.00 USD	Sightsavers
	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

Appendix 2: Country Program Summaries

Burkina Faso

All activities implemented during the second half of FY2014 (April 2014 to September 2014) were those planned for the fiscal year FY 2014 in accordance with the work plan.

Nearly all planned activities for FY14 have been completed. The exceptions are the Transmission Assessment Surveys (TAS 1 and 2), which are scheduled to begin September 24th and last through October 24 in the regions of Nord, Cascades, Haut-Bassins. These evaluations were delayed due to the delayed arrival of immunochromatographic card tests (ICT cards). Preliminary data of the evaluations already conducted suggest: The four HD that underwent trachoma impact evaluation (Banfora, Boulmiougou, Do and Lena) have met stop MDA criteria at the district level; All eleven HD that underwent TAS will be able to stop LF MDA in FY15 (Nouna, Solenzo, Toma, Tougan, Barsalogo, Boulsa, Kaya, Kongoussi, Koudougou, Nanoro, and Reo); The six HD of the Est region which underwent pre-TAS in FY14 with END in Africa support will not be eligible for the TAS in FY15.

Two of the planned MDAs were completed during the previous six months (April – September 2014): MDA for schistosomiasis and trachoma. During the schistosomiasis MDA, a total of 4,175,713 school-aged children in 44 health districts (HD) benefitted from treatment, of which 2,122,329 (51%) were girls. The MDA for trachoma was held in 5 HD, and a total of 1,093,486 persons benefitted from treatment, of which 561,897 (51.4%) were women and girls. Reported treatment coverage was high and ranged from 85.6 – 99.3%. MDA for lymphatic filariasis in 37 HD is planned for September 12-17.

Technical assistance has been received from JSI, which resulted in the development of a manual of supply chain management procedures for NTD drug, as well as capacity building for 120 MOH personnel on supply chain management with the objective of improving the planning and roll-out of MDAs, as well as ensuring that after MDAs, procedures are in place to repatriate drug and assure an accurate count of leftover, wasted, or expired medication. As part of this technical assistance for stock management, it was also determined that software to assist in forecasting drug quantities to order and to keep track of stock in country would be useful. The National Program is waiting to receive the JSI reports with supplementary information about potential software for purchase and then subsequent technical assistance required.

Finally, a request for technical assistance was also submitted to FHI 360 to examine reasons for persistent LF microfilariemia in three health regions (Centre-Est, Est and Sud-Ouest) after ten rounds of MDA. This request has been reviewed and the Burkina Faso MOH is currently reviewing and making revisions based on feedback received.

Five monthly meetings of the national NTD program were held, and all program coordination team members participated, as did other key stakeholders. During these meetings, the programs reached agreement on the planning and implementation of the various activities.

In May 2014 key actors from the WASH and NTD sectors met. This meeting was held in the context of exploring the development of the WashPlus project in Burkina Faso, which aims to integrate WASH activities with NTDs where feasible and appropriate, particularly in terms of advocacy and messaging. At this meeting, participants identified the main areas of intervention and defined the issues involved in integrating WASH and NTD activities.

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.

1. MDA Assessments

The Disease Workbook and the Program Workbook have been updated for this current semiannual report with the data available from the schistosomiasis, trachoma, and onchocerciasis MDAs and several impact surveys conducted to date. Because the lymphatic filariasis treatment campaign has not yet been held (with the exception of those health districts treated in the Sud-Ouest region), the workbooks will be updated later with those treatment data.

2. Changes in MDA Strategy

No changes in MDA treatment strategy were executed between April – September 2014. As noted in the first semi-annual report for FY14, there was a change made in the Sud-Ouest region (Batié, Gaoua, Dano and Diébougou districts) for the LF MDA that was held during the first semi-annual reporting period, in which these districts will be treated twice during the project year due to the persistent microfilaremia prevalence.

In addition, the workbooks will reflect the change in the onchocerciasis program (which shifted from a stand-alone mass drug administration program to one that uses the CDTI model, integrated with the lymphatic filariasis MDA) in these workbooks. This change was detailed in the first FY14 semiannual report.

Finally, while an evaluation of the SCH strategy was held in November 2013, the changes will not be put into effect until FY15, as the timeframe between that meeting and the FY14 SCH MDA did not allow for enough time to implement the new strategy.

3. Training

Training/refresher sessions were held for the teams from the regional health directorates, districts, health and social promotion centers (CSPS), and community distributors (CDs) on implementing schistosomiasis and trachoma MDAs. These sessions provided each participant first-time or refresher training on the MDA implementation guidelines and the new guidelines that the program has adopted to achieve adequate coverage for each MDA. This year's Training of Trainers sessions held at each regional administrative center targeted both the regional health directorate teams and the members of the health district management teams, as it has been found that if all levels are not made responsible for carrying out the MDA, then the quality of supervision and implementation of the activity lacks, and may result in poor coverage. Complete

information on the beneficiaries of these trainings is not available because of the time-lag in the lymphatic filariasis treatment campaign, which is scheduled for September 12-17. However, 255 regional health directorate and health district trainers have already been trained on supervision; 1,438 representatives from the CSPS received training on MDAs; and 9,465 CDs were trained on how to deliver drug during the schistosomiasis and trachoma MDAs.

In July 2014, eleven surveyors (three women and eight men) were trained to collect trachoma post-MDA data at the sub-district level of the Koudougou, Sapouy and Ziniaré health districts. A training was held for survey team members on TAS implementation in the health regions of the Centre-Nord, Centre-Ouest, and Boucle de Mouhoun. This training was held just before the surveys were launched in the different evaluation units, with the purpose of familiarizing the participants with the survey implementation protocol to ensure credible and reliable results. Specific information on the number and gender breakdown of participants will be included in the Workbooks when the reports have been validated by the National Program.

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

A variety of communications activities were conducted to improve the target population's participation in the MDA campaigns that were planned and executed. They included:

- Reproduction and duplication of 7,000 posters, 6,500 brochures and other grassroots communication materials used in implementing the schistosomiasis, trachoma, onchocerciasis and lymphatic filariasis campaigns. The actual quantities of the various materials developed and those received by each facility will be specified after the General Health Directorate submits its deliverables for the activities.
- In April 2014, a national launch day for the NTD MDA campaigns in Burkina Faso was held in Boussé. Officials from the highest levels of the Ministry of Health (including the Secretary General of Health), as well as administrative and traditional authorities of the health region selected for the launch participated in the event. This ceremony sought to mobilize the populations to increase participation in the MDAs.
- Eleven advocacy days were held at the regional administrative centers (one day per region). They targeted local leaders and traditional, administrative, religious and municipal authorities on the implementation of the MDAs. The reports on these activities will be available when the last MDA campaign ends and will provide more information on the number and gender of the participants.
- Development and dissemination of radio messages on community and local radio stations: these involve informational and awareness-raising messages about the campaigns (schistosomiasis, STH, trachoma and onchocerciasis) at the regional and health district levels. The messages were developed and broadcast regionally by the regional health directorate teams.
- Two manuscripts are being drafted: One on trachoma and the other on cross-border issues related to implementation of lymphatic filariasis MDAs. The abstracts of these

manuscripts were submitted for presentation at the next meeting of the American Society of Tropical Medicine and Hygiene (ASTMH).

5. Supervision

Supervision of MDA is necessary at all levels and is carried out in a cascade formation. The MDA treatment for schistosomiasis in April 2014 and trachoma in May 2014 was supervised according to the national guidelines:

In each health region, a team consisting of members of the national NTD coordination team visited each regional health directorate, each HD, and also visited at least two CSPS per HD. At the CSPS level, after speaking with the head nurses, the supervision team also spoke with CDs to determine their level of capacity for MDA.

Regional supervisory teams, consisting of team members from the regional health directorate and the central level (National NTD coordination and HKI); participate in debriefings on the supervisions held in each region to learn about the problems and issues encountered in the field in order to come up with solutions to ensure adequate coverage during the MDA. The districts also hold supervisory meetings with head nurses to detect problems at the CSPS level and find solutions.

HKI also sends an independent supervisory team during each distribution to each region with FOGs to ensure that the MDA is being carried out with quality. The teams have supervisory checklists that take into account the principal elements of the national guidelines for MDA, which were established using WHO guidelines for each NTD.

6. Supply Chain Management

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

- Initial plans called for 11,900,000 albendazole tablets to be received by the national program; 5,287,000 have been received (the remaining stock is still pending receipt). The national program also received 24,709,000 ivermectin tablets. Those were distributed among and transported to the various regions, according to national guidelines. We note that the ivermectin and the albendazole were distributed, on a priority basis, in the Sud-Ouest region in order to implement the onchocerciasis/LF MDA, which took place from 25 February – 1 March 2014.
- The trachoma program received the azithromycin for its MDA. The program received a total of 2,304,000 tablets and 41,424 bottles of syrup. State funds were used to purchase 58,000 tubes of 1% tetracycline eye ointment. All five health districts targeted for MDA implementation received treatment during the period 17-22 May 2014.
- USAID funds were used to purchase 13,925 ICT cards, which were received and used for the TAS, which has already taken place. TAS 1 and TAS are scheduled to begin September 24th.

- The 2015 praziquantel request was finalized and sent to JSI for validation. This request incorporates the recommendations of the experts' workshop on the review of the schistosomiasis strategy, held in Ouagadougou in November 2013.
- JSI provided technical assistance to help improve management of the NTD drug logistics chain. It involved developing a logistics action plan and development of a procedures manual for the management of NTD drugs and consumables. HKI will provide FHI 360 a copy of this manual once received by its headquarters.
- A post-MDA logistics audit was conducted at the regional health directorate and health district levels. The audit included reviewing the stocks remaining in each region, except the North, and analyzing the reported number of doses of each drug distributed during the MDAs. By counting leftover drug and calculating the number of tablets that should have been distributed, based on the number of doses reported as distributed, the team was able to draw conclusions on actual distribution. During the audit, pharmaceutical wastes from the mass treatment campaigns were incinerated in accordance with the current national guidelines in place. While the full report of this audit has not yet been made available to the national program or to HKI, the audit showed that improvements in stock management are necessary, some expired drug was still in storage, and that the stock management process would be improved by involving the regions and districts in ordering drug and allocating to the different operational levels.
- Strengths:
 - The program now has a logistics action plan and a drug management procedures manual. These documents will serve as the foundation for implementing NTD logistics activities and will promote greater efficiency and effectiveness in managing the products and consumables associated with these illnesses.
 - The first post-mass treatment logistics audit in all the health regions identified shortcomings in implementation of mass treatments and helped generate solutions to improve NTD drug management. While the full report is not yet available, several of the findings are detailed above.
 - No expired drugs were noted during the treatment period.
 - Logistics management data collection tools were provided at all levels.
- Weaknesses:
 - Difficulty identifying the amount of medicine that remains at the district level following MDA and transporting the remaining stock to the region-- due to poor resource planning at the district level to support physical inventories and repatriation of drug from the level of the health center.
 - Lack of dedicated vehicle to deliver drugs to the regions and health districts.
 - Late ordering and arrival in country of certain drugs (i.e. ivermectin and albendazole) and medical consumables (ICT cards), which has led to a delay in implementing the mass treatments and certain surveys.

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:

- An integrated TAS and STH evaluation was conducted in the Centre-Nord region in July 2014 to support validation of the protocol that the WHO and the Global Taskforce are developing. The Task Force for Global Health financially supported the STH portion of the evaluation with the purpose of developing a standardized approach to collect STH data during TAS, as STH only surveys often do not receive financial support; determining the impact LF treatment has had on STH prevalence; and to provide guidance on the need to continue or stop STH treatment once LF MDA is no longer warranted.
- HKI conducted monitoring/supervision when the activities were implemented to ensure that they complied with the recommendations and terms of reference submitted by the program. Following each monitoring/supervision, recommendations were developed to improve implementation. The main recommendation was that all levels in the health structure need to be implicated in and made responsible for the execution of NTD activities, particularly the district and regional levels.

8. Transition and Post-Elimination Strategy

HKI provides technical assistance to the MOH, and does not directly implement program activities. Instead, the MOH 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. This includes discussions with the Directorate of Administration and Finance on the necessity of increasing its budgetary allocation for NTDs so that the National Program will no longer be completely dependent on external support and will be able to function when support through END in Africa terminates.

In terms of concrete steps the MOH has taken in the last six months to assist in the transition from MDA implementation to post-MDA surveillance, the MOH has conducted a number of impact evaluations, such as LF TAS, LF and pre-TAS sentinel site evaluations, LF post-MDA surveillance survey, trachoma impact evaluations and an onchocerciasis post-CDTI coverage survey. In addition, a protocol was developed for post-MDA surveillance for trachoma; this protocol will undergo further revision in FY15.

9. Short-Term Technical Assistance

In connection with the six short-term technical assistance activities included in the FY 2014 work plan, the following updates are available:

- JSI provided support to strengthen the program's capacity to manage the NTD drug logistics chain, carried out over two phases. The first phase ran from 31 March – 4 April in Kombissiri. A logistics action plan was developed as a result of this workshop. The

second phase ran from 6-10 August 2014 in Koudougou and made it possible for the MOH to develop an NTD drug and consumables management procedures manual.

- Discussion on the purchase of software to manage NTD drug stocks and training in its use is still underway with the Ministry of Health. This TA was requested in both FY13 and FY14 following guidance from the International Trachoma Initiative to improve drug management, and was again found to be pertinent following the TA given by JSI. However, the National Program is awaiting the final reports from JSI to determine what software and subsequent training may be necessary.
- The Burkina Faso MOH also requested technical assistance in conducting an evaluation of persistent prevalence of LF in the Est, Centre-Est and Sud-Ouest regions. The terms of reference were submitted to FHI 360. Upon review by FHI 360, USAID, and external partners, it was determined that the reasons behind the persistent prevalence may be more complex than the terms of reference would be able to address, and the MOH was asked to revise the terms of reference and resubmit for further review.

10. Government Involvement

- The Directorate for Disease Control 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 meetings 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).

11. Proposed Plans for Additional Support to National NTD Program

- Development and implementation of a treatment project for cases of morbidity linked to lymphatic filariasis and trachoma starting in 2015.
- A proposal has been submitted to determine Burkina Faso's eligibility to participate in a trichiasis surgery project in the Léo health district, with the goal of having available funds beginning in FY15.
- Support for and participation in implementation of the WashPlus project in Burkina Faso starting in FY 2015. A pilot project is planned following the WashPlus project exploratory mission in Burkina Faso, which will help to integrate the WASH (water-sanitation-hygiene) and NTD projects. This participation will provide an opportunity to develop the WASH-NTD activities that may be used to accelerate achievement of the elimination and/or control objectives for intestinal worms, schistosomiasis and trachoma.

- An extension of the END in Africa project would offer an opportunity to continue the efforts already begun in connection with the project's implementation

12. Lessons Learned/Challenges

In FY14, the National Program applied lessons learned about the necessity of conducting central level trainings for regional health directorates prior to MDA. In previous MDAs, the trainings were held directly at the district level by the National coordination; however, due to this breach of protocol, this had led to a lack of involvement, interest or responsibility by regional levels. Once the regional levels received their training, they were then made responsible for training the districts and for providing supervision at the district level.

13. Major Activities for the next six months

- Implement the lymphatic filariasis mass treatment campaign in 41 health districts in nine health regions.
- Train 120 actors (pharmacists, government pharmaceutical assistants and regional and district team manager) in drug and NTD consumables logistics management, with support from JSI.
- Conduct the post-MDA surveillance surveys for lymphatic filariasis (TAS1 and TAS2) in the Cascades, Hauts Bassins and Nord regions.
- Support the national program's publication of four articles on the program (one each on LF, schistosomiasis, trachoma and STH) to obtain more visibility for the NTD program.
- Prepare the orders for the ICT cards for the FY2015 evaluations.
- Purchase drug stock and NTD consumables management software and provide training in its use.
- Conduct the study on the determinants of the persistence of microfilaraemia in three regions in Burkina Faso after more than 10 rounds of treatment.

Niger

Due to the rainy season ending in late August, most of the activities planned for the second half of FY14 were scheduled in the last month of the fiscal year and thus have not been fully completed

by the time of this report; however, some important activities have been successfully implemented.

During the reporting period, the Ministry of Health (MOH) conducted an evaluation at all levels in April and August for the Mass Drug Administration (MDA) implemented in January-March with support from Helen Keller International (HKI). Preliminary data show epidemiological coverage ranging from 53.3% to 94% in districts treated for trachoma, and 40.1% to 114% in districts treated for LF. The data show program coverage ranging from 58.4% to 140.4% for districts treated for SCH, and 38.5% to 142.9% for districts treated for STH.

The results of the End Process Independent Monitoring (IM), conducted at the end of trachoma MDA, helped to identify possible gaps in the quality of the MDA trainings, especially at the community level with regards to drug distribution. Another issue identified by the IM is the lack of motivation among the drug distributors, as evidenced by the fact that 55.5% of those who could not recall taking ALB said the distributor did not come to their residence; this finding is also supported by the MOH evaluation report. Going forward, this monitoring will be improved upon to include evaluation of Peripheral Health Unit (PHU) staff training, community meetings and community drug distributors training to help improve drug coverage. During the next MDA, the irregularities (e.g. distribution of IVM or ALB alone as opposed to both together, distribution of drugs to ineligible persons) identified by the IM will be included in the training packages at all levels.

In order to improve program performance, two training activities were held during the period under review. The first training was on management of the Fixed Obligation Grant (FOG) with Technical Assistance (TA) provided by Deloitte in July. MOH staff from both the regional and national levels was included in this training. The second training was conducted for trainers and supervisors, and was followed by a revision of the drug management tools for neglected tropical diseases (NTD). The training focused on Information and Logistics Management System (SIGL) and the use of the new NTD tools. Plans are underway for this training to be conducted at the lower levels through a cascade training prior to the next MDA. The TA for this training was provided by John Snow Incorporated (JSI).

A celebration ceremony took place to honor the “One Billionth Treatment Campaign” for USAID in August. Two people, one health worker and one community drug distributor were nominated as “unsung heroes” to acknowledge their efforts in the control and elimination of NTDs in Niger.

1. MDA Assessment

During the reporting period, no drugs were distributed. This period coincided with sub-regional, regional, and national level evaluation of the MDAs. The results for the MDA completed in March 2014 have been received from MOH and included in the workbook. The next MDA is planned for November 2014.

2. Changes in MDA

We are waiting for the results of the following surveys scheduled for September to consider potential MDA strategy changes:

- LF TAS in 6 HDs to determine whether to stop MDA in those districts.
- LF Pre-TAS in 2 HDs to determine whether the districts have qualified to implement TAS (prevalence below 1%).
- SCH/STH assessment survey in 2 HDs (N'Guigmi and Arlit) to determine whether the treatment strategy can be changed. The survey was planned in 4 HDs but 2 of those districts (Diffa and Mainé) have been surveyed by RISEAL, though the final results have not been received yet.
- Trachoma impact survey in 7 HDs to determine whether MDA should be stopped in those districts.
- Oncho epidemiological survey in 3 HDs to determine whether elimination has been achieved for Oncho.

3. Training

Two training activities were conducted during the period under review (the FOG management training by Deloitte and the supply chain management training by JSI). Only the first part of the training facilitated by JSI was done in September 2014 in preparation for the November 2014 campaign. This was a training of trainers session at the central and regional levels. The next cascade training will take place at the end of September during the training for MDA.

As part of the effort to improve Program management and strengthen the financial management capacities of regional finance and administrative managers, a supportive supervision has been scheduled and will be led by the HKI finance team starting September 15, 2014 to follow-up with the regional finance managers on filing, usage and submission of justifications and receipts for the FOGs to ensure that they recall what they learned during the FOG training in July. If finance managers are found to have forgotten or are not following the correct procedures, the HKI finance team will determine the appropriate solutions.

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

The materials below provide a list of IEC materials made and distributed for the celebration and national assessment:

Celebration ceremony for the USAID one billionth treatment:

- Tee-shirts: 150
- Flyers: 150
- Caps: 150
- Media coverage (television radio newspapers): 1

National assessment

- Media coverage (national television): 1

The following drug distribution tools were ordered in preparation for the 2014 campaign:

- Distribution registers: 35,789
- Summary registers: 1,412
- Zithromax dose poles: 2,344
- Praziquantel dose poles: 3,968
- Mectizan dose poles: 5,878

5. Supervision

During the reporting period, technical assistance was provided by JSI on the standard operating procedures for supply chain management of NTD drugs. The training received will be cascaded to all levels by the program in order to meet international best practices. MOH staff were trained by JSI and all the data collection tools were revised to ensure ease of use and improve the data collection process during MDA. In order to ensure that the data collected is of high quality, an independent monitoring process can be implemented. Simple tally sheets and questionnaires are used to collect data during independent monitoring and a field test is included in the training package for the monitors before the actual monitoring. Field testing by monitors helps to verify the data collection tools and to address any potential error that might compromise the quality of the data, as well as improving the general outcome of the monitoring.

During the reporting period, drugs were not distributed, but staff of the MOH and HKI conducted regional and national level assessments of MDA. Funds will be provided to support MOH staff to supervise all surveys planned for September along with HKI NTD staff (excluding areas considered to be insecure).

No other monitoring activities were conducted during the reporting period. In order to meet MDA targets, IM which was introduced in the previous MDA, will be modified for the next campaign (FY15) based on lessons learned (e.g. quality of training) and will be implemented in subsequent MDAs.

In addition to the supervision provided by MOH and HKI during MDAs, the development and use of monitoring guides (checklists) by all monitors during the in-process monitoring in the early stages of the campaign will enable the timely detection of any issues that could compromise the outcome of the MDA.

6. Supply Chain Management

As part of the preparations for the FY15 MDA, the NTD program received its entire order of PZQ in May 2014, that is, about 16,000,000 pills. The orders for the other drugs (Zithromax, IVM and ALB) are expected to arrive in September. Following the drug audit conducted in September 2013 with technical assistance from JSI it was recommended that the following three (3) main activities be undertaken:

- Reviews of NTD drug management tools, including the tally sheet, treatment forms, Integrated Health Center (CSI) summary and reporting forms, and the community register. These forms were revised in August with TA from JSI.
- Training of trainers and monitors on the use of the new tools. Following the revision of the tools, staff of MOH was trained at national and regional level on the correct usage of the revised tools. This activity also took place in September. This training will be provided in a cascade format to all the other levels prior to the MDA.
- A physical inventory of the drugs following the 2013 campaign. This is aimed at having proper record of drugs in the warehouse, including expiration dates, to help avoid loss of drugs due to expiration and to help in our drug requisition. This activity is currently underway.
- A meeting of the MOH, HKI and the ONPPC was held recently to correct the shortcomings found when the drugs were distributed last year.

The strengths of the supply chain system are:

- The contract with the ONPPC for drug storage and distribution (which relieves the NTDP);
- The MOH contribution via the exemption granted for NTD drugs and payment of the costs for the transit of all NTD drugs;
- The fruitful partnership with the WHO, which covers all costs for IVM and ALB delivery;
- The fruitful relationship with The Carter Center, which covers the purchase costs for tetracycline ointment (for all children 0 to 6 months old and those otherwise unable to take Zithromax).

The main Supply Chain Management (SCM) problems encountered during the period under review were:

- The delayed release of some drugs at the airport due to a lack of coordination between the MOH NTD program and the forwarding agents contracted by the Ministry
- Shortcomings in the quantification of orders by the Programs due to lack of information about inventories remaining post-campaign. For example, there was a stock-out in Birnin’Konni during the trachoma MDA, in which an insufficient quantity of Zithromax was delivered to the district. While this issue was identified during the MDA, a sufficient quantity of drug could not be found to provide drug to all those needing it, resulting in quite low coverage.
- Issues with drug storage for the ONPPC due to insufficient storage space.
- Extended time period required to deliver NTD drugs (it takes about a month and a half) due to a lack of ONPPC vehicles
- Inadequate distribution and use of drugs due to a lack of training at all levels (e.g. not respecting the target population age range; not reaching all eligible persons; where co-

distribution occurs, only delivering one drug or the other, but not both, to the target population)

During the period under review, there were no new issues of drug expiration. During the previous MDA (in March), the drugs that were close to expiration were used to treat 2 HDs earlier than the proposed time. However, there remains a backlog of expired drugs inherited from RISEAL and those expired just after the ONPPC took over storage, which have still not been destroyed. The expired drugs are PZQ (26,000 pills) and Zithromax (Pills: 540 bottles; Syrup: 1,021 bottles). The National Program believes that these issues will not continue, due to the post-campaign physical inventories that will now take place and the review of drug management tools, which will enable consistent inventory taking by CSI heads of going forward.

7. Program Monitoring and Evaluation

Independent monitoring (IM) was also introduced in the previous MDA and provided very useful information about strengths and weaknesses found during implementation and reporting in the field. The IM report is currently being finalized and will be available within the next week. The IM results will be used to improve upon these areas going forward.

As part of effort by MOH to sustain the NTDP there are plans to implement post-MDA surveillance in the 3 districts that passed the TAS for stopping MDA . Periodic surveillance will be conducted every 2-3 years in those districts that passed the TAS for stopping MDA using ICT cards. An epidemiological survey will also be conducted every 3 years for districts formerly endemic for Oncho. The objective of these studies is to monitor the trend in prevalence of *Onchocerca volvulus* and *Wuchereria bancrofti*. Entomological surveillance will also be conducted for mosquitos and blackflies for both LF and Oncho, respectively.. Passive surveillance for LF will also be conducted in the 3 districts that have stopped MDA using ICT routine test that will be implemented in hospital laboratories, blood banks and peripheral laboratories. Additionally, routine microfilaraemia tests will be performed in training laboratories. For trachoma, a protocol for post-MDA surveillance will be developed, and then surveillance will commence in the 14 districts that have met the criteria to stop MDA, with 2 sentinel villages per HDs per year.

WHO guidelines on LF elimination criteria may be revised and include morbidity management as part of the criteria a country must meet in order to be verified for elimination. Therefore Niger may need to seek funding in order to provide management of the morbidities attributed to LF.

8. Short Term Technical Assistance

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

- FOG management training, with support from Deloitte. The training, conducted July 7 to 11, 2014, enabled the central NTD team (MOH, HKI and the ONPPC) and the regional level (all regional NTD Focal Points) to better understand the concept of performance-based

- funding. As an application exercise, the team developed new and more realistic milestones for the FY15 budget.
- Supply chain management, with assistance from JSI. There were three (3) activities recommended in this section. A review of NTD tools (training module, summary and distribution registers), training of trainers on SIGL, and the physical inventory of drugs post-campaign. These activities are recommendations from the drug audit of November 2013. The training was conducted in September.
 - The reports of these trainings have not been received yet from our technical partners but will be shared with FHI360 as soon as we receive them.
 - In addition, due to the cessation of NTD activities in Sierra Leone as a result of the Ebola virus epidemic, two members of the Sierra Leone NTD team were assigned to the HKI office in Niger as of September 1, 2014 as in-house short-term technical assistance. These staff, the Assistant Program Manager, NTD and the Monitoring & Evaluation officer, will provide programmatic and technical assistance to the NTD team in Niger, which has a long list of activities to coordinate by the end of FY14,.
 - Some of the activities that they will be working on include but are not limited to:
 - Assistance in finalizing the second SAR including workbooks, and the independent monitoring report
 - Support the HKI Niger team in finalizing the protocols for the various surveys (Pre-TAS, SCH/STH & Trachoma)
 - Support the training and field activities for implementation of the above listed surveys

9. Government Involvement

The HKI team paid a courtesy visit to the MOH as part of its advocacy activities. The visit provided an opportunity to introduce the new HKI team, notably, the Country Director and her deputy to MOH officials. The opportunity was also taken to advocate to the Minister the need to appoint a NTD Coordinator or a NTD Focal Point to strengthen coordination within the Ministry.

A coordination meeting was held with all of the partners intervening in NTD control in Niger for a status update on activities completed, in progress, or to be implemented before the end of the fiscal year.

The Deputy Director meets frequently and separately with the 3 focal points to strengthen the working relationship and to address several issues, including the timely release of funds, respect for the timeline of activities, among others.

The USAID one billionth campaign celebration took place in August and helped raise national awareness of the NTD program in Niger. This program was well attended by partners and senior government officials, including central level directors of MOH, as well as the United States Ambassador. The secretary general of the MOH opened the ceremony. During the ceremony the unsung heroes who were nominated by the program were present along with their family

members. The program was covered by the media and was shown on the national television, newspapers and radio. T-shirts, flyers, and caps were also produced in honor of the occasion.

10. Proposed Plans for Additional Support to National NTD Program

No programs were developed for integration with other programs during this period.

11. Lessons Learned

- The FOG system is a good performance-based funding system on the condition that realistic, simple and easily implemented milestones are set for the disbursement of project funds. This has helped with timely reporting by MOH and has thus enabled the assessment of specific activities during the course of the year rather than waiting for a final report. This ensures corrective measures.
- Village populations are very difficult to access after the rainy season due to the mass movement to large cities and neighboring countries.
- In-process monitoring helped improved MDA coverage during the previous campaign. The fact that monitors were able to identify weaknesses during the campaign and reported in time, allowed MOH to institute corrective measures which helped improved coverage.
- Best practices:
 - Better results are seen when the community distributors work in pairs than when they distribute alone since it is difficult for one distributor to carry all the drugs, dose pole, register and other materials to cover long distances. This normally leads to fatigue. This was observed during the past independent monitoring and supervision of MDA.
 - Also as observed in the previous MDA, the ideal period for MDA is before or during the rains as population tends to move to larger cities or neighboring countries after the rain. There are plans to review the MDA calendar to be able to capture a larger part of the population which will help achieve maximum result.
 - The post MDA inventory which has commenced is another best practice. This will help address any potential expiration of drugs as experienced in the past. It will also help guide our drug requisition thereby avoiding over estimation of drug requirement. It is hoped that the monthly inventory proposed for FY15 will even improve our drug supply chain management system.

12. Major Activities for the next six months

- Micro-planning workshops - September 2014
- NTD Coordination meetings - October 2014 and January 2015
- Hydrocele surgery and lymphedema management (patients pay for own surgery; occasional support from Government of Niger to purchase washing kits) – October 2014 to January 2015

- Trichiasis surgeries, TT kit and consumables purchases, and M&E for TT surgery in all endemic districts (with financial support from HKI and The Carter Center via the Conrad N. Hilton Foundation) - October to June 2015
- Printing and distribution of posters, flip charts, and brochures on NTD prevention - October 2014
- Awareness-raising caravans in districts with low MDA coverage - October to November 2014
- SCH experts' meeting - November 2014
- National launch of MDA for NTDs - November 2014
- Advocacy meetings at the health district level - November 2014
- MDA for SCH in 11 districts (including 4 districts where ALB will also be added for STH) - November 2014
- MDA for trachoma in 13 districts - November 2014
- MDA 1 for LF in 27 districts - November 2014
- Regional supervisors (from health and education sectors) will supervise training and distribution for health center managers and leaders in the different disease sectors - November & December 2014
- Supervision of district and health center level training sessions and MDA by Regional focal points for health and education - November to December 2014
- Independent monitoring during MDA - November to December 2014
- National supervisors (national NTD focal point, NTD coordinators and program team members, health education office) will supervise preparation meetings, trainings of health center heads, MDA distribution and conduct a final evaluation of the campaign - November 2014 to February 2015
- Development of MOH 2015 annual NTD action plan - December 2014
- National post-MDA review meeting - January 2015
- TIPAC training - February 2015
- Validation workshop for follow-up and assessment plan of the 2012-2016 National NTD Strategic Plan - February 2015
- Creation of NTD task force - February 2015
- MDA 2 for LF in 2 districts (Bouza and Keita) that failed the TAS - July to August 2015
- Training biomedical/laboratory technicians - March 2015
- Electronic tablet training for Trachoma impact assessments - March 2015

Sierra Leone

The reporting period has been challenged with an unprecedented Ebola epidemic in Sierra Leone, which gradually brought activity implementation to a halt in July 2014. The worsening situation led the Government of Sierra Leone (GOSL) on Wednesday July 30, 2014 to declare a 'state-of emergency' for 60 to 90 days which has continued to have potential impact on the timeframes and extent of the implementation of MDA-schistosomiasis (SCH) and soil transmitted helminthes (STH) in 12 health districts (HDs), MDA-Lymphatic filariasis (LF) and STH in the Western Area (WA), transmission assessment survey (TAS) for LF, and MDA for LF, onchocerciasis, and STH in 12 HDs. A decision on the best timing for the implementation of these activities will be made when the state of emergency is lifted, possibly at the end of October 2014.

Notwithstanding, during the reporting period and prior to the Ebola epidemic, many activities were implemented. The neglected tropical disease program (NTDP) held the annual review meeting with participation of district health management teams (DHMTs) from all the 14 HDs and partners to review the previous year's neglected tropical diseases (NTDs) activities. This was followed by the fiscal year (FY) 15 NTDP work plan process which began with a series of macro planning meetings. At the macro planning meetings, target populations for all HDs were agreed upon, and recommendations and lessons learned from the review meeting were discussed and transformed into a working document.

Advocacy and social mobilization meetings to get the support and commitment of stakeholders for mass drug administration (MDA) for SCH in 12 HDs were held in district headquarter towns, and in various communities. The participants included, among others, council chairmen, ward councilors, religious and traditional leaders, leaders of market women's associations, the teachers union, the motor cycle riders, the security group, and Youth and Women's organizations.

Refresher training sessions were conducted for 131 supervisors and 891 peripheral health units (PHU) staff for SCH MDA in 12 HDs. All other planned activities did not happen due to the Ebola epidemic which has become an emergency situation, as described above.

During the reporting period, the NTDP received technical assistance (TA) from FHI360/Deloitte to train program staff and partners on the principles of fixed obligation grants (FOG) and performance management. The TA also covered an overview of FOG operational policies and procedures, including how to draft, award, and administer FOGs and performance management including process of liability, agility, responsiveness and cost/efficiency. Participants included NTDP staff, MoHS Director of Finance, MoHS Program Manager for health systems strengthening; DHMTs finance managers, NTD focal persons, and HKI NTD staff.

If the Ebola situation becomes contained, activities will be reprogrammed in FY15, but the timing is uncertain, as it could take several months after the containment of the outbreak for the health system to be ready to support these activities again. Community mobilization will also be a concern when NTD activities start-up again, as the trust of the community members in the health system will need to be restored and proper messaging used to relay information about the nature and safety of the campaign.

1. MDA Assessments

MDA did not take place during the reporting period. MDA for SCH and STH in 12 HDs that was scheduled for June 2014 and MDA for LF-STH WA, which was scheduled for September 2014 did not happen due to late arrival of praziquantel and the beginning of the month of 'Ramadan' (fasting). The MDA for SCH/STH in 12 districts and MDA for LF/STH in the Western Area were rescheduled to September and December 2014, respectively. However, these are not expected to go as planned due to the escalation of the current Ebola epidemic.

The TAS planned for September 2014 has been rescheduled to the last quarter in FY15. It is anticipated that at such time the Ebola epidemic would have been controlled and the NTDP will be able to conduct appropriate and effective social mobilization in the communities where the TAS will take place. Pre-sensitization prior to TAS is more important now than before as it requires blood samples to be taken, and the program wants to avoid TAS from being mistaken by the communities as “testing for Ebola.”

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

Information, Education and Communication (IEC) materials which were revised for content during the first half of FY14, were reproduced during this reporting period. A total of 1,050 integrated training manuals for PHU staff and 1,000 posters were reproduced and distributed for MDA SCH-STH in 12 HDs.

Presentations:

- Annual NTDs review meeting 15th April 2014. Poster presentations on:
 - Independent Monitoring of MDA for LF, onchocerciasis, and STH in 12 Districts
 - Evaluation of PHU staff and community drug distributors/community health volunteers (CDD/CHVs) trainings, community sensitization meetings for MDA LF-onchocerciasis-STH and the perceptions of LF sufferers in 14 HDs
 - Progress towards LF elimination in Sierra Leone.
- END in Africa Project Partners’ meeting held in Accra, Ghana from 23rd – 25th April 2014. Oral presentations on:
 - Integrated control of NTDs in Sierra Leone: Progress towards elimination & Priority Action in 2015
 - Cross border Issues in Hard-to-Reach Communities & Persistence High Prevalence Areas
 - Sierra Leone Experience
 - Sustaining Surveillance System
- Abstract Submitted for 63rd ASTMH in October 2014 (late breaker session – acceptance pending)
 - Progress towards Lymphatic filariasis elimination in Sierra Leone. Santigie Sesay, Jusufu Paye, Mohamed S Bah, Florence Max McCarthy, Abdulai Conteh, Mustapha Sonnie, Mary H Hodges, Joseph B. Koroma and Yaobi Zhang.

5. Supervision

During the reporting period, funds were made available to the national NTDP for regular maintenance of their vehicles to enhance their capability to supervise activities at all levels, including supervision of hard-to-reach communities. At district level, funds were provided in the DHMTs budgets to cover the cost of hiring motorcycles and providing fuel to aid effective supervision by the NTD focal persons. However, due to the Ebola epidemic all supervision tied to the delayed program activities has been deferred. Since MDA did not take place during the reporting period, there were no issues regarding potential bottlenecks during MDA and/or issues around data collection.

In adherence with WHO guidelines and MoHS regulations, HKI held regular meetings with the NTDP. An NTD Task Force meeting was held in March with participation from the WHO, Sightsavers, and senior members of the MoHS including the Deputy Chief Medical Officer and the Director of Disease Prevention and Control, to discuss major issues relating to NTDs in Sierra Leone.

6. Supply Chain Management

The supply chain management (SCM) activities that were implemented during the period under review included the distribution of logistics, IEC materials, and drugs for MDA SCH in 12 HDs and MDA LF-onchocerciasis-STH 14 HDs.

PZQ for MDA SCH & STH in 12 HDs arrived at the end of May and was cleared from the airport and stored in the NTD warehouse in Makeni. At the NTD store in Makeni, quantification of the drug was conducted, and the quantity received was the same as that specified on the airway bill. No damaged drugs were found. The ivermectin (IVM) and albendazole (ALB) for MDA LF, onchocerciasis, and STH in 12 HDs and MDA LF & STH in the WA also arrived during the reporting period. It was cleared from the port and taken to NTD store in Makeni, quantified and stored. These drugs have not been distributed to the various DHMTs due to the public health emergency ordered by the GOSL to tackle the Ebola epidemic.

There was no problem with custom clearance and importation of drugs during the period under review. The PZQ, ALB, and IVM that arrived in country were cleared within the stipulated period and transported to the NTD drug store in Makeni without any delay using NTDP vehicles. Once drugs are in the NTD store there are little or no issues in distributing them as long as the necessary logistics are available including vehicles, fuel and overnight allowances for NTDP and NTD focal person at district level.

HKI had placed an order with Alere for ICT cards to arrive during the reporting period for the TAS, but have delayed the shipment until further notice as the proper temperature controls for the cards could not be assured given the uncertainty due to Ebola.

A constraint at the various DHMTs is the lack of functional vehicles to transport drugs to the various PHUs. Most of the vehicles supplied to the DHMTs in past years have broken down, making it difficult to distribute drugs in a timely manner. To solve these problems, motor bikes and boats

are normally hired for MDA activities which help focal persons transport drugs where there is a vehicle constraint.

Technical assistance from John Snow Incorporation (JSI) was planned for August for NTD focal persons and district pharmacists to be trained on Standard operating procedures (SOPs) for drug supply. This activity did not take place due to the current Ebola epidemic.

7. Program Monitoring and Evaluation

Due to the lack of activities that would require monitoring and evaluation (TAS, Independent monitoring) during the reporting period, monitoring and evaluation was not conducted. The program and disease workbooks have been completed.

8. Transition and Post-Elimination Strategy

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

The national program had planned for the TAS in 8 districts (4 EUs) in September, but this has been delayed due to the Ebola epidemic. It is anticipated that the TAS will be conducted in the last quarter of FY15 and the results will assist with a policy decision about the cessation of MDA and the commencement of disease surveillance. A TA visit has been requested in the FY15 work plan to help with the training of technicians on the TAS protocol.

Advocacy meeting planned with parliamentary health committee to advocate for additional budget line for NTDs in the GOSL budget was rescheduled for the second half of FY14 but did not take place due to the current Ebola epidemic which has occupied all the Parliamentarians in the country. The NTDP and HKI will continue. It is anticipated that outcome of this meeting will yield better results in terms of GOSL financing of the NTDP. The One Billionth Campaign was also unable to be held during the reporting period as planned due to Ebola, which would have been another opportunity for raising the profile of the NTDP and program accomplishments in Sierra Leone.

Meanwhile, NTDP will continue to advocate to the MoHS to include NTD surveillance in the national disease surveillance system. This will ensure sustainability and help to prevent recrudescence of the diseases. Transition and post-elimination strategies are a key element in the integrated NTD 5 year Master Plan (2011-2015) and will be further strengthened in the next 5 year NTD master plan.

As part of plans to ensure government ownership and sustainability of the NTDP during the period under review, advocacy meetings were held with stakeholders in the districts to ensure continued commitment from the district councils, most importantly for the district councils to include a budget line for NTDs in their council budgets and ensure practical disbursement of allocated funds. The advocacy events take place prior to each MDA and while the NTDP and DHMTs have

always received the support of the district council stakeholders to participate in the MDA, the challenge has remained to create NTD budget line in their council budgets and disburse funds from those lines. These advocacy efforts will continue after the Ebola epidemic.

Another step taken to ensure sustainability is the inclusion of MoHS staff at central level to take part in the FOG training to help increase their knowledge of the NTDP and its funding needs.

9. Short Term Technical

Three TAs were expected to be provided to the NTDP during the reporting period. These include TA on:

- FOG principles and performance management by FHI360/Deloitte
- SOP and training materials development to strengthen the capacity of NTD to effectively managing NTD drugs by JSI
- TAS protocol by FHI360/HKI

Due to the Ebola epidemic and subsequent halting of travel to Sierra Leone, only the TA on the training on FOG principles and performance management was implemented. The TA also covers the FOG operational policy and procedure including how to draft, award and administer FOGs and performance management including process of liability, agility, responsiveness and cost/efficiency. Participants included NTDP staff, MoHS Director of Finance and Program Manager for health systems strengthening; DHMTs finance managers, NTD focal persons and HKI NTD staff. HKI has yet to receive the report of this TA from FHI360/Deloitte. It is anticipated that remaining TAs will be rescheduled in FY15 once the Ebola epidemic is under control.

10. Government Involvement

Several coordination meetings were held during the reporting period to discuss activity implementation plans, budgets, targets/beneficiaries, and agenda for meetings. These meetings were held at both central and district levels. At central level the participants included staff from NTDP, HKI, Sightsavers and WHO and at districts level the participants were from DHMTs. No task force meeting was held during the reporting period.

Advocacy meetings to elevate government commitment were conducted at the district level targeting mayors, members of district councils, paramount chiefs, and at the community level targeting community leaders, religious leaders, and youth groups. These stakeholders continued to pledge their support to the NTDP and demonstrated their commitment by attending NTD events/activities. However they are yet to translate these commitments into budget lines for NTDs and disbursement of those funds to the program. There has not been an addition of new staff members in the NTDP and no additional office space has been provided. Though the Government of Sierra Leone (GOSL) continues to meet its obligation to pay NTD staff salaries and

other administrative expenditures, the disbursement of funds for direct implementation of NTD field activities remains a challenge. There was no incremental increase in government funding but funds were made available for provision of fuel for the administrative operations of NTDP vehicles.

11. Proposed Plans for Additional Support to National NTD Program

The National School and Adolescent Health Program (NSAHP) continues to support the NTDP in the SCH and STH program. The water sanitation and hygiene (WASH) program of the NSAHP is one of the areas considered for possible collaboration as the NTDP target SCH for elimination and control for STH. NTDP and NSAHP had planned to integrate messages on SCH and STH in WASH programs with support from UNICEF however this has been greatly affected due to the current Ebola situation in the country. There are still plans to embark on this as soon as normal health activities resume.

There are continuous efforts to implement NTD activities using cost effective measures. As seen in recent activities implemented, no new IEC materials have been developed, for instance. The previous IEC materials and integrated training manuals for all the four targeted NTDs including social mobilization guides were revised during the first half of FY14 at no extra cost. These were reproduced and utilized during the reporting period in particular for MDA SCH-STH refresher trainings. This is not only a cost-efficiency but also reflects how well the current materials are working in mobilizing the communities to participate in MDA. As in FY13, reduced training days were maintained for TOT and PHU staff training for MDA SCH-STH. These initiatives have been carefully implemented to maintain effective and efficient program implementation. Similarly there has been more use of interactive radio programs, offering more flexibility and less cost to tailor communications and social mobilization for the various NTDs.

12. Lessons Learned/Challenges

The training provided by FHI360/Deloitte on basic FOG principles and performance measurement helped the MoHS Director of Finance and DHMTs finance officers increased their understanding of how the FOG operates.

There was a window of opportunity for MDA SCH in June prior to the closure of schools for the rainy season. This 'window of opportunity' was not met due to late arrival of PZQ in June 2014, which then coincided with the start of Ramadan when people begin fasting thus making MDA impossible during this time period, and MDA was further postponed after Ramadan due to Ebola.

13. Major Activities for the next six months

The feasibility and timing of conducting activities for the next six months will fully depend on the Ebola situation in the country. Some of the planned activities for second half of FY14 were not implemented and will be rescheduled for the next six months. Current objectives for the next six months are to conduct:

- MDA SCH & STH in 7 districts and MDA LF& STH in the WA which have been carry-over from FY14 activities due to the Ebola outbreak;
- MDA-onchocerciasis-LF & STH in 12 districts October 2013- December 2013.

Other activities to be conducted in a timeline to-be-determined during the next six months are:

- Training (carry-over from FY14)
 - MDA LF in the WA for supervisors, PHU staff and community health worker
 - MDA LF, onchocerciasis, and STH in 12 districts for DHMT staff, PHU staff and CDDs
- Advocacy meetings and social mobilization (carry-over from FY14)
 - MDA for LF in the WA
 - MDA for LF, onchocerciasis, and STH in 12 districts
- Distribution of praziquantel for SCH and STH in 12 Districts (carry-over from FY14)
- Distribution of ALB and IVM LF and STH in the WA (carry-over from FY14)
- Distribution of ALB and IVM LF, onchocerciasis, and STH in the 12 Districts
- Independent monitoring for MDA SCH & STH in 7 districts, MDA LF&STH Western Area and MDA LF, onchocerciasis, and STH in 12 districts
- Collection, analysis, reporting for MDA SCH & STH in 7 districts, MDA LF&STH Western Area and MDA LF, onchocerciasis, and STH in 12 districts
- NTD review meeting with DHMTs and partners

Togo

Every year, the Togo Ministry of Health (MOH) makes great strides in improving the quality of its integrated neglected tropical disease (NTD) activities, and this year was no exception. During this period, the Togo MOH, in partnership with UNICEF and Health & Development International-Togo (HDI-Togo), implemented a nation-wide integrated mass drug administration (MDA) activity to treat onchocerciasis, schistosomiasis, and soil-transmitted helminths (STH) and provide vitamin A supplementation to preschool aged children in April/May and is developing plans for the second round of treatment that will take place in October. Also during this period, the MOH, in collaboration with HDI, submitted drug orders for the coming fiscal year and developed a new Integrated NTD Work Plan. Finally, the MOH and HDI-Togo have been working with the American embassy to plan a billionth dose celebration, which will hopefully be held in October.

In April/May 2014, the MOH implemented their fourth nation-wide integrated MDA to treat onchocerciasis, schistosomiasis and STH, the fifth large scale integrated MDA under USAID funding. Medications (ivermectin, praziquantel, and albendazole) were provided to school-aged children and high-risk adults via a community-based, house-to-house distribution platform. This MDA activity was integrated with UNICEF, which provided albendazole and vitamin A for distribution to preschool-aged children and funded some aspects of the training and

implementation of the integrated NTD MDA. Community drug distributors (CDDs) distributed medications according to local disease prevalence, per World Health Organization (WHO) guidelines. In preparation for the MDA, the MOH organized supervisor training sessions in all five geographic regions in early April 2014, followed by training of the nurses, ultimately culminating in the CDD training. The MDA began in mid-April and continued through mid-May 2014. The drug distribution report forms were collected from all of the districts in June 2014 and data entry occurred in July 2014. Data analysis is ongoing and results will be available shortly. Overall, we expect the data will demonstrate high treatment coverage and minimal drug losses.

Planning for the second round of MDA that will take place in October 2014 has begun in earnest. The second round of treatment will be delivered to areas with high rates of STH (4 districts, funded by USAID) and/or onchocerciasis (11 districts, funded by the MOH/Sightsavers).

Collaborations among the Integrated NTD Program, HDI-Togo, and the Onchocerciasis Program are being strengthened as a first step to moving toward onchocerciasis elimination. The MOH, HDI, and Onchocerciasis Program are collaboratively developing detailed and integrated implementation plans at the central level for distribution of medications and data analysis. In addition, collaboration with the WASH sector is also building, through the recent incorporation of a new page in the educational flip chart that describes improved WASH practices, as well as the potential for further integrated activities, and the MOH is actively seeking out ways to collaborate and integrate with other NTD programs, such as noma and buruli ulcer.

The MOH has worked with HDI, USAID, FHI360, and other partners to develop a new Work Plan, and the MOH worked with HDI to generate drug orders for the upcoming fiscal year. Overall, this has been a highly successful six-month period. Although the final treatment numbers have not yet been calculated for the recent nation-wide MDA, we expect that the coverage was excellent and look forward to continued successful activities.

The onchocerciasis situation in Togo has received particular attention lately, as the focus is moving from onchocerciasis control to elimination. During field supervision in April 2014, it was determined that there are groups of migrant workers who may not be present in the villages at the time of the MDA, and this population may be a reservoir for ongoing transmission in these areas. Plans for onchocerciasis surveillance during the next fiscal year, as well as strategies to treat these migrant workers, have been discussed during this period.

HDI-Togo and the Togo MOH have been working with the US Embassy to plan a billionth dose celebration. Recent discussions indicate that this celebration will be held in October, and an agenda, terms of reference, budget and invitation list have been developed. The NTD partners will honor three unsung heroes of the integrated NTD effort at this event, a nurse, a community drug distributor (CDD) and the lymphatic filariasis (LF) program manager.

1. MDA Assessments

All workbooks have been updated with the most recent information available, which does not include the Spring MDA data. The cleaning and analysis of the Spring MDA data is ongoing, and final numbers are expected to be available in the beginning of October.

2. Changes in MDA Strategy

All districts: Schistosomiasis Starting in April 2014, expanded treatment to include adult women in peripheral health units with moderate prevalence of schistosomiasis (10%-49% prevalence).

3. Training

Most of the individuals trained during this period were trained in preparation for the nationwide April-May 2014 MDA. One individual from HDI Togo attended a supply chain management course organized by JSI in Lomé in September, and this is included under 'Other' in the table.

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

During the April/May 2014 integrated MDA, town criers were used to publicize the campaign. The MOH developed radio spots (in French, as well as nine different local languages) to encourage individuals to participate in the MDA.

At this point, all of the community drug distributors (CDDs) have dose poles and educational flip charts that can be reused every year. In addition to the data collection forms needed for the integrated MDA, spare copies of the training manuals and registers were reproduced in case the participants lost them over the year, or if new CDDs were recruited. Use of the flip charts as an educational tool was stressed during all levels of the cascade training sessions, and water, sanitation, and hygiene (WASH) messages were added to the flip chart this year. Printed materials and the radio broadcast are included as appendices to this report.

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 PHU-level. Detailed implementation plans are developed at the PHU level, and part of the preparatory process involves communication of the specific drug distribution plans for each location. During MDA activities, drugs and printed materials are delivered to each geographic level according to the detailed implementation plan, and ultimately reach the CDDs. Supervision of the MDA occurs at all levels, including central-level MOH employees and HDI-Togo employees who work in the field to monitor the MDA. 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. 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, more attention is paid to that area during future MDAs by the central supervisors in order to resolve the issues.

This year, Dr. Anders Seim, the Executive Director of HDI, was in Togo from April 10th until April 23rd, and took this opportunity to observe trainings and the implementation of the MDA in the field. He focused his supervisory efforts on the areas where onchocerciasis prevalence remains relatively high, in order to gather some contextual information about what is needed to move toward elimination of onchocerciasis.

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 April-May 2014 MDA were received well in advance of the 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 being distributed was documented and inventory forms were signed. Once the MDA was completed, the remaining drugs, as well as the reporting forms, flowed back up the chain from 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 Spring MDA, losses and wastage are expected to be minimal, but we have not received final reports and medications from a few districts.

7. Program Monitoring and Evaluation

We have updated the workbooks with the most recent information available, which does not include the Spring MDA data. The Togo MOH is continuing to use the existing monitoring and evaluation (M&E) framework and tools supplied by FHI 360. Coverage is quite high in most areas, and the Togo MOH has reinforced the need for the CDDs to use the educational flip charts while implementing the MDA.

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 the completion of drug requests, analysis of the Spring 2014 MDA data, and FOG deliverables. Even after the elimination of LF in Togo, the MOH is actively involved in post-MDA surveillance for LF. The Togo MOH hopes that WHO will confirm LF elimination, although it is recognized that ongoing onchocerciasis treatment with ivermectin may be a barrier to verification.

9. Short-Term Technical Assistance

The HDI logistics coordinator participated in a SCM training supported by USAID and organized by JSI in Lomé in September 2014. We have requested advanced SCM training, as well as follow-up TIPAC training in our FY 2015 Work Plan. In addition, during the next FY, we hope to invite an onchocerciasis expert to provide guidance on appropriate surveillance and monitoring strategies for onchocerciasis as Togo moves towards elimination.

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 April-May 2014 MDA implementation and October 2014 MDA preparations. The MOH recently organized the annual Work Plan meeting and participated actively in developing the Work Plan and budget for FY2015. The Togo MOH is also developing their data management and analytical capabilities; MOH staff members were entirely responsible for entering and cleaning the April-May 2014 MDA data and analysis is currently underway.

11. Proposed Plans for Additional Support

The Togo Integrated NTD Program has relied on broad partnerships to accomplish goals and continues to encourage active participation by a variety of partners. For example, the MOH works with the WHO to successfully obtain the release of the MDA medication from Customs, and with the Onchocerciasis Program and UNICEF to implement integrated MDAs. The collaboration with the Onchocerciasis Program will be strengthened in order to facilitate integrated MDAs over the short-term, and over the long-term, to more easily accomplish the goal of onchocerciasis elimination in Togo. The MOH and HDI are currently working on methods to expand integration of the WASH program, specifically, the inclusion of additional WASH messages in the MDA trainings. The involvement of UNICEF in the April/May 2014 MDA added value to the integrated framework, and allowed for the distribution of albendazole and vitamin A to preschool-aged children. Finally, the MOH and HDI have applied for funding from the Bill and Melinda Gates Foundation to train CDDs to identify cases of hydrocele and trichiasis in their communities, and once cases have been identified, to provide surgery to those requiring it. We are hopeful that this application will be funded, and will fill a gap in the existing integrated NTD activities.

The Togo Integrated NTD Program developed tools for the community distributors that can be reused every year (e.g., dose poles and flip charts), and registers and training manuals that can be used for multiple years in order to increase the cost-effectiveness of the program. In addition, the Togo Integrated NTD Program has developed integrated reporting tools and implemented integrated trainings and drug delivery. Further integration with other partners is sought (e.g., UNICEF, WASH) and will be discussed at future work planning meetings.

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 to 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.

Due to insufficient numbers of community distributors, some community distributors were assigned to neighboring communities that are culturally or linguistically different from their own community, therefore facing challenges of confidence and trust in the target community. When these challenges were recognized by the MOH, the nurses worked to reassign community distributors to places that are more culturally similar in order to decrease the barriers to uptake of the medication. Another challenge that was faced this year relates to the logistics of the integration of albendazole distribution with UNICEF. When the leftover drugs are collected, it has been unclear how much albendazole should be returned to UNICEF and how much should remain with the MOH. We are optimistic that this will be easily resolved once the administration data have been fully analyzed.

13. Major Activities for the next six months

- October 2014 – Conduct MDA in high-STH-burden areas; Produce report of April/May 2014 MDA; Billionth dose celebration
- November 2014 – MDA data is collected at the local level; Togo and HDI-HQ team participates in ASTMH meeting in New Orleans, LA
- December 2014 – Onchocerciasis surveillance activities begin; Collect, enter, and analyze data from October 2014 MDA
- January 2015 – Refine MDA training materials; Conduct NTD Program stakeholder meeting; Finalize microplans, budget; Receive all medication; Initiate integrated disease specific assessments for STH and schistosomiasis; Onchocerciasis surveillance activities continue
- February 2015 –Reproduce training materials for MDA; Revise, produce, distribute messages for social mobilization; LF transmission assessment survey; STH and schistosomiasis integrated DSAs continue; Onchocerciasis surveillance activities continue
- March 2015 – Continue preparations for April 2014 MDA; Finalize Praziquantel application; Implement training of supervisors, nurses, and CDDs; Onchocerciasis surveillance activities continue

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 USAID. This semiannual report summarizes the activities implemented under the project for the financial year 2014 with particular emphasis on the second half year between April 2014 and September 2014.

The main activities implemented during this period have been surveillance activities, Mass Drug Administration (MDA) and several advocacy and social mobilization events. Pre-transmission assessment survey (PreTAS) results from 12 districts showed that seven districts passed (with lymphatic filariasis (LF) microfilaremia prevalence $<1\%$) and can move on to do transmission assessment survey (TAS) in 2015. Five other districts failed the Pre-TAS (LF microfilaremia prevalence $\geq 1\%$) and will have to continue with MDA for at least two more years. All 64 districts that conducted TAS passed the survey. The implication is that these 64 districts have reached the endpoint in LF MDA and will be moving on to post MDA surveillance for LF.

A second round MDA for Oncho which is funded by Sightsavers and APOC was scheduled for December 2013 was finally conducted in April 2014. The delay was due to challenges in funding from the African program for Onchocerciasis Control (APOC). There was an MDA for LF, onchocerciasis (Oncho) and soil transmitted helminthiasis (STH) in June July 2014 conducted in 167 districts. This was preceded by a cascaded training for GHS staff across all regions. 89.2% of the reports from this MDA have been reported and the NTD program is in the process of collating the rest of the reports. The results received so far have been used to update the disease workbooks.

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 total populations targeted for each disease however have not changed.

One End in Africa finance officer, Mr. Eubert Mensah, travelled with the NTD program manager and one technical officer to participate in a meeting and training workshop from 19 to 26 July 2014 on the Tool for Integrated Planning and Costing (TIPAC) organized by the World Health Organization (WHO). There has been no change in program staffing since the last report.

The End in Africa project supported the NTD program to undertake a tool for integrated planning and costing (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 NTD Program, which covers NTDs targeted through preventive chemotherapy (PCT), and other programs, which cover diseases that are targeted through case management such as Buruli Ulcer, Yaws, Guinea Worm and Leprosy) locally referred to as Integrated Disease Management (IDM) NTDs, in implementing the tool. The first week was used to train GHS staff on the use of the tool and the next week was used to enter activities and costs of the 2014 Ghana comprehensive work plan into the tool. In July 2014 a team from the NTD program and FHI NTD support team attended a World Health Organization (WHO) workshop on the TIPAC and the 5 year NTD Master Plan. The aim of the workshop was to assess progress made by the NTD programs in using the TIPAC, and to assist NTD programs in updating current NTD Master Plans or preparing new NTD Master Plans.

1. MDA Assessments

The 2013 second round treatment for all 47 Oncho endemic districts which was to take place in December 2013 finally occurred in April 2014 due to delays in funding and other GHS national activities. Preparations towards implementation of this treatment started from January 2014 through April 2014. A total of 3,397 villages were targeted, mobilized and sensitized to ensure therapeutic coverage of 80%. Actual drug distribution for LF, Oncho and soil transmitted helminthiasis (STH) was conducted in June/July 2014 in 167 districts. Reports from 149 (89.2%) districts have been received and the NTD team is working with defaulting districts to compile the outstanding reports. The disease workbook attached to this report has been updated with currently available data and will be updated as the outstanding reports become available.

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

A cascaded training which run through the district to community level was carried out with 659 health workers receiving refresher training on MDA objectives, strategies and management of drug side effects. A similar session was also held for 7,267 community directed distributors (CDDs) at the sub-district and community levels. The training also focused on challenges of the Oncho program such as poor documentation and reporting. An at-risk population of 2.3 million was targeted for treatment out of which 1,784,101 was treated representing a therapeutic coverage

of 81.02% and a corresponding geographic coverage of 94%. The disease workbook 2013 has been updated accordingly.

A national MDA training of trainers (TOT) and review meeting, to equip and reinforce MDA objectives and strategies towards elimination of both LF and Onchocerciasis (Oncho) in Ghana, was organized for health workers from 3 – 5 June 2014. This meeting brought together Supply Chain Officers / Pharmacists, Regional Deputy Directors of Public Health, Regional NTD Focal persons and the National NTD team who facilitated the training. The meeting with a total of 45 participants was opened by Dr. Alexis Nang Beifubah, Ashanti Regional Director of Health Services.

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

As part of 2014 MDA, a team from the END in Africa project made up of the Community Program Manager and the Communication Consultant took two Journalist from TV3 around the Western Region to monitor the MDA and document news stories to be shown on TV. This was aimed at boosting public participation in the MDA and to also highlight the NTD program. The team visited three districts in the Western region of Ghana: Mpohor, Wassa East and Jomoro district.

The inclusion of a communications consultant in the End in Africa Ghana team led to an appreciable increase in the visibility of the program. She supported the development and production of various materials to market the program as well as support the hosting and participation of the program in various events nationally and at the regional and district level. A few of the major events that were organized are highlighted below:

5. Supervision

The FHI360 technical support team that works directly with the NTD program also actively participates in the supervision of activities conducted at lower levels (in regions, districts and communities). During the reporting period, the FHI360 technical support team collaborated with the NTD program staff at central level to supervise TAS in 64 districts (April-May 2014) and MDA for LF-Oncho-STH (June – July 2014). Regions and districts that have previously reported relatively poorer treatment coverage are prioritized during such supervision so that they can be supported to overcome challenges encountered locally.

Challenges previously identified by the NTDCP were addressed with the support of a Communication Support Consultant between March and September 2014. Registers, reporting forms, IEC materials including posters, banners, T-shirts, were developed and produced for use by the NTD actors at all levels. This will now be replicated each year as part of the MDA requirements (the registers and reporting forms) and the advocacy and communication strategy of the NTD program (IEC materials).

6. Supply Chain Management

The NTD program was able to distribute drugs (ivermectin and albendazole) received earlier this year to the regions and districts in time for the LF-Oncho-STH MDA in June-July 2014. The ICT

cards used for the TAS in 64 districts, which was completed in May 2014, was procured by FHI360 and delivered in 2 batches of 18,000 and 14,000 in December 2013 and February 2014 respectively. The Standard operational procedures for supply chain management developed by JSI and adapted by the NTD program have been included as part of the training curriculum for MDAs. This updated manual was used for the cascade trainings conducted for the LF-Oncho-STH MDA.

7. Program Monitoring and Evaluation

Pre-transmission assessment survey (PreTAS) 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 52 sentinel and spot-check sites in these districts. These samples were read over a period of seven months mainly because the technicians who were reading the slides were part of the team who also conducted transmission assessment survey (TAS) during that same period. Districts passing the pre TAS is a pre-condition for conducting the TAS survey that determines the end-point of the distribution of medicines against LF. To qualify for TAS, parasite prevalence should not exceed 1%. If it does, then MDAs must be continued for another 2-3 years and pre-TAS repeated to determine the possibility of conducting TAS.

The results, show that seven out of twelve (12) districts passed while five districts surveyed still have a relatively higher LF microfilaremia prevalence ($\geq 1\%$) in spite of many years of treatment. The seven districts that passed the pre-TAS will conduct TAS in 2015 while the rest continue with MDAs for another two years and repeat the pre-TAS after these additional two years of treatment.

8. Transition and Post-Elimination Strategy

A survey of primary school pupils in classes one and two was undertaken in 64 districts of Ghana from January to April 2014 to ascertain the effectiveness of filarial drugs distributed annually to populations against LF. The purpose of the survey is to determine the end-point of LF MDA, which has been implemented for over 10 years in Ghana.

Children aged 6–7 years represent the target age group for TAS because they have lived most or all their lives during the MDAs and, therefore, positive filarial serology is indicative of recent LF transmission than it would be in older children or adults who may have been previously exposed to the disease. For school surveys, class one and two children were chosen as a proxy for 6–7 year olds; all children in these classes were considered eligible including those outside this age range.

In all, a total of 912 basic schools with 39,320 pupils in classes one and two were sampled and tested with immunochromatographic test (ICT) kits for filarial antigen. There were only 10 positives recorded from all the samples taken. The critical cut-off point determined by WHO, which formed the basis to either 'pass' or 'fail' in any district, was fixed at 18 positives per district.

These reports indicate that drug distribution against LF in these 64 districts have been effective signifying that LF elimination in the surveyed districts may have been achieved. As a result these districts from year 2015, will stop MDAs for LF and start implementing post-MDA surveillance

activities. This brings the total number of districts that has stopped LF treatment to 69 having already stopped MDA in 5 districts since year 2010.

The Disease and Program Workbooks that are attached to this report have been updated with results from MDAs.

9. Short Tem Technical Assistance

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

- The END in Africa project recruited a consultant for communication and advocacy to support the Ghana NTD program for six months (March – August 2014).
- The END in Africa project provided technical assistance to the NTD program on the development of a sustainability plan that includes development of business case and proposals for NTDs through a workshop that was held from 27th July to 2nd August 2014 at the Volta Hotel in Akosombo. This training was organized by Deloitte with the aim of supporting the NTD program to develop a sustainability plan for NTD activities in an event that partners withdraw support or funding dwindles.

The training was very intensive with hands-on sessions covering the following topics:

- Sustaining NTDPs through Effective Planning and Advocacy
- Identifying and Mapping Stakeholders
- Business case Justification for NTDs
- Using data for influencing stakeholders
- Proposal and Grant Application and development
- Action Plan

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 PCT 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 quarterly Intra Country Coordinating Committee (ICCC) meetings for NTDs that bring together managers of the programs covering the PCT and IDM diseases and their partners. Technical capacity and resources are also provided by the government to facilitate program delivery.

An official launch of the NTD Master Plan and the celebration of USAID's one billionth global treatment was held at the Labadi Beach hotel on the 3rd of July 2014. The ceremony was used to honor two unsung NTD local heroes, who have played pivotal roles both at the community and program levels to improve Oncho control, and to showcase an NTD Ambassador selected for the country. The launch was attended by the Minister of Health, Madam Sherry Aryitey and the Director of USAID Ghana who represented the US Ambassador for Ghana. It was also attended by

several dignitaries including the Director General of the GHS, Queen Mothers from the Ga State and other NTD partners. The ceremony was chaired by the Paramount Chief of La, Nii Kpobi Tsuru III.

As part of the NTD Master Plan launch, a symbolic MDA was organized in the La community to commemorate the 1 billionth treatment globally as well as launch this year's MDA against LF, Oncho and STH. The Minister of Health personally took the drugs and joined other dignitaries that administered NTD medicines to eligible persons.

11. Proposed Plans for Additional Support

Liverpool CNTD supported the program with funding, supplies and technical capacity to conduct a three-day training on TAS from 20 to 22 January. This was followed by a practical integrated implementation of TAS and STH survey in Twifo Praso district that was coordinated by CDC. Sightsavers and APOC funded the second round Oncho treatment. The West Africa Morbidity Project supported morbidity control and management activities, which included training on hydrocele surgery for medical officers at the Tamale West Hospital and lymphedema management. Under this support, 10 medical doctors were trained on hydrocele surgery. Five hydrocele and thirteen hernia cases were operated and fifty (50) Lymphedema cases managed.

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:
- Training of trainers' workshop for the schistosomiasis MDA planned for October 2014.
- Annual program review meeting (for review of MDAs conducted in FY2014) planned for October 2014.
- MDA for schistosomiasis in 140 districts planned for October-November 2014.
- A second MDA for oncho – planned for December 2014. This MDA will be funded by Sightsavers and APOC.
- Pre-TAS in 14 districts-planned for November-December 2014.
- TAS in 12 districts – planned for January-March 2015. Seven districts will conduct TAS for stopping MDA and 5 will conduct a second and final post-MDA TAS (TAS2).