FY2015

End Neglected Tropical Diseases in Africa (End in Africa)

Annual Work Plan
Oct. 2014 – Sept. 2015

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

Submitted by: FHI360

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End Neglected Tropical Diseases in Africa Work Plan FY2015

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Acronyms and Abbreviations

AFRO	Regional Office for Africa of the WHO
AOR	Agreement Officer's Representative
APOC	African Program for Onchocerciasis Control
ASTMH	American Society for Tropical Medicine and Hygiene
CB	Capacity Building
CDD	Community Drug Distributor
CNTD	Liverpool Center for NTDs
CSA	Committee of Sponsoring Agencies
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EMMP	Environmental Management and Mitigation Plan
END in Africa	End Neglected Tropical Diseases
EU	Evaluation Unit
FHI360	Family Health International360
FOG	Fixed Obligation Grants
GHS	Ghana Health Service
ICCC	Intra Country Coordinating Committee
JAF	Joint Action Forum
JSI	John Snow Research and Training Institute, Inc.
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRU	Manu River Union
NGDO	Non-governmental Development Organizations
NGO	Non-governmental Organization
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected Tropical Diseases
PCT	Preventative Chemotherapy
Pre-TAS	Preliminary Transmission Assessment Survey
PZQ	Praziquantel
RPRG	Regional Peer Review Group
RTI	Research Triangle Institute International
SARSAE	Semi-Annual Report Serious Adverse Event
SAFE	Surgery, Antibiotics, Facial Cleanliness and Hygiene, and Environmental Improvements
SCH	Schistosomiasis
SCM	Supply Chain Management
SOP	Standard Operating Procedures
SOW	Scope of Work
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TA	Technical Assistance

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

Introduction

On September 29, 2010, the United States Agency for International Development (USAID) awarded Family Health International360 (FHI360) Cooperative Agreement No. AID-OAA-A-10-00050, End Neglected Tropical Diseases in Africa (END in Africa). The award is funded by USAID's Neglected Tropical Diseases (NTD) program, and will contribute to the program's goal of reducing the prevalence of 7 NTDs by at least half among 70 percent of the world's affected populations. The 5-year award is designed to support Ministries of Health (MOHs) and other government entities as they scale up integrated control programs and the delivery of preventive chemotherapy (PCT) for the following 7 NTDs: Lymphatic Filariasis *(elephantiasis)*; Schistosomiasis (*bilharzia; snail fever)*; Trachoma *(blinding eye infection)*; Onchocerciasis *(river blindness)* and 3 Soil-transmitted helminthes (intestinal worm infections).

The project supports national NTD program (NTDP) efforts to implement and scale-up integrated NTDPs in Burkina Faso, Ghana, Niger, Togo and Sierra Leone through sub agreements with selected Non-Governmental Organizations (NGOs). FHI360 awards and manages grants to organizations working in targeted countries with high technical capacity to implement programs that support national NTD control strategies. As a general NTDP rollout approach, FHI360 supports the MOH to lead annual meetings to enable the development of USAID-funded Annual Work Plans based on progress made to date, constraints, identification of potential partners and delivery platforms for PCT, and any additional donors and partners. Sub grantees and the FHI360-led team support the conveyance of these MOH-led meetings and utilize the platform to ensure understanding of the roles and responsibilities of the various USAID partners.

End in Africa is implemented by FHI360 through the execution of first-tier sub agreements with competitively selected NGOs to support MOH/NTDP on completing the major activities and tasks outlined below. Current sub grantees include:

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

FHI360, through its country office and the regional End in Africa team located in Ghana, provides direct implementation support to the Ghana Health Service (GHS) NTDP.

Recently, End in Africa end of project date has been extended until September 2018. Countries under End in Africa have achieved substantial progress scaling up MDAs with sustained good coverage and are following World Health Organization (WHO) guidelines for the selected diseases with few variations to accommodate MOH local policies[1]. With the completion of sufficient successful rounds of treatment for lymphatic filariasis (LF) and Trachoma, the two diseases currently targeted for elimination under End in Africa, countries are transitioning into the active surveillance phase which may conclude with the verification process by WHO when the appropriate number of disease specific assessments (DSAs) are successfully completed.

The 3 Key principles of the END in Africa project includes utilization of existing government networks and well-established channels for implementation of the project; partnering with MOHs

[1] Deviations from WHO recommendations exist in Ghana for soil transmitted helminthes (STH) where all children in school age are treated at least once a year independently of the prevalence. In Burkina and Niger the countries had split the district between hyper-endemic and mezzo-endemic and treat accordingly; both countries are reviewing their strategies to align them with WHO guidelines.

and other NTD partners to strengthen MOHs and provide assistance to build local sustainable capacity in countries; and partnership to promote country ownership in the implementation of large national-scale mass drug treatment programs. Using these 3 principles the END in Africa project will continue in FY2015 to support mass drug administration (MDA) campaigns, impact assessments surveys to demonstrate reduction of prevalence of the targeted NTDs, capacity building to better manage integrated NTD programs and the use of innovative methodologies to improve monitoring and evaluation (M&E) and data management. Three of the 5 END in Africa implementing countries are endemic for trachoma while all 5 are endemic for LF. Data available presently indicate that 75% of endemic districts (75 out of 100) have stopped MDA for trachoma while 50.2% of endemic districts (113 out of 225) have stopped treatment for LF. In FY2015 the END in Africa project will therefore focus on post MDA surveillance for trachoma and LF in those districts that have already stopped MDAs. All 5 END in Africa implementing countries will be trained on post MDA surveillance and development of protocols for post MDA surveillance and supported to establish strong surveillance systems for trachoma and LF.

In FY2015 the END in Africa project will also prioritize strengthening of partnership and collaboration with the following: Water, Sanitation and Hygiene (WASH) programs in the supported countries and other organizations that are involved in the WASH project to improve water sanitation and hygiene for trachoma (and also schistosomiasis (SCH) and STH); the ENVISION project managed by Research Triangle Institute (RTI) International to improve knowledge and skills of the NTD coordination in the 5 countries on post MDA surveillance for the 2 diseases; the USAID NTD team and the African Program for Onchocerciasis Control (APOC) on the way forward for onchocerciasis especially treatment in hypoendemic areas and onchocerciasis impact assessment; and WHO, especially the WHO NTD Regional Peer Review Group (RPRG), to provide proper guidance to the supported countries as they progress towards elimination of trachoma and LF. END in Africa implementing countries will also be supported to use the newly developed data quality assessment (DQA) method to improve data collection and analysis at central (national), middle (regional and district) and lower (subdistrict and community) levels and to improve the quality of data submitted to the national level.

Second-tier sub agreements are signed between FHI360's sub grantees and MOHs flow down resources and technical support to the MOH and ensure sound implementation of NTD country plans and MDAs. Approval has been granted for first-tier NGO sub recipients managed by FHI360 to enter into second-tier sub agreements with the MOH in all selected countries. USAID guidance instructs FHI360's first-tier sub recipients to employ Fixed Obligation Grants (FOG) to provide financial resources and management for the activities undertaken by the MOHs' NTDP in each country.

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

Main Activities

Issuance and Management of Grants

FHI360 will be proactive in ensuring all activities supported by the project are closely aligned with USAID NTD policies and priorities and in line with each government's NTD needs and schedules in implementing integrated NTD control. Activities are designed to increase government ownership while building upon existing platforms. Of the USAID funding allocated to End in Africa, at least 80 percent will support in-country activities to assist scale up of integrated PCT and related M&E activities in Burkina Faso, Ghana, Niger, Sierra Leone and Togo in FY2015.

The in-country work planning sessions of USAID funded activities for FY2015 were completed between May and July 2014 for all countries. These countries plans constitute the platform for the definition of activities that FHI360-led team will execute in the FY2015:

- Support MOHs and sub grantees in the implementation of FY2015 work plans in all countries. Summaries of the already completed and approved work plans for all countries are presented in attachments 1 to 5.

- Execute additional costs extensions of the existing sub agreements up to the life of End in Africa project. To accomplish this outcome the following tasks will be executed:
    - A Justification and Approval Memorandum will be developed by FHI360 technical team in collaboration with our contract management services office addressing ADS 303 requirements, requesting an additional costs extension to sub agreements with HKI and HDI from September 2015 to September 2018. The memo will be developed and submitted for discussion and comments to the project Agreement Officer's Representative (AOR) during the second quarter of the FY2015.
    - Program descriptions for each county will be revised to reflect End in Africa priorities for FY2016 to FY2018. Guidance will provided by FHI360 in consultation with USAID.
    - Budgets will be developed in a collaborative fashion between HKI/HDI and MOHs. Budgets will be submitted by sub grantees to FHI360 for review and submission to USAID for approval. The new budgets will be structured according to the requirements for FOG to manage the second tier sub agreements between sub grantees and the MOHs.
    - Sub agreements extensions packages including: amended program descriptions, negotiation memorandum, justification and approval for non-competitive costs extensions, budget details and narrative and individual FOGs as developed in collaboration with the MOHs and sub grantees, will be submitted for USAID/Agreement Officer (AO) approval early in the third quarter of FY2015 (probably in the month of April). This should provide around six months to get final approval from USAID/AO office.

- Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2016 with the participation of the sub grantees, USAID, FHI360 and other key stakeholders. Ensure that grantees' annual work plans and budget schedules support USAID priorities, MOH plans, MDA cycles and M&E activities. Country work planning sessions are scheduled as follows:

- May 2015 –Ghana, Sierra Leone.
- June/July 2015 – Togo, Niger, Burkina Faso.

- Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2015, as agreed with USAID. Follow-up on TA not directly provided by FHI360, to ensure that the requested TA is technically sound, schedules are developed in coordination with MOH, and recommendations from TA workshops are adequately implemented.

- Continue fostering the adoption and utilization of management instruments that meet existing USAID regulations and NTD program policies. Such instruments include: standardized templates for annual work plans, standardized reporting formats for semiannual reporting, monthly and quarterly financial reporting and grants administration guidelines according to USAID regulations and FHI360 operational procedures.

- Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs, according to the terms in the guidance provided by USAID.[2] While activities occur throughout the year, each country will experience 4 to 6 months of intensive expenditures around the MDA campaigns, Pre-Transmission Assessments Surveys (pre-TAS) and Transmission Assessments Surveys (TAS) for LF, impact assessments for trachoma, SCH and STH, epidemiological evaluations for onchocerciasis, sentinel site monitoring exercises, post-MDA surveillance and coverage surveys. Monitoring will occur through the monthly desk review of the sub grantees' programmatic and financial reports on project expenditures, and periodical site visits to check advances toward established goals. The desk review consists of checking that expenditures are eligible, necessary and reasonable per USAID regulations and in line with the approved budget in the sub agreement. When appropriate, a field visit may be conducted to review project expenditures and progress. A trip report with findings and recommendations will be issued and shared with USAID after each country visit.

- Organize a meeting[3] in Accra with End in Africa NTDP focal points, sub grantees, USAID, APOC and FHI360 to coordinate cross border activities. FHI360 will design the workshop in collaboration with USAID, MOH and sub grantees, to include: 1) definition of objectives; 2) methodology; and, 3) participants identification. We anticipate that countries will present and share planned activities for FY2015 with particular attention on scheduled MDAs and DSAs in health districts (HDs) along the borders. Negotiation tables will be set among bordering countries where schedules will be reconciled and logistical arrangements will be agreed upon. Sub grantees and FHI360 will follow up on supporting the execution of agreements in the field. It is proposed that this discussion happen prior to the in-country FY2016 planning sessions, which are schedule for May/June 2015, thus

[2] Other FOGs related activities, such as training and support are described in the Technical Assistance section of this document.
[3] This meeting may include other West African countries whose NTDPs are either supported by ENVISION, HKI or Center for NTDs (CNTD) Liverpool.

recommendations can be taken into account during the forthcoming countries work planning sessions.[4]

- Monitor compliance with the environmental management and mitigation plan (EMMP) incorporated into each sub agreement, and support sub grantees on meeting all reporting requirements. The results of the monitoring process will be provided to USAID through the annual EMMP reports.

- Support USAID needs in term of cost analysis of project components such as MDAs, TAS, and Pre-TAS by country to guide future decision-making in respect to budget allocation.

- Ensure that the NTDP Secretariat in Ghana[5] receives all administrative support for the effective implementation of the NTDP in Ghana as stipulated in the agreed work plan for FY2015- support will be provided to ensure smooth running of the secretariat through payment for vehicle maintenance, office stationery/supplies, utilities/internet, and general office running cost; to maintain the 5 FHI360 staff that are working directly with the NTDP; to support transportation needs and other logistical needs of the NTDP.

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

Table 1: Proposed Project Management Performance Indicators

Indicator	*Disaggregation*	*Source*	*Year Four Target*	*Responsible Party*
Grant Issuance and Management - Grant Monitoring				
Number of Sub agreements signed.	By country	program records	9[6]	FHI360
Number of grantees/MOH that received support on developing national Annual Work plans.	By country	Country work plans	5	FHI360
Number of countries submitting timely implementation reports.	By country	program records	5	FHI360
Number of monitoring visits.	By country	program records	1 per country	FHI360

[4] FHI360 technical team will liaises with USAID and ENVISION to draft a Cross Border Strategy Proposal in a participatory fashion. An initial step has been taken with the drafting of a white paper to initiate the discussion.

[5] Implementation of the NTDP in Ghana is directly supported by FHI360 through FOGs.

[6] FHI360 will sign 3 sub agreements modifications with HKI for Burkina Faso, Niger and Sierra Leone; one with HDI for Togo; and, 5 first-tier FOGs with GHS.

Indicator	*Disaggregation*	*Source*	*Year Four Target*	*Responsible Party*
Number of FHI360 financial reviews successfully completed (Desk review: one per month per country).	By country	program records	12 per country	FHI360
Number of semiannual program implementation reviews.	By country	program records	2	FHI360
Number of TA requests that have been provided	By country	Program records	At least 80%	FHI360
Number of countries submitting MDA coverage data using standard reporting format.	By country	Program records	5	FHI360
Proportion of Pre-TAS and TAS conducted amongst those approved	By country	Program records	At least 80%	FHI360

Technical Assistance and Capacity Building

FHI360 will be responsible for coordinating capacity building efforts and will take the lead in assistance related to compliance with USAID requirements, NTDP, and sub-grantee capacity to manage projects, work planning, M&E, data management, supply chain management (SCM), and quality assessment. Deloitte is the lead partner in financial management systems and reporting, including budgeting. John Snow Inc. (JSI) will provide TA related to planning for procurement and SCM for essential NTD medicines. Proposed tasks to be implemented by Deloitte and JSI are based on the USAID approved countries work plans. Liverpool Associates in Tropical Health (LATH) will support M&E, particularly MDA reporting, and work planning as it relates to M&E. TA and capacity building (CB) for M&E are included in the M&E section of this work plan.

Planning and Implementation

The FHI360-led team will undertake the following main activities within the End in Africa project in FY2015, in collaboration with all stakeholders/partners in the End in Africa coalition, to support and monitor implementation of country work plans for FY2015. Specific objectives for TA in FY2015 will include the following:

- The FHI360-led team will actively work with MOH and sub grantees to provide technical support and leadership in the planning and implementation of MDA and DSA, as well as support CB activities and program operation at the country level. We will specifically execute

the following tasks:

- Participation in the development of country level work plans to ensure that country level programs comply with international NTD guidelines provided by WHO, USAID policies and best practices.
- Review draft country work plans at the country level, together with other stakeholders, and support the finalization of work plan documents for submission to USAID.
- Collaborate and support representatives of the partner organizations within the END in Africa coalition to provide technical support to sub grantees and NTDPs relating to SCM, M&E and financial management; and ensure that the TA provided is in compliance with WHO NTD guidelines and protocols and contributes to best practices.

- Support general CB efforts within countries through coordination and facilitation of special trainings for CB on M&E techniques. In FY2015, the END in Africa project will collaborate with the ENVISION project to train members of the NTDP Coordination and sub grantees in Burkina Faso, Niger, Ghana, Sierra Leone and Togo on post-MDA surveillance for trachoma and LF.

- END in Africa technical advisor and M&E specialist will participate in the supervision of impact assessment surveys in selected countries according to the TA requests received from the countries (see Table 2).

- End in Africa technical team will participate in the supervision of at least one MDA campaign in each of the 5 END in Africa implementing countries. The Project Director will liaise with USAID to coordinate MDAs monitoring visits to two countries, potentially Togo and Niger.

- End in Africa Technical Advisor will support general coordination of the END in Africa project by ensuring that the NTDPs of the 5 END in Africa implementing countries submit requests for impact assessment surveys (pre-TAS, TAS, trachoma impact assessment) to the WHO NTD RPRG for approval before surveys are conducted and ensure reports of these surveys are submitted to the NTD RPRG for review, acceptance and guidance on the way forward.

- END in Africa team will monitor the design and implementation of DSA to ensure that all approved DSA are soundly executed according to WHO guidelines. FHI360 technical team will actively participate in the development of protocols, trainings and supervision of impact assessment surveys.

- Coordinate TA requests with the Technical Assistance Facility (TAF) within the ENVISION Project and provide the TA when possible and appropriate. The technical advisor will liaise between the ENVISION project and the END in Africa implementing countries to review, revise and submit scope of work (SoW) to USAID for approval for TAs that will be provided through the TAF, coordinate the TAs implemented through the TAF and coordinate provision of feedback to the countries after the TAs are successfully completed.

- Support the execution of planned TAS for FY2015. Last year, TAS were successful at END in Africa. In Ghana, 64 eligible HDs passed the TAS. Preliminary results indicate that TAS was successful in the three regions in Burkina Faso (Centre-Nord, Centre-Ouest and Boucle de Mouhon). In Niger, 3 out of 8 HDs passed the TAS conducted in FY2013; in September FY2014,

6 more HDs will conduct TAS in Niger. NTDPs in the END in Africa implementing countries look to be on track to eliminate LF by 2020[7]. The table below depicts the impact surveys that will be conducted in FY2015.

Table 2: Program impact assessments by country and disease in FY2015

Country *(# HDs stopped District level MDA*)	LF				Oncho	SCH[8]	STH[9]	Trachoma	
	Pre-TAS	TAS	TAS I	TAS II				Health District	Sub-district
Burkina Faso (*LF – 33 Trachoma-25*)	11[10]	4	7	6	0[11]			4	6
Ghana *(LF – 69 Trachoma - 37)*	14	7	0	5	58[12]	216[13]	216[14]	37[15]	0
Niger (*LF-3 Trachoma - 15*)	7	4[16]	0	0	5[17]		0	5	0
Sierra Leone	6	8[18]	0	0	0	12	12	NA	
Togo	0	0	0	8	0	35	35	NA	

[7] Preliminary results indicate that Togo, Ghana, Burkina Faso and Sierra Leone will be able to stop MDAs for trachoma and LF in all endemic HDs by 2020 or earlier; in the case of Niger more time will be needed for trachoma and LF MDAs to be stopped in all endemic HDs in light of the management challenges of the NTDP.

[8] Integrated survey to assess SCH and STH prevalence after 5 years of treatment.

[9] Integrated survey to assess SCH and STH prevalence after 5 years of treatment.

[10] A total of 18 sites (SS and Spot Check sites) will be assessed in 11 HDs. Among these sites (18), 10 will be funded through USAID and 8 through funding from CNTD Liverpool.

[11] Onchocerciasis evaluations will be conducted under APOC/Sightsavers but number of HDs to be evaluated remains unknown at this time.

[12] Epidemiological evaluation for oncho will be conducted in 66 sentinel sites that are located in 58 oncho-endemic districts in FY2015. Overall there are 183 sentinel sites for the 135 (85 meso- and hyper-endemic plus 50 hypo-endemic) oncho-endemic districts that are evaluated once every 3 years. These 66 out of the 183 sentinel sites will be evaluated in FY2015 while the remaining 117 sites will be evaluated over the next 2 years.

[13] All 216 HDs of Ghana are endemic for SCH but the 216 HDs have been put into 30 ecological zones based on geographic factors and prevalence of SCH at baseline. For the integrated survey a total of 5 schools will be randomly selected in each ecological zone (50 children per school) in line with recent WHO guidelines.

[14] All 216 HDs of Ghana are considered endemic for STH but the 216 HDs have been put into 30 ecological zones as described in footnote 7 above.

[15] The number of districts endemic at baseline was 29 but this number has increased in the past 2 years to 37 due to recent re-demarcation conducted by the Government of Ghana that lead to division of some of the original districts to 2 separate districts.

[16] Pending the results of the Pre-TAS that was conducted in 2014.

[17] These 5 HDs were never treated for onchocerciasis but Niger wishes to collect enough evidence that can be used for verification of the elimination of onchocerciasis.

[18] Postponed from 2014 due to the ongoing Ebola epidemic.

(*LF-8*)								

- The END in Africa technical team will support development of survey protocols, support training of research teams and supervise field activities relating to all DSAs that will be conducted in Ghana in FY2015:
    1. Support development of survey protocol and implementation of SCH/STH survey to obtain data that will be used for revision of treatment strategies for the 2 diseases.
    2. Support development of survey protocol and implementation of trachoma survey to obtain data on the SAFE (Surgery, Antibiotics, Facial Cleanliness and Hygiene, and Environmental Improvements) strategy that will be used for verification of elimination of trachoma;
    3. Support training of TAS research teams and supervise field activities during TAS for LF to obtain data that can be used for stopping MDA in 15 HDs;
    4. Support implementation of TAS2 (second post-MDA TAS that is part of post-MDA surveillance) in 5 HDs;
    5. Support implementation of Pre-TAS in 14 HDs to obtain data that can be used to decide if TAS can be conducted in the 14 HDs.

- Participate in the review of available data for specific diseases to align treatment strategies to current WHO and internationally acceptable treatment guidelines. Niger has recently completed surveys for SCH and STH and will conduct a review meeting in FY2015 to analyse the survey data and realign treatment strategies for the 2 NTDs with WHO recommended strategies based on current prevalence in the endemic HDs. Ghana will complete 5 treatment rounds for SCH and STH in FY2014 and conduct a survey for SCH and STH in FY2015. The results of this survey will also be used to revise treatment strategies for SCH and STH in the endemic HDs.

- Provide TA to MOH and sub grantees in response to approved country work plans for FY2015. TA will be primarily provided by our in-house specialists or short-term consultants where appropriate. Table 3 below summarizes the TA requested by MOH and sub grantees in the approved work plans for FY2015.

Table 3: List of Technical Assistance requests in FY2015

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
Burkina Faso	An expert review and update of the LF elimination strategy in Burkina Faso	LF elimination strategy has not been reviewed since 2001, when the LF elimination program was created. The expert/s will also need to advice on strategic changes based on findings of the planned study to determine causes of the persistent LF microfilaremia prevalence ≥1%.	Expertise on LF elimination efforts	1 week (Second quarter FY2015)	TAF	The SOW will determine exactly what the NTDP wants
	Support for DQA	To ensure the quality of data reporting	Expertise on DQA	1 week in January 2015	End in Africa (LATH)	
	CB on financial planning and resource mobilization to be able to address financial gaps detected in the execution of the NTD program	To increase financial planning and advocacy skills for resource mobilization to improve sustainability of the NTDP	Expertise on financial planning and resource mobilization	2 weeks (first quarter of FY2015)	END in Africa (Deloitte)	
	Support on SCM and standard operating procedures (SOPs) for NTDs	To improve capacity of NTDP staff and other actors involved in SCM for NTDs	Expertise on SCM	3 weeks (first quarter 2015)	END in Africa (JSI)	
	Training of NTDP members and HKI NTD staff on the use of the WHO joint reporting and joint drug request forms	To improve the skill of the NTDP on the use of the 2 forms for reporting and requesting drugs through WHO	Expertise on the 2 WHO forms	1 week	END in Africa (LATH)	
Ghana	TA to conduct training and supervision of impact assessment of SCH/STH treatment after 5 years of MDA.	The last survey was done over 6 years ago and the technical team will require refresher training to conduct this assessment	Expertise in Kato Katz and filtration techniques	3 weeks (1 week for training and 2 weeks for	END in Africa	A local consultant from the School of Public Health

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
				field supervision)		in Accra will be hired.
	Continue improvements of the SCM system.	Development of additional tools to be used at district level for inventory control.	Expertise on NTD SCM	2 weeks	End in Africa (JSI)	
Niger	Orientation on the National NTD database and roll-out	To assist the NTDP with data management	Expertise in the use of the USAID NTD database	1 week	End in Africa (LATH)	
	DQA support	Shortcomings in data collection, quality assessment and processing	DQA expertise	2 weeks; 3rd Quarter	End in Africa (LATH)	
	TIPAC training	To identify program and funding gaps in reaching control and elimination targets	Expertise in TIPAC	2 weeks; 3rd Quarter	END in Africa (Deloitte)	
	Continue to strengthen SOPs for SCM	Niger needs support in the implementation of the guidelines provided in FY2014 by JSI	Expertise on SCM	2 weeks ; period to be determined	END in Africa (JSI)	This will be a continuation of what has been started in FY2014
	Severe adverse event (SAE) management training to improve the program's ability to respond to SAEs	New handbook/guidelines from WHO on SAE management	SAE management expertise	1 week 4th Quarter	END in Africa	
Sierra Leone	Development of TAS Protocol and training of field personnel to conduct TAS in 8 HDs that passed Pre-TAS in FY2013	The NTDP has indicated the need for TAS protocol and training of field agents	Technical knowledge on protocol development and implementation of TAS	3 weeks	END in Africa	

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
	Training on the tool for integrated planning and costing (TIPAC)	This training was postponed to FY2015, a decision taken by the NTD program since the training is expected to last for 15 days	Expertise on TIPAC	2 Weeks	END in Africa (Deloitte)	
	Orientation on DQAs and WHO joint reporting and joint drug request formats	The NTDP has indicated the need to train on the DQAs and the WHO Joint Reporting and drug request format to help strengthen the national data management system	Expertise on the DQAs and the WHO reporting and request forms	1 week	END in Africa	The FHI360 M&E Officer and a member of the NTDP in Ghana will provide the TA since he was trained as trainer by ENVISION and the NTDP in Ghana is already very experienced on the WHO joint forms.
	Orientation on the National NTD database and roll-out	The NTDP has indicated the need to create the national NTD database for effective M&E	Expertise on the M&E database	1 week	END in Africa (LATH)	The FHI360 M&E Officer was trained as trainer by ENVISION
	Continue training on SCM	Training of trainers for District Health Management Team and training of NTD Ware house manager	Expertise on supply chain and logistics management for infectious diseases	2 weeks	END in Africa (JSI)	This activity is postponed to FY2015

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
						because of the Ebola outbreak.
	Biomedical training of laboratory technicians on surveillance for LF	Local organization with the necessary skills	Expertise on night blood survey for LF including preparation of thick blood film and microscopy	1 week	END in Africa	This activity has to continue in FY2015 and will follow the general training on post-MDA surveillance that FHI360 and the ENVISION projects will organize for the 5 END in Africa countries in Accra in FY2015
	Review of the 2011-2015 NTD Master Plan and development of NTD Master Plan for 2016-2020	The current NTD Master plan will expire in 2015 and there is a need to have a new NTD Master Plan for 2016-2020	Expertise on NTDs targeted through PCT	1 week	END in Africa	-

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
Togo	Capacity building in use of the TIPAC	To build capacity on generating useful outputs for program planning from the TIPAC	Experience with using the TIPAC to generate outputs for program planning	2 Weeks (first quarter)	END in Africa (Deloitte)	-
	Capacity building on program planning, management and implementation	This is to strengthen the operational capacity of the NTD secretariat	Expertise on management and planning	2 weeks	END in Africa (Deloitte)	HDI effort in this regard has to be complemented by FHI360
	Training of MOH and HDI-Togo personnel on SCM strategies*	To build capacity in SCM, above and beyond basic SCM skills	Expertise in SCM	1 week (first quarter)	END in Africa (JSI)	-

Supply Chain Management

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

- Support the national NTDP in Ghana as they prepare to receive and clear praziquantel (PZQ) consignments. The 2013 and 2014 shipments of PZQ were delayed due to the fact that the supplier (IDA) did not register their product with the drug regulatory authority.
- Support national NTDPs and implementing partners as they prepare to receive and clear 2015 consignments of praziquantel through customs. JSI obtains documentation from IDA (the supplier) and FHI360 as documents and information regarding the shipments become available. JSI then provides the documentation to the implementing partners via email, who then share the information with the national programs and coordinate with the consignee. This process helps avoid miscommunication and resulting accumulation of demurrage fees when shipment arrivals are not well-timed in relation to provision of shipping documents.
- Monitor receipt and documentation of praziquantel donations facilitated by FHI360 through delivery to the destination warehouse.

- Assist the country programs in developing high quality FY2016 PZQ forecasts for submission to FHI360. The likely schedule for FY2016 PZQ orders follows:
    - by end of February 2015, country programs submit rough estimates to JSI for review;
    - by end of March 2015, final order quantities submitted to JSI for review and discussion with country programs;
    - by end of April 2015, final orders submitted by JSI to FHI360 to execute procurement.

- Procure PZQ for FY2016 for Ghana, Sierra Leone and Niger, Burkina Faso and Togo. Currently, contracts have been executed with IDA Foundation[19] to supply PZQ for FY2015. The procurement of PZQ to be used in FY2016 for all END in Africa countries will be fully executed by FHI360 once the projections are completed according to the schedule previously described.

- Health care waste management:
    - Finalize an MDA waste management tip sheet for CDDs and translate it into French.
    - Assist each country program in customizing the MDA waste management tip sheet for CDDs.
    - Furnish the Guide to Health Care Waste Management for the Community Health Worker (developed by JSI for the USAID|DELIVER PROJECT) to the NTD country programs for use at the national, regional and district level trainings.
    - Assist as requested by the country programs in preparing the EMMP reports for submission to FHI360.

[19] IDA Foundation was competitively selected by FHI360.

In FY2015, we will continue to support all countries in their efforts to institutionalize the supply chain and drug management material into their existing guidance. Following are the specific supports we will provide to the countries:

Sierra Leone:

- Conduct SCM training of trainers (TOT) for district level personnel for the NTD supply chain (previously planned for August 2014 and postponed due to the Ebola outbreak; rescheduled date of the TOT to be confirmed).
- Assist the country program in customizing an MDA tip sheet for district level personnel and disseminating it through the district level TOT.

Ghana[20]:

- Assist with amending Summary Report form to capture stock balance at each level, thus providing a more accurate understanding of stock status on an ongoing basis.
- Assist the country program in customizing an MDA tip sheet for district level personnel and disseminating it through the district level TOT.

Togo:

- Facilitate participation in francophone SCM training activities under the DELIVER project that may take place in Togo in FY2015.
- Assist the country program in customizing an MDA tip sheet for district level personnel and disseminating it through the district level TOT.

Burkina Faso:

- Provide ongoing technical support as requested for roll-out of SOP and training.
- Support the development of logistic tools for drug distribution and inventory control based on the recently drafted logistics manual.
- Assist the country program in customizing an MDA tip sheet for district level personnel and disseminating it through the district level TOT.
- Conduct monitoring of SOP and training implementation to document progress and identify ongoing challenges.

Niger:

- Provide ongoing technical support for the development and dissemination of the SOPs and logistics management information system tools.
- Follow the training roll out initiated in FY2014 for inventory control.
- Assist the country program in customizing an MDA tip sheet for district level personnel and disseminating it through the district level TOT.
- Provide technical support to the program to conduct the stock status survey as needed[21].

[20] These tasks are based on results of an evaluation of the SCM in Ghana sponsored by the Gates foundation though they have not been formally approved by the Ghana Health Services yet.

[21] Our understanding is that this may not have taken place as planned and JSI could be available to provide assistance, if requested, to facilitate it.

Financial Management

Deloitte's support to the NTDPs in FY2015 will focus on the following two goals:

1. Enhance government ownership, advocacy, coordination, and partnership of NTDPs to enable stronger, more sustainable and integrated NTD program efforts; and
2. Improve mobilization of resources to diversify NTDP resource base to improve financial sustainability of the programs.

To support the above-mentioned goals in FY2015, End in Africa's approach for implementation is demand-driven, drawing from the country-specific work plans, requests from NTDPs, and outputs of our previous work

- Continue to support countries in annual TIPAC implementation and use of TIPAC data for evidence-based planning and decision-making. In FY2014, Ghana, Togo and Burkina Faso country teams successfully rolled out the TIPAC. One result of this work was that the GHS has been able to use the TIPAC data to estimate the costs required to scale-up certain NTD services and reach program goals. These estimates have been incorporated into Ghana's 2014 National NTD Finance Strategy and are being used for the resource mobilization efforts. In FY2015, the planned TA will support the NTDPs to achieve the following:

    - Enhancing country capacity to use TIPAC outputs for decision-making in Ghana, Togo, and Burkina Faso in updating its TIPAC for 2015. This will be done through a combination of mentoring and focused support (likely with a small group of the NTDCP and relevant finance staff) to estimate and input the numbers. Attention will also be given to the processes through which TIPAC implementation is institutionalized, providing guidance and support to improve existing processes that enable TIPAC operationalization. Where possible, the END in Africa team will identify opportunities to visualize TIPAC data, including the development of standard information products (e.g. dashboards) to support NTDP management and financial sustainability.

    - Roll out TIPAC implementation workshops in Sierra Leone and Niger. Through this support, we will help the NTDCPs institute processes for the five TIPAC modules: base data; activity costing; drug acquisitions; funders; and outputs. We will also work with Niger and Sierra Leone to use the TIPAC outputs for their programming.

- Expand platform for managing FOGs and CB efforts in financial systems and operational management. It is necessary to continue reinforcing country ability for developing, managing, and implementing this assistance instrument. NTDPs continue to need support in the areas of milestone-based budgeting, activity-based costing, focusing on MDAs and related activities, and taking into account area dynamics by both region and district. The FY2015 training program in Ghana, Burkina Faso and Togo aims to fill gaps by improving the financial planning and monitoring operational performances for MDAs. To address this, Deloitte in a participatory fashion with the MOH will work on defining priorities and identifying bottlenecks to improve program management. This will identify opportunities for strengthening internal processes, which will go hand-in-hand with the resource mobilization efforts.

- Continue supporting the implementation of Ghana's NTD Finance Strategy. Deloitte previously piloted a capacity building framework with the NTDP, to help program managers analyze their financial management processes, define gaps in performance, and identify areas for improvement. In FY2014, Deloitte worked with the GHS/NTDP to develop an NTD Finance Strategy, with the overarching goals being to improve financial sustainability. In FY2015, we will be working with the NTDP in Ghana to implement the strategy. Specific tasks that we will support are:

    - Provide consistent technical support and mentoring to help the NTDP implement the strategic interventions highlighted in the finance strategy including:
        - Initiate and sustain a policy dialogue between private firms, NGOs, civil society, and policy makers to mobilize resources to increase private sector involvement in NTDP;
        - 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 NTDPs in developing NTD Finance Strategies to support the successful execution of the country 5-year Master plans. Based on the NTDP work plans and feedback from country teams, we will work with the NTDPs in Burkina Faso and Togo in the area of financial sustainability planning. Based on our experience working with Ghana's NTDP on these issues, our approach will include:

    - Working with NTDPs to develop an NTDP Finance Strategy that leverages TIPAC data, outlines financing objectives, identifies financing gaps, and lays a roadmap for addressing those gaps. Burkina Faso and Togo specifically indicated financial sustainability as a major concern in their recent country work plans.

    - Conducting a Sustainability Workshop in each of the two countries. The workshops will emphasize: defining sustainability goals; prioritizing advocacy objectives related to financial sustainability; increasing knowledge of stakeholder mapping; business case justification; and proposal writing. Within each workshop there will be a panel discussion from private sector stakeholders to present their perspectives on social investing. This format proved to be enriching for the NTDP participants in Ghana and also provided an entry point for increased dialogue and resource mobilization with potential private sector partners.

- In FY2015, renewed attention will be devoted to documenting findings, experiences, and lessons learned on financial sustainability and local resources mobilization efforts. Specific topics will include:
    - Publication of Sustainability Workshop materials and instructor's manual for replication of the materials;
    - "Flash" updates to be sent via FHI360 social media networks highlighting countries activities for mobilizing local resources, aiming for at least one per quarter; and,
    - Continuation of current publications in progress, focused on stronger financial

management systems for NTDCP.

Knowledge Management

The End in Africa team will undertake the following main activities related to Knowledge Management in FY2015:

- Continue to build, update and maintain the End in Africa website: http://www.endinafrica.org, which serves as the project's main communication and knowledge sharing tool. The site showcases the project's accomplishments and achievements in its efforts to help countries move toward NTD elimination. It contains information on program results, success stories, accumulated knowledge, lessons learned, CB materials, key project documents including work plans and semi-annual reports, and resources.

- Collaborate with USAID NTD Senior Communication Advisor in sharing END in Africa articles, success stories and website content for potential use on the USAID NTD website and social media milieu. The FHI360 KM specialist will also support the USAID NTD team in providing requested information, content and communication support for events relating to the Billionth Treatment campaign and for other communication activities, as needed.

- Work with partners, sub grantees and NTDP to document program successes, best practices and lessons learned through the End in Africa project: according to the contracts that exist between FHI360 and sub grantees, sub grantees are responsible for management of data generated by the NTDP at country level and effort will be made to collaborate with all sub grantees and NTDPs to document project successes, best practices, lessons learned and results of impact assessment surveys wherever possible through development of manuscripts for publication in peer-reviewed journals, presentations at international meetings and publications on the End in Africa website.

- Research, document, write, edit, publish, promote and disseminate through the END in Africa website at least 12 blogs and articles in FY2015, plus at least 2 manuscripts on best practices or in-country experiences, in consultation with USAID, for publication in peer reviewed journals.

- Research, write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program for dissemination to colleagues, partners, potential and actual donors, and other interested parties at conferences, meetings and similar venues.

- Update, maintain and administer the End in Africa contact database in order to disseminate publications, interface with partners and the larger NTD community, and engage partners, the NTD community and interested external parties in the project's efforts toward NTD elimination.

- Develop, update and maintain an annual publications calendar and tracking tool

containing a schedule of topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, augment with photos, videos and/or additional resources, submit to appropriate publishing channels (when appropriate), publish, promote and disseminate as appropriate. The topics and articles on this calendar will cover the scope, breadth and depth of the project's activities in areas relating to MDA activities, impact assessment and capacity building, among others. It will contain formal peer-reviewed publications, technical articles and white papers, as well as informal news items and blog posts. The anticipated list of publications is presented in Table 4.

- Write, produce and disseminate new issues of END Notes, the project's e-newsletter, to periodically promote knowledge sharing and dissemination within the NTD community and to the interested public.

- Promote the End in Africa project in social media and online venues such as Twitter, FHI360's corporate website, USAID's NTD website, and during relevant online chats and meetings hosted by NTD community colleagues using applications such as Google+ Hangouts and Twitter Chats.

- Develop and maintain synergistic relationships with like-minded organizations in the larger NTD community (such as the Carter Center, Uniting to Combat NTDs, and the Sabin Institute's Global Network on NTDs and END7 projects as well as its Post-2015 Development Initiative) to enhance the reach of the project's KM activities through collaborative engagement in the NTD Communicators discussion forum. When appropriate, END in Africa will also contribute content for related external blogs as guest bloggers; collaborate in tweeting and/or participating in Twitter chats; and cross-posting videos, photos and written content.

- Develop and administer a repository of End in Africa project photos (to be received from members of the End in Africa team as well as sub-grantees and the photographers hired using End in Africa funds in the countries), following FHI360 usage guidelines.

- Provide editorial and quality control services to End in Africa partners and sub grantees on various End in Africa work plans, reports and publications to ensure compliance with USAID publication guidelines and the End in Africa Branding and Marking Plan.

- Collaborate with WASH project teams at FHI360 and the END in Asia project when appropriate to share news, publications, project data and any other content that is relevant and useful to the work of both projects, and to seek ways to create knowledge sharing synergies.

Table 4: Suggested Topics for Publications in FY2015

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
1.	Strategic changes within END in Africa project as countries move towards LF and trachoma elimination	A brief assessment of the changes in terms of post-MDA surveillance and project continuation beyond 2015.			Yes	Oct 2014	JBK and Kathy
2.	Addressing cross border transmission of NTDs in END in Africa implementing countries	This will be an article that will underline the need for strengthening cross border surveillance in light of the recent ebola outbreak	Yes		Yes	Nov 2014	JBK and Kathy
3.	Oncho situation in Togo: Can Togo be among the first group of countries to eliminate oncho in Africa?[22]	This will be based on the planned study in September 2014			Yes	Dec 2014	JBK and Kathy
4.	Review of SCH treatment strategies in Niger	This will be based on the planned review in November 2014			Yes	Jan 2015	JSI and Kathy
5.	The way forward for trachoma elimination in Ghana	This will be a discussion on the challenges with verification of elimination for trachoma			Yes	Feb 2015	JBK and Kathy

[22] FHI360 technical team will liaise with the MOH/Togo and HDI for developing a peer review paper for publication.

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
6.	Moving towards elimination of LF in Ghana	A brief update of progress made in Ghana so far	Yes		Yes	Feb 2015	Kathy and JSI
7.	Addressing causes of persistent high LF microfilaremia prevalence in Burkina Faso	A summary of the findings of the situational analysis in September 2013			Yes	Mar 2015	JBK and Kathy
8.	Witnessing mass drug administration for NTDs in END in Africa implementing countries	A report on field visit			Yes	April 2015	JBK and Kathy
9.	Blog from JSI: capacity building on SCM in END in Africa countries	The situation in Niger and what was done, and the support to other END in Africa countries			Yes	May 2015	Kathy and JSI
10.	Planning for FY2016 within END in Africa implementing countries	Brief report on the planning			Yes	June 2015	JBK and Kathy
11.	Witnessing mass drug administration for NTDs in END in Africa implementing countries	A report on field visit			Yes	July 2015	JBK and Kathy
12.	Surveillance framework for trachoma and LF	This will be a brief summary on the surveillance framework that will be developed for the 2 NTDs			Yes	July 2015	Molly, JBK and Kathy
13.	Training of the NTDPs and sub grantees within the END in Africa project on post-MDA surveillance for trachoma and LF	Report of the training in Accra			Yes	Aug 2015	JBK and Kathy

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
14.	Capacity building on financial planning and resource mobilization in Ghana	This will include the workshop in August 2014 and progress made since then			Yes	Aug 2015	Deloitte and Kathy
15.	Implementing TAS in Sierra Leone	A report of the TA that will be provided to the NTDP for the TAS	Yes		Yes	Sept 2015	JBK and Kathy

*We will try to get additional topics after impact assessment surveys in the 5 End in Africa implementing countries.

Collaboration and Coordination

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

The characteristics, nature and level of collaboration and coordination vary by country, following the policies established by the MOHs. For a detailed breakdown of the activities, please refer to the summaries of the country Work Plans in Attachments 1 to 5. In general, sub grantees will support the following overarching and common activities in all countries:

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

Strengthen coordination and interaction with other agencies and organizations that are involved in the control/elimination of the 5 NTDs targeted by the END in Africa implementing country. The FHI360 lead consortium will:

- Establish contacts to build partnerships with all the key players[23] to improve collaboration and coordination of NTD activities within the 5 END in Africa implementing countries. In FY2015 the technical Advisor will collaborate with APOC for technical support for epidemiological evaluation of onchocerciasis in END in Africa implementing countries, especially Togo and Niger.

- Represent END in Africa and FHI360 at regional scientific meetings, scientific panels and in discussions with partners and local institutions, multilateral agencies, government counterparts, and implementing partners to coordinate project development and implementation by participating in the following international meetings:
    - Meetings organized by WHO Headquarter on the 5 targeted NTDs.
    - Meetings organized by AFRO on the 5 targeted NTDs, including the annual regional NTD coordinators meeting.
    - Workshops/trainings organized by AFRO for capacity building on the 5 targeted NTDs.
    - Annual meeting of the American Society for Tropical Medicine and Hygiene (ASTMH).
    - Meeting of the Joint Action Forum (JAF) for onchocerciasis control/elimination in Africa.

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

- Participate in NTD working groups and committees at national and international levels to improve visibility of the END in Africa project:
    - Serve as a member of the ICCC for NTDs in Ghana and as a member of the technical subcommittee, and attend all quarterly meetings of the ICCC.
    - Collaborate with APOC by serving as a member of the APOC expanded Committee of Sponsoring Agencies (CSA), and participating in meetings of the APOC CSA and APOC Joint Action Forum (JAF).
    - Collaborate with WHO Headquarter and the WHO AFRO by participating in meetings of the expanded WHO NTD Special Technical Advisory Group, annual meetings of NTD program managers organized by AFRO, and meetings of the WHO NTD RPRG.
    - Collaborate with the USAID NTD program through regular telephone conferences, exchanges by email, participating in the annual partners meeting organized by the USAID NTD team and also through project reports submitted to the USAID NTD Team.

- Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast; support countries in monitoring cross-border MDA and share experiences with unions in other West African countries experiencing similar problems.

- Participate in appropriate local and international M&E meetings/workshops to strengthen M&E capacity and gain a better understanding of country experiences, lessons learned and best practices, as well as the main obstacles to NTD elimination or control that each country faces.

Monitoring and Evaluation (M&E)

End in Africa remains on track towards control/elimination of the targeted 7 NTDs. Many HDs have stopped MDA for LF and trachoma and so much effort was devoted in the last two years to assess and re-align SCH treatment with WHO guidelines. As we wait for clear WHO guidance on the way forward in supporting the Onchocerciasis hypo-endemic districts and conducting assessments to stop MDA for Onchocerciasis, END in Africa tirelessly continues to provide adequate funding to support the implementation of Onchocerciasis PCT and assessments as required.

For LF, between 50 and 100% of endemic HDs have stopped MDA in Togo (100%), Ghana (70%) and Burkina Faso (52%). More HDs are expected to stop MDA in Burkina Faso in FY2014. Sierra Leone and Niger started MDA much later as compared to the 3 countries above but Sierra Leone is conducting TAS in 8 out 14 HDs this year (FY2014; but this might be postponed to FY2015 due to the ebola outbreak). In Niger, 3 HDs out 30 endemic HDs have stopped MDA for LF and more HDs are expected to stop MDA for LF in the coming years.

For Trachoma, all endemic countries at END in Africa are approaching the end game. In Ghana, all 37 HDs have stopped MDA at sub-district level. In Burkina Faso, 25 out of 30 endemic HDs have stopped MDA and 4 HDs conduct district level assessment in FY2015. In Niger, 13 HDs have stopped MDA but 7 HDs are currently conducting district level impact assessment survey, which

if successful, may bring the total number of HDs that would have stopped district level MDA for trachoma to 20 in FY2015.

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

Table 5: Districts endemic and those stopped MDA by the end of FY2014

Country	Number heath districts by NTD			
	LF		Trachoma	
	Endemic current	Stopped MDA	Endemic current	Stopped MDA
Burkina Faso	30	33	5	25
Ghana	29	69	0	37
Niger	27	3	13[24]	13[25]
Sierra Leone	14	0[26]	NA	NA
Togo	0	8	NA	NA

Implementation of the DQA tool. This tool was developed by ENVISION to address the current challenges with NTD data quality including incomplete data or data not timely reported as well as the accuracy of the reported data. The tool was pretested and TOT was provided in February 2014. Two FHI360 staff who work directly with the Ghana NTDP office attended that training. The END in Africa M&E Specialist will liaise with ENVISION and/or the Ghana NTDP office to arrange a training either online or on-site in early FY2015. Upon completion of this training, the END-in Africa M&E Specialist will schedule in-country training for adequate use of the DQA tool by subgrantees and NTDP, taking into consideration country specific needs and exposure. The NTD program in Ghana has enough skills and support to conduct training and implement the DQA in FY2015. Ghana is therefore planning to roll out the DQA in June 2015. The M&E Specialist will travel to Ghana in November 2014 to get training on the DQA and finalize the plan for the roll out of the DQA with the NTDP. Only Ghana has included a budget for training and implementation of the DQA in FY2015. For the remaining 4 END in Africa countries (Burkina Faso, Niger, Sierra

[24] There are 20 endemic HDs in FY2014 but district level assessment is being conducted in 7 HDs in FY2014 and it is hoped that only 13 HDs will be endemic in FY2015 if the 7 HDs pass the assessment.
[25] The number of HDs that would have stopped MDA may also change in FY2015 following the outcome of the district level assessment.
[26] TAS being conducted in 8 HDs (FY2014). The number of HDs that would have stopped MDA may change in FY2015 following the outcome of the ongoing assessment

Leone and Togo), DQA implementation has not been included in the FY2015 work plans due to the lack of clear guidance on features and implementation procedures for DQA.

The M&E Specialist is planning to do training on the USAID NTD database in the 4 countries (besides Ghana) in response to the TA request made by these countries and integrate this training with an orientation on DQAs by adding one more day to the number of days set for the training on the USAID NTD database. This first orientation will be conducted together with the training on the database so that countries can budget and plan adequately for implementation of DQAs in subsequent years. This means that this first activity will be with the aim of improving knowledge of the NTD programs on the DQA so that they can budget and plan for it in future years while training will be conducted for those who will participate in the implementation of the DQAs. The second training can be budgeted as part of the DQA implementation in future years. The schedules for the trainings on the USAID NTD database and the orientation on the DQA in the 4 countries will spread over the course of the year and will depend largely on the consensus that will be reached with the NTD programs in the countries.

Alternatively, USAID has proposed that END in Africa-supported countries can attend the DQA training that AFRO will conduct in November 2014 in Burkina Faso. The USAID M&E Specialist will follow up with ENVISION for more details on that training to confirm END in Africa participation. In the meantime, END in Africa will contact HKI and HDI and ask them to identify potential savings in the existing budgets that may be used for this purpose.

- Implementation of the NTD database. The NTD program in Ghana started Implementation of the USAID NTD database in August 2014 and should be able to complete it by the end November 2014. The M&E Specialist will travel mid-November 2014 to Ghana to assess progress in the implementation of the USAID NTD database. For Sierra Leone, Niger and Burkina Faso, HKI is able to upload country workbooks in the USAID NTD database from their Headquarters in New York because the slow internet connection in these countries makes uploading workbooks within these countries hard. NTD staff in Togo have not received any training on the USAID NTD database at any level. Although HKI is uploading the work books for the 3 END in Africa countries they cover, it will be good for the NTD staff to be trained on it so that they can be able to upload the work books themselves in the future. Therefore, HKI- and HDI- supported countries (Togo for HDI) will need the training on the USAID NTD database that will be provided by the M&E Specialist to the M&E staff in these countries to increase awareness on the database features and possibly to use it when appropriate. As indicated above, the NTD database training will be integrated with the training/orientation on the DQA in order to minimize costs. Our plan is to conduct this training in the first half of FY2015 but this will depend on the acceptance of proposed dates at country level. Travels to Sierra Leone will also depend upon the lifting of travel ban imposed on the country due to the ongoing Ebola outbreak.

- Continuous improvement of the workbooks through direct field visits and submission of the workbooks checklists. So far, END in Africa and partners have provided workbook training to END in Africa-supported countries, yet the workbook review team ends up bringing many comments/queries up because of the quality of data submitted. The quality of data has greatly improved in Ghana, Sierra Leone and Togo but training is still required to streamline the quality of data in these countries, especially in Togo where we have noticed weak

management of the workbooks by the NTDP given that the whole data review and reporting system is managed at HDI headquarter. More training is also required in Burkina Faso and Niger as these countries have shown weak data management skills compared to the other END in Africa supported countries. The training will also elaborate some specificities as we progress towards control/elimination such as the disease coding following SCH assessment after 5-6 years of MDA, the population living in HDs where MDA is not stopped for LF in the entire HD (case of Burkina Faso where 4 HDs stopped LF MDA in urban settings only). This activity will occur in February and March 2015. Beyond field visits, the M&E Specialist will send a reminder to the END in Africa-supported countries to make the "Checklist for submission and quality checks" (that is in the back of the instructions to the Program and Disease workbook) a mandatory appendix to be submitted with each workbook.

The table below provides the number of HDs to be treated with USAID funds by country and NTD, FY2015.

Table 6: Projected number of people and health districts to be treated in FY2015 with USAID funds.

Country	LF		Oncho		SCH		STH		Trachoma	
	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population
Burkina Faso	26[27]	4,389,628	4[28]	113,859	26	4,562,097	38[29]	11,555,609	5	1,199,646
Ghana	29	1,941,544	85	11,064,176	47	3,275,354	29[30]	530,042	0	0
Niger	27	10,686,849	0	NA	11	1,989,242	27	10,427,722	13	5,763,925
Sierra Leone	14	5,697,303	12	2,769,787	7	1,668,740	14	5,697,303	0	NA
Togo	0	NA	32	2,792,104	33	2,400,304	35	1,591,738	0	NA
Total	**100**	**22,715,324**	**135**	**16,739,926**	**124**	**13,895,737**	**143**	**29,802,414**	**18**	**6,963,571**

- Data management, documentation and dissemination. FHI360 will coordinate the review of End in Africa data through a continuous process that involves ENVISION, sub grantees, national country programs and USAID. We will check the consistency and accuracy of the NTD data, taking into account the reporting deadlines.

- As we move towards the verification of the elimination for LF, trachoma and Onchocerciasis, END in Africa will make effort to collect formal reports from any assessment conducted during the fiscal year.

- FHI360 will monitor the occurrence of SAEs during MDA campaigns and report all SAEs to USAID the very day any report of SAE is received by FHI360 from countries. Fortunately, no country has reported SAE in FY2014 although MDA is still ongoing in some countries.

[27] 4 HDs (not included here) will be treated solely with CNTD Liverpool support. Among the 26 HDs mentioned here, 5 HDs will be treated with support from both USAID and CNTD Liverpool and the remaining 21 HDs will be treated with support from USAID.
[28] 2 HDs will be treated through Sightsavers.
[29] 4 HDs to be treated with Government funding. 21 HDs will not be treated as treatment in these HDs is coupled with SCH. SCH treatment in these HDs will occur next year.
[30] Another round of STH treatment targeting 187 HDs will be funded by the Government of Ghana and other partners.

M&E Country-specific needs.

Overall, FHI360 will continue to strengthen the M&E systems for the selected NTDs in the 5 countries supported through End in Africa. Routine M&E and CB are the key pillars in this program. The following country-specific M&E activities will be undertaken to enhance collaboration:

- **Burkina Faso**
  - Roll out of the NTD database.
  - Further follow-up with Burkina Faso NTD staff on the implementation of the sub-district level assessment for trachoma. Of the 15 eligible HDs, 4 will be assessed at sub-district level in FY2015.
  - Workbook training with emphasize on the common errors encountered in Burkina Faso and how to cross check data. Ensure that the new workbooks capture any changes on the SCH treatment strategy.
  - Migrant workers continue to miss MDA as they move from one zone to another. Burkina Faso has encouraged CDDs to distribute drugs in camps, workplaces and villages hosting migrant workers. The M&E Technical Officers within the NTDP will participate in one of these distribution exercises to see whether this new strategy will improve coverage in the affected zones.

- **Ghana**
  - Roll out of the NTD database and DQA.
  - Ghana underwent demarcation of HDs in FY2013 that has increased the total number of HDs in Ghana from 170 to 216. So far, ENVISION is working with FHI360 to update useful features before uploading the Ghana workbooks in the NTD database. The M&E Specialist will continue to follow-up on this and provide any input necessary to complete this process.
  - Follow-up on the trachoma survey that Ghana will implement in FY2015 as the results of that survey will be presented to the NTD-RPRG for review and a decision to verify elimination of trachoma in Ghana will be made.
  - As part of improving M&E for NTDs, the Program will complete updating the National Database Template for Ghana with all available historical data.

- **Niger**
  - Roll out of the NTD database.
  - A capacity building workshop on data management and the use of the workbooks.
  - Follow-up with staff in Niger to verify that PZQ treatments for SCH in children under age five are included in the workbooks among the total population requiring MDA for SCH.
  - There has been an ongoing debate on STH because the Niger NTDP does not consider LF treatment as part of STH treatment. This really slows the reporting process as we always have intense back and forth to confirm the number of HDs treated and the population targeted and treated for STH. END in Africa will again increase awareness on WHO recommendation to consider LF treatment as STH treatment as well.
  - Finally, Niger's epidemiological and program coverage have been low in many areas due to the mobility of the inhabitants of certain areas, the significant distances between communities treated by a single community drug distributor (CDD) and the high number of people each distributor has to treat (500 per CDD) in nomadic areas. Niger plans to reduce the number of people to be treated by each CDD probably by

half. END in Africa will follow-up on this strategy to see how it improves the coverage.

- **Sierra Leone**
  - Roll out of the NTD database.
  - In FY2015, Sierra Leone will conduct pre-TAS in 6 HDs including the 4 HDs that failed Pre-TAS in 2013 and 2 HDs that will be conducting pre-TAS for the first time. One of the HDs, Kenema, had <1% mf prevalence during the last pre-TAS but it is considered to have failed the pre-TAS because it was combined with Kailahun to form an evaluation unit (EU) and the overall prevalence in the EU was >1%. END in Africa will work with the NTDP to ensure that HDs are not grouped during the next pre-TAS to avoid a repeat of this scenario.

- **Togo**
  - Roll out of the NTD database.
  - Support Togo's NTDP and HDI in refining their surveillance strategy for SCH. Togo is planning to assess the prevalence of SCH after 5 rounds of treatment.
  - Further empower the Togo NTDP on workbooks, semi-annual reporting (SAR) and possibly work planning. So far, most work on reporting data and SAR as well as the work plans has been conducted by the HDI headquarter. END in Africa will provide more training to build the capacity of the NTDP coordination and empower its members to manage these processes themselves with the support of HDI.
  - In Togo, target population is estimated from previous MDA then updated during actual MDA. Like in the past, END in Africa will make sure that the target population is not greater than the at-risk population.
  - Like in other West African countries, migrant workers may constitute untreated reservoirs of onchocerciasis that may sustain ongoing transmission. END in Africa will support the NTDP in identifying the best way to reach these migrant workers.

MDA challenges

- Treatment figures can be a bit lower when country submit incomplete data. Similarly, some items/queries remained pending during the last workbook review process (SAR1 FY2014) as countries were busy preparing the implementation of MDA, DSA and work planning. END in Africa will make sure that all missing data and/or information is completed.

- In the absence of clear guidance on post-MDA surveillance for trachoma, END in Africa will encourage other END in Africa supported countries to learn from Ghana's experience. As we mentioned earlier, Ghana may seek WHO-RPRG approval to initiate the process of collecting final data needed for verification of the elimination of trachoma in FY2015.

- We are still awaiting clear WHO guidance for the treatment of onchocerciasis hypo-endemic zones.

- Migrant workers continue to be a threat when estimating the at-risk population.

- We have learned that internet connection in some countries can hamper the download and upload of workbooks in the NTD database.

Staffing

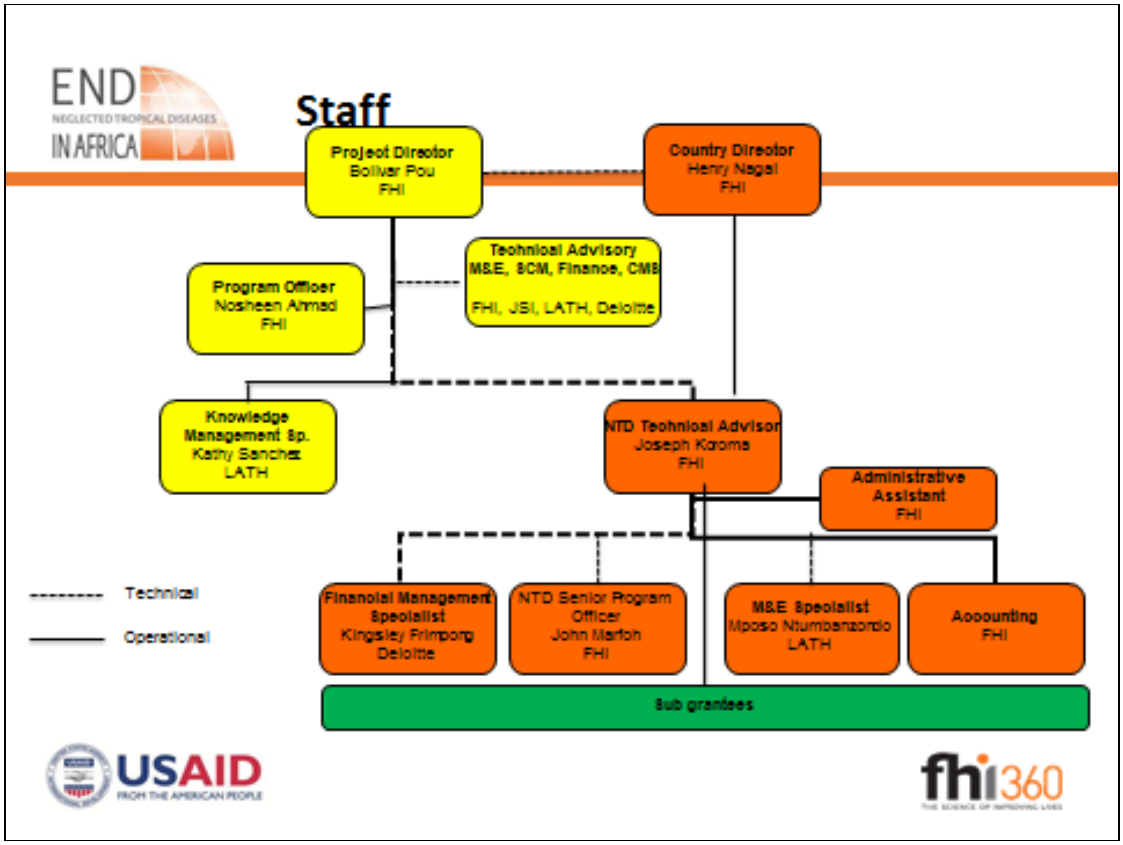
The NTD Senior Program Officer that was employed by FHI360 to provide technical support by working directly with the NTDP coordination in Ghana, Dr. John Marfoh, has resigned from the project and will be replaced. The SoW for the position is outlined below.

NTD Senior Program Officer

The NTD Senior Program Officer will provide support to the GHS NTDP. This includes technical support for the design, development, planning, implementation, execution, and capacity-building of the GHS NTDP. The incumbent will be imbedded into the NTDP office to:

- Provide technical and management support in the implementation of project activities.
- Participate in the development of country work plans to ensure compliance with NTD programming guidelines and best practices.
- Participate in the preparation of SARs.
- Work in coordination with the End in Africa team to ensure smooth implementation of activities.

Project structure for supporting the implementation of End in Africa is shown below:



Level of Effort

A summary of the level of effort (LOE) approved under the cooperative agreement for the Control of NTDs in Africa is presented below.

Long Term Positions

Position	Affiliation	Location
Project Director	FHI360	USA
Senior Program Officer	FHI360	USA
Knowledge Management Specialist (75%)	LATH	USA
NTD Technical Advisor	FHI360	Ghana
M&E Specialist	LATH	Ghana
Financial Management Specialist	Deloitte	Ghana
NTD Senior Program Officer (GHS)	FHI360	Ghana
NTD M&E Specialist (GHS)	FHI360	Ghana
Grants Manager (GHS)	FHI360	Ghana
Accountants (GHS)	FHI360	Ghana
Driver (GHS)	FHI360	Ghana
Communication Specialist	FHI360	Ghana

Short Term Positions

Position	LOE (days)[31]
US Based Technical Support	
Program and grants management (FHI360)	50
Financial management (FHI360/Deloitte)	50
Supply chain management (JSI)	70
M&E and knowledge management (FHI360)	10
ST Consultants Ex-pat[32]	
Capacity Building specialists	30
Procurement and SCM Specialists	111
Financial Management/FOG	100

[31] LOE represents multiple positions. LOE does not include management/administration support staff.

[32] Short term consultants are only hired as necessary by FHI360 or through the existing sub agreements with Deloitte, JSI and LATH.

Travel Plans

Table 7: Travel Plans for FY2015

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.
Youssouf 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
Youssouf 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.

Traveler	From	To	# Trips	Duration	Month	Purpose
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.
NTD Technical Advisor Joseph Koroma Mposo Ntumbanzondo M&E Specialist	Ghana	W/DC WHO Niger Burkina Togo SLeone 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.

Reporting

The project will deliver the following reports to USAID:

Reports	Due
End in Africa Semiannual Progress Report A report summarizing the main activities executed during the previous semester organized according to the scope of work of the sub agreement between USAID and FHI360.	October 2014 March 2015
Sub grantees Annual Environmental Management and Monitoring Report Sub grantees reports on compliance with countries SIEE	November 2014
Quarterly financial reports Copy of the SF425 report will be shared with the AOR.	December 2014 March 2015 June 2015 September 2015
FY2016 End in Africa Annual Work Plan A document outlining the project activities envisioned for FY2016.	September 2015

Timeline

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Issuance and Management of Grants												
Support MOHs and sub grantees in the implementation of FY2015 work plans in all countries	X	X	X	X	X	X	X	X	X	X	X	X
Execute additional costs extensions of the existing sub agreements for the life of the project	X	X	x									
Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2016								X	X			
Directly provide TA to countries according to approved work plans for FY2015		X		X	X	X	X	X	X	X	X	
Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs	X	X	X	X	X	X	X	X	X	X	X	X
Organize a meeting in Accra with End in Africa NTDP focal points, sub grantees, USAID, APOC and FHI360 to coordinate cross border activities.					X	X	X					
Monitor compliance with the project's EMMP					X	x					X	X
Support USAID needs in term of cost analysis of project components such as MDAs, TAS, and Pre-TAS by country	X	X	X	X	X	X	X	X	X	X	X	X
Ensure that the NTDP Secretariat in Ghana receives all administrative support for the effective implementation of the NTDP in Ghana as stipulated in the agreed work plan for FY2015	X	X	X	X	X	X	X	X	X	X	X	X
Technical Assistance and Capacity Building												
Provide technical support and leadership in the planning and implementation of MDA and DSA.	X	X	X	X	X	X	X	X	X	X	X	X
Train members of the NTDP Coordination and sub grantees in Burkina Faso, Niger, Ghana, Sierra Leone and Togo on post-MDA surveillance for trachoma and LF	X	X	X	X	X	X	X	X	X	X	X	X
Supervision of impact assessment surveys in selected countries according to the TA requests.				X	X			X	X		X	X
Supervision of at least one MDA campaign in each of the 5 END in Africa implementing countries		X	X			X						
Support implementing countries submit requests for impact assessment surveys (pre-TAS, TAS, trachoma impact assessment) to the WHO NTD RPRG					X	X	X					
Monitor the design and implementation of DSA to ensure that all approved DSA are soundly executed according to WHO guidelines					X	X	X					
Coordinate TA requests with the Technical Assistance Facility (TAF) within the ENVISION Project			X	X							X	X

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Support development of survey protocols, training and supervise field activities relating to all DSAs that will be conducted in Ghana in FY2015.				X	X	X						
Participate in the review of available data for specific diseases to align treatment strategies to current WHO.			X	X	X	X	X	X	X	X	X	X
Support PZQ importation in all countries				X	X	X	X					
Develop PZQ projections for FY2016 for all countries				X	X	X						
Strengthen country capacity for health care waste management						X	X					
Support TIPAC implementation in Niger, Sierra Leone, Burkina and Togo				X	X	X	X	X	X	X	X	
Support Ghana, Togo and Burkina in updating its TIPAC for FY2015		X	X				X					
Expand the platform for refresher finance training for managing FOGs.		X	X	X	X	X	X	X	X	X	X	
Continue supporting the implementation of Ghana's NTD Finance Strategy				X	X							
Publication of lessons learned on sustainability and local resources mobilization.				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	X	X	X	X	X	X
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	X	X	X	X	X	X
Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program	X	X	X	X	X	X	X	X	X	X	X	X
Update, maintain and administer the End in Africa contact database	X	x	x	x	x	x	x	x	x	x	x	x
Develop, update and maintain an annual publications calendar and tracking tool to schedule topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, produce, publish and disseminate.	X	X				X					X	
Promote the End in Africa project via social media and online	X	X	X	X	X	X	X	X	X	X	X	X
Develop and maintain synergistic relationships with like-minded organizations in the larger NTD community	X	X	X	X	X	X	X	X	X	X	X	X
Develop and administer a repository of End in Africa project photos	X	X	X	X	X	X	X	X	X	X	X	X
Provide editorial and quality control services to End in Africa partners and sub grantees					X	X					X	X
Monitoring and Evaluation												
Implementation of the NTD database				X	X	X	X					
Continuous improvement of the workbooks		X			X							X

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Coordinate the review of End in Africa data through a continuous process that involves ENVISION, sub grantees, national country programs and USAID.	X	X	X	X	X	X	X	X	X	X	X	X
Collect formal reports from any assessment conducted during the fiscal year.					X	X						X
Monitor the occurrence of SAEs during MDA campaigns and report all SAEs to USAID	X	X	X	X	X	X	X	X	X	X	X	X
Continue strengthening the reporting system	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support on M&E addressing countries' specific needs	X	X	X	X	X	X	X	X	X	X	X	X
Collaboration and Coordination												
Build partnerships with agencies and organizations working on NTDs	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level	X	X	X	X	X	X	X	X	X	X	X	X
Attend regional scientific meetings, scientific panels and discussions with local institutions, multilateral agencies, government counterparts, and implementing partners	X	X	X	X	X	X	X	X	X	X	X	X
Participate in international NTD working groups and committees at the international and national levels	X		X		X		X		X		X	
Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast											X	
Participate in appropriate local and international M&E meetings/workshops upon USAID approval				X	X				X	X		
Strengthen coordination with APOC for the management and technical direction of the onchocerciasis control/elimination program in End in Africa countries	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGDOs	X	X	X	X	X	X	X	X	X	X	X	X
Engage key stakeholders to address cross-border issues and coordination with government agencies			X	X	X	X	X					

Attachments

Attachment 1 – FHI360 FY2014 Work Plan for Ghana

EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) started supporting the Neglected Tropical Diseases Program (NTDP) of the Ghana Health Service (GHS) in 2006 to implement an integrated program to control/eliminate 5 neglected tropical diseases targeted through preventive chemotherapy (PC NTDs): Onchocerciasis (River Blindness), Lymphatic Filariasis (LF, or Elephantiasis), Schistosomiasis (SCH, or Bilharzia), Soil Transmitted Helminthiasis (STH, or Worms transmitted through contact with soil) and Trachoma (Blinding Eye Infection). USAID funding now covers all 10 regions of Ghana and each of the 216 health districts is supported for control/elimination of at least 1 of the 5 PC NTDs. Activities supported by USAID includes mass drug administration (MDAs), disease specific assessment (DSAs), data management, advocacy and behaviour change communication (BCC).

Almost 80% of neglected tropical diseases (NTDs) control/elimination activities in Ghana are supported by the USAID NTD Program. The NTDP receives some support from other partners: the Liverpool Centre for Neglected Tropical Diseases (CNTD); Sightsavers-Ghana; the African Program for Onchocerciasis Control (APOC); Volta River Authority (VRA), a government owned company that has dammed the Volta River for generation of electricity; the Partnership for Child Development (PCD); and the WHO Country Office in Ghana. All activities discussed in the main text of this work plan are proposed for USAID support through the END in Africa project. All activities that will be supported by other NTD partners listed above are put in footnotes in the same pages as related activities supported by USAID.

The NTDP presently targets LF, trachoma and onchocerciasis for elimination[33]. All disease elimination activities are implemented strictly according to WHO guidelines. The NTDP also strictly follows the guidelines of WHO in the management of SCH and STH but these 2 diseases are currently targeted for control[34] because of the high reinfection rates noted and the predisposition of many communities towards the 2 diseases due to poverty. Control/elimination activities for the 5 PC NTDs are integrated as much as possible in light of the limited human resource capacity within the GHS and also for efficient use of Donor funding. Treatment for LF is considered treatment of STH since albendazole is used during LF MDA. MDA is integrated in all districts where LF and onchocerciasis are co-endemic, and SCH MDA is usually integrated with MDA for STH in the same districts.

This FY2015 work plan has resulted from a consultative process between the NTDP and NTD partners to prioritize activities that will help the NTDP to reach the goals of elimination and control of the five targeted NTDs. In FY2015 the NTDP's focus will be on the following: verification of elimination of trachoma through a survey to obtain data that can be presented to WHO and the NTD-Regional Peer Review Group (RPRG) for a decision on the trachoma status in Ghana; significant scale down of treatment for LF while progressively increasing post MDA surveillance; move towards onchocerciasis elimination by adjusting the treatment strategy from treating only onchocerciasis meso and hyperendemic communities to treating whole districts and also treating all districts that were considered hypoendemic

[33] WHO 1998 definition of Elimination of disease/infections: Reduction to zero of the incidence (new cases) of a specified disease or infection caused by a specific agent in a defined geographical area as a result of deliberate efforts; continued intervention measures are required to prevent re-establishment of transmission are required.

34 WHO 1998 definition of Control of disease/infections: The reduction of disease incidence, prevalence, morbidity or mortality to a locally acceptable level as a result of deliberate efforts; continued intervention measures are required to maintain the reduction.

for onchocerciasis at baseline; conduct integrated impact assessment surveys for SCH and STH and conduct treatment for both SCH and STH in the 47 districts that are hyperendemic for SCH.

The main activities that will be undertaken will be:

- Continue with integrated community-based MDA for LF in 29 districts[35] with a target of treating 1,953,200 persons and MDA for Onchocerciasis in 85 districts with a target of treating 6,321,317 persons.
- Conduct MDA for onchocerciasis for the first time (as part of the integrated community-based MDA mentioned above) in 50 hypoendemic districts targeting 4,753,215 persons[36].
- Continue MDA for SCH in 47 SCH-hyperendemic districts with a target of treating 4,094,192 persons (1,432,555 SAC and 2,661,637 high-risk adults (HRA). Another MDA for STH will also be conducted in the same 47 districts targeted for SCH with a target of treating 1,146,044 SAC.
- Conduct an integrated impact assessment survey for both SCH and STH.
- Carry out trachoma survey in all 37 endemic districts to obtain data on the SAFE strategy that will be used for verification of elimination of trachoma.
- Conduct TAS for stopping MDA in 7 districts; TAS2 (second TAS after stopping MDA as part of post-MDA surveillance) in 5 districts; and Pre-TAS in 14 districts.
- Carry out epidemiological evaluation for onchocerciasis in 66 sentinel sites of 58 districts.
- Hold a review meeting to revise treatment regimen for SCH/STH control.
- Improve knowledge and awareness of the 5 PC NTDs and their control/elimination strategies within at-risk communities and enhance NTDP visibility through interaction with existing and potential partners, publications, and use of outdoor information, education and communication (IEC) materials already developed by the NTDP.

Other activities will focus on planning, monitoring and evaluation (M&E), advocacy and capacity building. Specifically these activities will be carried out:

- Hold 4 quarterly Intra Country Coordinating Committee (ICCC) meetings and 1 annual review meeting for the NTD program.
- Update TIPAC for 2015.
- Develop publications for country program best practices, success stories, lessons learnt and impact surveys.
- Hold media campaigns to showcase achievements and challenges of the program.
- Prepare projections for all NTD drugs for FY2016.

[35] Treatment for LF is considered treatment for STH. This means that the treatment for LF in 29 districts is the first treatment for STH using USAID funding and the remaining 187 districts (since all 216 districts have to be treated for STH at least once a year) will be treated with funding from Partnership for Child Development (PCD) with a target of treating 6,108,922 school-age children (SAC).

[36] A second MDA for onchocerciasis in 47 hyperendemic districts with a target of treating 4,024,153 persons will be conducted with funding from Sightsavers and APOC.

COUNTRY OVERVIEW

Table 1: Snapshot of the status of the NTD program in COUNTRY

		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION			DSA NEEDS	ACHIEVEMENT
A	B	C	D	E	F		G	H	I
Disease	Total No. of Districts in COUNTRY	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts under a 'current MDA schedule' (prior to work plan discussions) MDA in FY15		No. of districts in need of MDA at any level, but MDA not yet started, or prematurely stopped (prior to work plan discussions)	No. of districts requiring DSA	No. of districts where criteria for stopping district-level MDA has been achieved
					USAID-funded	Others			
LF	216	98	118	0	29	0	0	Pre-TAS: 14 Stop MDA TAS: 7 TAS1: 0 TAS2: 5	69[37]
Onchocerciasis		135[38]	81	0	85	47[39]	50	Ent: 29 study sites Epi: 58 (66 sentinel sites)	0
SCH		216	0	0	216	0	0	216 (in 30 ecological zones)	0
STH		16	200[40]	0	76[41]	140[42]	0	216 (in 30 ecological zones)	0
Trachoma		37	179	0	0	0	0	37[43]	37

[37] *All 69 districts have successfully conducted and passed TAS (5 in 2010 and 64 in 2014)*

[38] These 135 districts include the 50 hypoendemic districts with onchocerciasis prevalence 1%-19.99%.

[39] Second round MDA in these 47 districts will be *funded by APOC and Sightsavers 6 months after the first MDA. These districts are part of the 85 districts that were treated up to 2014 for onchocerciasis.*

[40] *Baseline studies show that 16 districts are endemic for STH but the MOH/GHS/NTDP has a policy of conducting at least 1 MDA for STH among SAC in all 216 districts because of the high level of poverty in almost all of the districts that can lead to a high reinfection rate for STH.*

[41] This is the treatment for LF in 29 districts that is considered as STH treatment and the integrated SCH/STH treatment in 47 districts in FY2015. Treatment in the remaining 140 districts should be covered by other partners. However, the numbers can change for other years when the SCH treatment will cover more districts.

[42] These are the 140 districts that will not be treated for LF and SCH in FY2015.

[43] This is the special study referred to in the text for trachoma that will hopefully provide data for verification of elimination of trachoma in Ghana.

Goals/Deliverables for the year 2015

Based on the progress made by the country program in previous years, the following goals have been set for the FY 2015:

- Continue with integrated community-based MDA for LF in 29 districts with a target of treating 1,953,200 persons; and MDA for Onchocerciasis in 85 districts with a target of treating 6,321,317 persons[44].
- Conduct MDA for onchocerciasis for the first time (as part of the integrated community-based MDA mentioned above) in 50 hypoendemic districts targeting 4,753,215 persons by September 2015[45].
- Continue MDA for SCH in 47 SCH-hyperendemic districts with a target of treating 4,094,192 persons (1,432,555 SAC and 2.661,637 high-risk adults (HRA); and conduct a second MDA for STH in the same 47 districts targeted for SCH with a target of treating 1,146,044 SAC by September 2015.
- Carry out trachoma survey in all 37 endemic districts to obtain data on the SAFE strategy that will be used for verification of elimination of trachoma (prevalence of TF among children 1-9 years old; prevalence of TT among persons >14 years old; and information on the F and E component of the SAFE strategy) by September 2015.
- Conduct TAS for stopping MDA in 7 districts; TAS2 (second TAS after stopping MDA as part of post-MDA surveillance) in the 5 districts that stopped MDA in 2010; and Pre-TAS to decide whether to conduct TAS for stopping MDA in 14 districts by September 2015.
- Carry out epidemiological evaluation for onchocerciasis in 66 sentinel sites of 58 districts by September 2015.
- Conduct an impact assessment survey for both SCH and STH in 30 ecological zones selected to represent all 216 districts by September 2015. Hold a review meeting to revise treatment regimen for SCH/STH control in all 216 districts based on 2012 WHO guidelines on SCH and STH by September 2015.
- Conduct 4 meetings of the Intra-Country Coordination Committee (ICCC) and 1 annual review meeting.

Mapping

Planned supplemental mapping needs:

Mapping for all diseases has been completed[46].

[44] Treatment for LF is considered treatment for STH. This means that the treatment for LF in 29 districts is the first treatment for STH using USAID funding and the remaining 187 districts (since all 216 districts have to be treated for STH at least once a year) will be treated with funding from Partnership for Child Development (PCD) with a target of treating 6,108,922 school-age children (SAC).

[45] A second MDA for onchocerciasis in 47 hyperendemic districts with a target of treating 4,024,153 persons will be conducted with funding from Sightsavers and APOC.

[46] Selection of high risk SCH endemic communities has been completed in 7 regions with support from the WHO Country Office in Ghana. In FY2015 the program plans to complete this exercise in the Greater Accra Region, Central and Western regions to further focus SCH community treatment and accurately determine the number of HRAs to be treated for SCH. This is not supplemental mapping for SCH but rather identification or selection of high risk

MDA

There will be two rounds of MDA conducted in 2015 as listed below:

MDA for LF, Onchocerciasis and STH

One integrated round of MDA for LF, Onchocerciasis and STH is planned to take place in February/March 2015. For LF[47] and onchocerciasis the MDA will be community-based using the door-to-door delivery method and for STH the MDA will be school-based treatment. This will include MDA in 26 districts for LF only, MDA in 82 districts for Onchocerciasis only and MDA in 3 districts coendemic for both Onchocerciasis and LF. The NTDP is planning to expand treatments to cover whole districts that are endemic for onchocerciasis instead of just treating communities with baseline prevalence ≥20% and also to 50 districts that were considered hypoendemic for onchocerciasis (based on baseline studies) in line with the paradigm shift towards elimination of onchocerciasis in Africa. If the proposal to treat in the 50 districts is approved by USAID, then the total number of districts to be treated for onchocerciasis during the first integrated community-based MDA will be 135. It is believed that Ghana being an ex-Onchocerciasis Control Program (ex-OCP) country can achieve elimination of onchocerciasis in most foci by 2025. The STH MDA will be conducted in all 216 districts as part of the first integrated community-based MDA. This will include the 29 districts treated for LF (LF MDA is considered STH MDA because ALB is used)[48]. Planning meetings, trainings, drugs and supplies distribution, and community mobilization for this MDA will start in January/February 2015. IEC materials will be reproduced and distributed with the medicines and other MDA supplies and community mobilization will be conducted as described above depending on the level. Actual mass administration of drugs to at-risk populations is expected to last for 5 to 7 days.

MDA for SCH and STH

An MDA will be conducted for SCH in the 47 SCH-hyperendemic districts. This MDA will be both school-based and community-based: SAC will be targeted in schools whilst high-risk adults will be targeted in communities. A second MDA for STH will also be conducted in the same 47 districts targeted for SCH. It is expected that with this plan the NTDP will provide STH treatment to all SAC at least once a year[49].

Trachoma

Ongoing surveillance activities have not revealed any more communities requiring treatment for trachoma and the last community requiring treatment will complete the third year of treatment in FY2014. Even though surveillance activities for FY2014 have not been completed, it is not expected that any hotspot communities will be found. The NTDP is instead planning to conduct a survey to obtain data that will be used for verification of elimination of trachoma in Ghana. The continuation of the trachoma program will depend on guidelines from WHO and the NTD-RPRG. Activities have to be conducted to verify absence of trachoma transmission and post-treatment surveillance of some sort will have to continue even after transmission is verified.

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communities within districts that have already been mapped. The process does not involve sample collection but working with the districts to list these communities for each category A and B districts.

47 The LF MDA in 29 districts is considered MDA for STH because ALB is used for LF treatment.

[48] The remaining 187 districts will hopefully be supported through funding from PCD and other local NTD partners.

[49] A second round of community-based treatment will be conducted for onchocerciasis (round 2) in the 47 hyper endemic districts with drug distribution estimated to last also for 5 to 7 days.

Table 3: USAID-supported districts and estimated target populations for MDA in FY15

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated (as of June 2014)	Total # of eligible people targeted (as of June 2014)
Lymphatic filariasis	*Entire population ≥ 5 years*	*1*	*Community MDA*	*29*	1,953,200
Onchocerciasis	*Entire population ≥5 years*	2*	*Community MDA*	85[50] 50	6,321,317 4,753,215
Schistosomiasis	*SAC and High risk Adults*	*1*	*School and Community based*	*47*	*4,094,192*
Soil-transmitted helminths	SAC	2[51]	School based	29	1,953,200[52]
				47[53]	1,146,044
Trachoma	-	-	-	0	0

*

M&E

Plans for Reporting Project Data

For FY15, MDA data will be reported through the Diseases and Program Workbooks semiannually. The program intends to make supportive visits to districts that historically have challenges with data quality to support them improve on their data quality. This will be done immediately after MDA to ensure that data is cleaned before reporting. The END in Africa project will continue to support the NTDP to report treatment figures that are disaggregated by gender.

Key M&E Needs and Plans

As part of improving M&E for NTDs, the Program will complete updating of the National Database Template for Ghana with all available historical data. The key program staff at the national level will be trained to update and use the national database to generate and customize reports to meet partner requirements. The reporting template developed by the M&E specialist will be introduced to the regional and district health authorities through trainings that will be conducted in FY2015 for two regions (51 districts) just before MDAs. Trainings in other regions will be conducted in subsequent years.

Changes in M&E Strategy

[50] The first MDA will involve 85 plus 50 districts and t*he second round of Onchocerciasis treatment (supported by Sightsavers and APOC) will be limited to 47 hyperendemic districts with a population of 4,024,153.*

[51] *Two (2) MDAs are planned for STH in FY2015.* The first MDA will be the LF treatment in 29 districts that is considered STH treatment and the second MDA will be conducted in the 47 districts targeted for SCH treatment. The NTDP Ghana will also make efforts to implement STH treatment in districts not treated for LF and SCH.

[52] This is the LF MDA that is considered treatment for STH.

[53] This treatment will be integrated with SCH treatment in 47 districts.

LF: The impact of program implementation will continue to be assessed as required. Specifically pre-TAS will be conducted in 14 districts and TAS in 12 districts (7 districts will conduct TAS for stopping MDA and 5 districts will conduct TAS2 for LF). Post MDA surveillance is already ongoing in 5 districts where the last TAS (TAS2) will be conducted. Post MDA surveillance activities will be started in the 64 districts that will stop MDA after FY2014.

Trachoma: The last trachoma survey was conducted in 2008, which showed that WHO criteria for stopping MDA had been achieved at the district level in all 37 endemic districts. The 8 communities that were identified through ongoing surveillance to have TF among children 1-9 years old above 5% have had three rounds of treatment. The program will carry out an assessment survey in FY2015 to obtain data in preparation for eventual verification of elimination.
Onchocerciasis: Oncho treatment has been targeting endemic communities with prevalence ≥ 40% up to FY2014. In FY2015 subject to USAID approval treatment will be extended to cover whole districts and also the 50 hypo endemic districts previously not treated in a move towards elimination of onchocerciasis by FY2025.

SCH/STH: Having conducted 4 rounds of treatment for SCH and another round to be conducted in September 2014 (bringing the total number of MDA rounds for SCH to 5) the program will carry out an integrated impact assessment survey of SCH and STH with the aim of using the results to revise the treatment regimen for the two diseases after FY2015.

Planned Coverage Surveys
In addition to data quality assessment (DQA) that will be conducted by the NTDP Ghana in FY2015, the program will conduct coverage surveys to assess the community level drug distribution coverage in districts that report very low or greater than 100% program coverage in FY2016. This will help verify coverage reports and clarify the reasons for these unusual reports to be able to address them.

Plans for disease-specific assessments and post-treatment surveillance in FY2015
Table 7 below summarizes planned DSA for specific diseases in FY2015. For LF, Pre-TAS will be conducted in 14 districts, TAS in 7 districts and TAS2 in 5 districts. For onchocerciasis, epidemiological evaluation will be conducted in 66 sentinel sites of 58 districts. The NTDP Ghana had identified 183 villages nationwide in 2009 that are used as sentinel sites for onchocerciasis surveillance activities. According to APOC Technical Consultative Committee (TCC) guidelines, each of the 183 villages has to be evaluated once every 3 years. Since it is cumbersome to evaluate all 183 villages in one year, the NTDP Ghana has put the 183 villages (sentinel sites|) into 3 groups. This group of 66 villages was evaluated in 2012 and now has to be reevaluated in 2015. This surveillance strategy is in line with a 5-year oncho surveillance plan developed by the NTDP Ghana. The NTDP is planning to treat for SCH in September 2014 (FY2014 work plan) and conduct an integrated impact assessment survey for SCH and STH for revision of treatment strategy at least 6 months after the SCH treatment. A review meeting will follow during which survey results will be discussed and the treatment regimen of both diseases will be adjusted for each district based on survey findings. A trachoma survey is planned to obtain data on TF among children 1-9 years old, TT among persons >14 years, and information on the F and E components of the SAFE strategy. It is expected that the data obtained will be presented to the NTD-RPRG for possible verification of elimination of trachoma in Ghana.

Table 7: Types of DSAs to be conducted in FY2015

	Types of Assessments			
Disease	Epidemiological Survey	Entomological Survey	Pre TAS	TAS
LF	No	No	Yes	Yes
Onchocerciasis	Yes	No	NA	NA
SCH/STH	Yes (integrated impact assessment survey)	NA	NA	NA
Trachoma	Yes (survey to obtain data that can be used for verification of elimination)	NA	NA	NA

Review of DSA results

LF: All districts in which Pre-TAS is conducted and report a microfilaremia rate of below 1% will be recommended for TAS the following year. For districts that conduct stopping MDA TAS, MDA will be stopped in those that pass the TAS (i.e. districts that have ICT positive or antigenemia rates that are below the critical cut-off values recommended by WHO). Districts that pass TAS2 will intensify efforts to build their dossier for verification of elimination. Reports of PreTAS, TAS for stopping MDA and TAS2 will be presented to the NTD-RPRG for review and approval.

Trachoma: Results of the planned survey will be presented to the NTD-RPRG for review and a decision to verify elimination will have to be made by the NTD RPRG. It is hoped that the protocol for this survey will be widely reviewed so that the experience in Ghana can be used to develop guidelines for verification of trachoma elimination in other countries.

Onchocerciasis: Results of the epidemiological evaluations will be discussed with APOC and compared with ONCHOSIM predictions to see how these districts are progressing towards elimination of onchocerciasis. ONCHOSIM is a simulation model developed for APOC by ERASMUS University that has predicted epidemiological values based on years of treatment. The results of this survey should either be at par with the predicted values or better than predicted values for the districts to be considered as progressing well towards elimination. Those with higher values than predicted have to be further assessed to determine the reasons for the poor performance, and these reasons have to be addressed by the NTDP in future years.

SCH/STH: A review meeting of local and international experts will be convened in FY2015 to review the results of the SCH/STH survey and treatment regimen for the two diseases will be revised after FY2015.

Strategies for addressing DSAs that do not achieve critical cut off.

LF: All districts that fail PreTAS (microfilaremia ≥ 1%), Stopping MDA TAS and TAS 2 (ICT positives above WHO-recommended critical cut off values) will conduct MDA for two more years and repeat the test.

Development and Implementation of Post treatment surveillance:

Post treatment surveillance for trachoma is presently ongoing and expected to end in FY2014. The NTDP is now requesting for verification of elimination. Post treatment surveillance for LF will continue in 69 districts after FY2014 but this surveillance will be mainly active (TAS, TAS1 and TAS2).

Data Quality Assessments (DQAs)

DQAs are independent assessments conducted to determine the capacity of NTDPs to collect data at central, middle and lower levels and to also determine the quality of data submitted to the national level. The NTDP will conduct a DQA in the second quarter of FY2015 after the community-based MDA. The teams will include representatives from international and national stakeholder organizations. The findings from the DQA will aid in the development of an action plan which will be implemented to improve on data quality and the overall improvement of the health management system.

Specific M&E challenges anticipated for DSAs

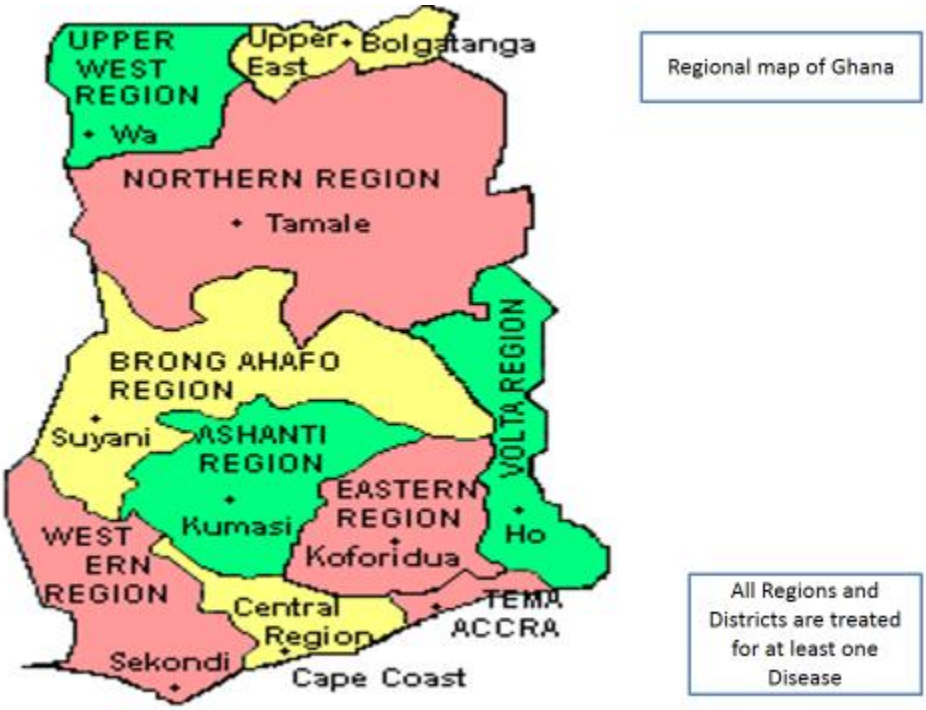
The NTDP has identified the following challenges for DSAs: Absence of WHO guidelines for post treatment surveillance; need for training of new laboratory technicians to conduct the DSAs; need to establish passive surveillance for LF. To address these challenges for DSAs the NTDP will continue training of new laboratory technicians and will start discussion with the University of Ghana in FY2015 to put in place a passive surveillance system for LF. The USAID NTD program and the END in Africa project is collaborating with WHO, the NTD-RPRG and other international NTD partners to develop concrete guidelines for post-MDA surveillance of all PC NTDs.

Table 9: NTD partners working in country and summarized activities

Partner	Location	Activities	Is USAID providing financial support to this partner?
Volta River Authority	Accra and Akosombo	Funding for SCH MDA in Volta and Eastern regions	No
Partnerships for Child Development	Accra	Funding for STH treatment	No
APOC	Ouagadougou	Technical support and funding for Onchocerciasis control.	No
		Funding for Oncho round 2 treatment	
CNTD	Liverpool	Technical and financial support for LF elimination activities in Greater Accra Region	No
WHO	Accra/AFRO	Technical and financial support for NTD control: serves as consignee for drugs received through MDP and WHO; supports identification of high risk communities for SCH.	
Sightsavers	Accra	Technical support and funding for oncho and trachoma elimination activities in Ghana	No
The United States Center for Disease Prevention and Control (CDC)	Georgia, USA	Technical support and funding for operational research relating to LF and STH.	No

Figure 1: USAID NTD support map

All regions in Ghana receive USAID support for MDAs, DSAs and other activities for at least 1 of the NTDs targeted through preventive chemotherapy (PC NTDs).



Attachment 2 – HKI FY2014 Work Plan for Niger

Executive Summary

Integrated mass drug administration (MDA) campaigns have been conducted in Niger for 7 consecutive years with support from the United States Agency for International Development (USAID) that is supporting the country's efforts to control/eliminate 5 neglected tropical diseases targeted through preventive chemotherapy (PC NTDs), namely lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH), soil transmitted helminthes (STH), and trachoma. Program partners include the National Eye Care Program (NECP; previously known as the National Program for the Prevention of Blindness), the National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program **(**NSSCP), and the National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis **(**NPEO/LF). Since 2011, funding from USAID has been provided through the END in Africa project managed by Family Health International 360 (FHI360) to Helen Keller International (HKI), which provides in-country technical/financial assistance to the Ministry of Public Health (MoPH). Other partners, such as The Carter Center (TCC) and the International Network for Planning and Control of Schistosomiasis (INPCS), also have a long history of supporting the MoPH activities targeting trachoma and SCH, respectively.

Every year, as recommended in the 2012-2016 NTD Master Plan, the planning process for the NTD activities of the MoPH is carried with the participation of the MoPH, HKI, FHI360, USAID, and all other technical and financial partners involved in NTD control/elimination in Niger. During these meetings, a consensus is reached regarding the health districts (HDs) eligible for treatment against the different PC NTDs and the strategies for improving mass drug administration (MDA) campaigns, monitoring and evaluation (M&E), advocacy, social mobilization, and other technical areas supporting the major program activities.

Based on the work planning session for fiscal year (FY) 2015 organized by the END in Africa project in Niger in June 2014, the following goals were set for FY2015 for the activities that will be supported by USAID:

(1) Maintain 100% geographic coverage for mass administration of drugs for LF in 27 (HDs, SCH in 11 HDs, trachoma in 13 HDs, and STH in in 4 HDs[54] ;

(2) Conduct a second round of treatment in the 2 HDs that failed the transmission assessment survey (TAS) in 2013 and have a high antigenemia prevalence. The threshold for passing the TAS was $\leqslant$20 antigenemia-positive children, but the Bouza-Keita evaluation unit detected 98 positive children (a 5.9 % prevalence);

(3) Conduct pre-transmission assessment survey (pre-TAS) in 7 HDs that have completed 5 effective rounds of LF treatment ($\geqslant$65% epidemiological coverage and 100% geographic coverage);

(4) Conduct TAS in the 4 HDs (tentatively scheduled around July 2015) where pre-TAS will be conducted in September 2014 (FY2014); and

(5) Conduct trachoma impact assessment surveys in 5 HDs (at district level) and 1 sub-district level assessment survey in 1 HD.

[54] The Neglected Tropical Diseases Program in Niger (NTDP) only counts treatment for STH when it is coupled with that of SCH. Thus, in FY2015, there are 11 HDs being treated for SCH (7 with PZQ alone and 4 with PZQ+ALB), and the 4 HDs receiving PZQ+ALB will be counted as being treated for STH. There are 27 HDs being targeted for LF treatment (with IVM+ALB), and while these HDs will be treated for STH *de facto*, they will not officially be counted by the NTDP.

All mapping is scheduled to be finished by the end of FY2014 with completion of the mapping of the 4 HDs in Agadez region for trachoma and LF mapping in Arlit and Fillingué HDs. Independent monitoring will be organized during and after the MDA to better supervise and assess program performance, and trigger mop-up treatment if coverage is found to be low.

In FY2015, the MoPH will include indicators for the 5 PC NTDs among those for which information (data) is collected by the National Health Information System (NHIS). This will enable the NTDP to have regular access to data at all levels of the health pyramid at the same time as all of the other MoPH programs, and to have access to integrated data for better decision-making. The usual data collection materials will be used and will be assessed at sub-regional, regional, and national evaluation meetings held immediately after the MDA campaign.

Several activities have been included as part of strategic plan strengthening, notably the creation of an NTD Task Force (a multi-sector committee that will play an advocacy role), the annual MoPH planning meeting, the national launch of the MDA campaigns, a national review meeting for MDA campaigns and micro-planning meetings for NTD activities. Cross-border meetings are planned with Burkina Faso to ensure better organization of MDAs within communities that are located along the borders. A meeting of national and international SCH experts will be held in November 2014 to realign Niger's SCH treatment strategies with World Health Organization (WHO) guidelines. The NTDP has started the process of reviewing/updating the present NTD Master Plan (an updated version already exists), which now includes an M&E plan for NTDs in Niger. This revised/updated Master Plan will be presented to the MoPH hierarchy for validation so that inclusion of the M&E plan becomes official (approved by the MoPH) and this will also make the NTD Program accountable to the Minister of Health, as this is the document that will be used to demonstrate whether the NTDP was or was not performing activities as planned with quality. Furthermore, it should be noted that the NTDP has identified post-MDA surveillance for LF and trachoma as one of the key starting from FY2015. The competence of the NTDP to manage the different disease control/elimination programs has to be strengthened so that the quality of MDA campaigns, M&E and other NTDP activities can be improved and also so that disease recurrence can be prevented. Niger is therefore requesting technical assistance in several areas to improve the quality of program implementation , including: capacity-building in general program management; development of a national NTD database; Data Quality Assessment (DQA); training on WHO's joint request and joint drug reporting forms and on the forthcoming severe adverse events (SAE) management guidelines from WHO; technical assistance on the Tool for Integrated Planning and Costing (TIPAC); and assistance with the development and validation of post-MDA surveillance protocols, particularly for trachoma and LF.

Overall, the END in Africa FY2015 work plan is in line with Niger's 2012-2016 NTD Master Plan and will move the country closer to achieving the goals of controlling/eliminating the 5 PC NTDs while also strengthening the national data collection systems.

Table 1: Status of the National NTD program in Niger

		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION			DSA NEEDS	ACHIEVEMENT
A	B	C	D	E	F		G	H	I
Disease	Total No. of districts in COUNTRY	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts under a 'current MDA schedule' (prior to work plan discussions)		No. of districts in need of MDA at any level, but MDA not yet started, or prematurely stopped (prior to work plan discussions)	No. of districts requiring DSA	No. of districts where criteria for stopping district-level MDA has been achieved
					USAID-funded	Others			
LF	*42*	*30*	*10*	*2*[55]	*27*	*0*	*0*	Pre-TAS: *7* TAS: *4*	*3*
Onchocerciasis		*5*	*37*	*0*	*0*	*0*	*0*	*5*[56]	*0*
SCH		41	1	0	35[57]	6[58]	0	0	0
STH		42	0	0	42[59]	0	0	0	0
Trachoma		33	5	4[60]	20[61]	0	0	6	13

Goals/Deliverables for 2015

Overall goal

The overall goal of the NTDP in FY2015 is to reduce morbidity due to SCH and STH, and to eliminate LF, onchocerciasis, and blinding trachoma by mass preventive chemotherapy and other complementary strategies by 2020 (2018 for trachoma). The other activities to support control and elimination include the treatment of morbidity cases, improved M&E, BCC, vector control, capacity strengthening for health agents at all levels, environmental improvement, and operational research.

[55] Waiting on final results from Fillingué and Arlit mapping conducted in FY2014.

[56] HDs are awaiting the stopping of LF MDA before epidemiological and entomological assessments can be conducted to verify elimination. These are planned in FY2015 with financial support from Sightsavers and APOC.

[57] Not all HD are treated annually as per WHO guidelines.

[58] Treated through SCORE study.

[59] Currently, all HDs are treated either through SCH or LF treatment schedules; however, HDs treated through LF are not officially counted by the NSSCP as receiving treatment. Since SCH MDA occurs biennially in most HDs, those receiving STH treatment through SCH will also receive STH treatment every other year, except for the river valley HDs, which receive annual SCH treatments.

[60] The NECP plans to finish mapping the 4 HDs in Agadez before the end of FY2014.

[61] 20 HDs on MDA treatment schedules, among which there are 7 HDs that will undergo impact assessment at the end of FY2014, and the results may reveal that some HDs will be able to stop district-wide MDA.

Specific goals

The specific goals vary depending on the diseases targeted and the endemicity of the HDs for each disease. Therefore, in FY2015, the MoPH has the following specific goals for USAID support only:

1. **Specific goals for SCH and STHs**:
   - Mass distribution of PZQ in 11 HDs (Niamey I, Niamey II, Niamey III, Dosso, Boboye, Gaya, Doutchi, Ouallam, Diffa, Mainé Soroa and N'guigmi). Of these 11 HDs, 4 will be treated with PZQ + ALB (Dosso, Doutchi, Niamey I and Ouallam)[62].

2. **Specific goals for trachoma**:
   - Mass distribution of Zithromax and tetracycline eye ointment in 13 HDs (Diffa, Mainé Soroa, N'guigmi sub-district, Aguié, Mayahi, Téssaoua, Guidan Roumdji, Madarounfa, Dakoro sub-district, Gouré, Magaria, Matamèye and Zinder Commune).
   - Conduct an impact survey in 5 HDs (Guidan Roumdji, Madarounfa, Mayahi, Téssaoua and Mainé Soroa).
   - Conduct a sub-district level survey in 1 N'Guigmi sub-district following 1 additional round of MDA, as recommended by the Trachoma Expert Committee (TEC) in their July 2014 meeting.

3. **Specific goals for LF**:
   - Mass drug distribution of IVM + ALB in 27 HDs (Tillabéri, Niamey II, Niamey III, Boboye, Gaya, Tessaoua, Guidan Roumdji, Madarounfa, Aguié, Dakoro, Mayahi, Zinder Commune, Mirriah, Matamèye, Magaria, Tanout, Gouré, Diffa, Mainé Soroa, N'Guigmi, Tahoua Commune, Madaoua, Birnin' Konni, Illéla, Bouza, Keita and Tchintabaraden).
   - Organize a second round of treatment in the HDs of Bouza and Keita, the 2 HDs that failed the TAS survey with high number of ICT positives. The population of these 2 HDs consists primarily of nomads. This marginal group is difficult to reach during the MDA regular campaigns because they are always on the move usually across the border to other countries when mass treatment campaigns are under way. A second campaign will locate these populations on their return from migration and treat them, which will improve epidemiological coverage. Given the TAS failure, it is important to optimize treatment before the next pre-transmission assessment survey (pre-TAS) planned for 2016.
   - Conduct pre-TAS in 7 HDs (Diffa, Mainé Soroa, N'Guigmi, Gouré, Magaria, Matamèye and Tanout).
   - Conduct TAS in 4 HDs (Niamey II and Niamey III, Zinder Commune and Mirriah).

Mapping

No mapping activities have been scheduled for FY2015 given that the NTDP is completing all mapping in FY2014.

MDA

The existing MDA gap is the lack of funds for treatment of severe adverse events, should any occur.

[62] The 27 HDs being treated for LF will receive IVM+ALB; however, these are not officially counted as STH treatments by the NTDP, which is why only the 4 HDs receiving PZQ+ALB are mentioned in the specific goals for SCH and STH. Of the 41 SCH endemic HD, only 11 will require treatment in FY15 according to the country's national treatment plans.

In Niger, MDAs consist of 3 parts: 1) planning for the MDA, including training of personnel to act as trainers, supervisors, and distributors; 2) MDA implementation; and 3) post-MDA evaluation, in which preliminary report data are reviewed, and teams discuss issues that arose during the MDA, how they were resolved, and make recommendations to improve the next year's MDA.

Two MDAs are planned for FY2015:

- The first will be conducted in November 2014 and will concern all of the targeted HDs across the country where MDA is required for each disease. The November 2014 MDA will target 11 HDs for SCH (7 with PZQ only; 4 with PZQ+ALB); 4 HDs for STH[63];) 13 HDs for trachoma (azithromycin + tetracycline 1% eye ointment); and 27 HDs for LF (with IVM+ALB). Two strategies will be used for MDA: the community-based, door-to-door strategy carried out by CDDs and the school-based distribution strategy carried out by teachers.

- The second MDA for LF will take place in August 2015 in the HDs of Bouza and Keita, which did not pass the TAS in 2013. These two districts have highly mobile populations; thus, special measures will be taken to ensure at least 65% epidemiological coverage through increasing the number of CDDs in these areas, thereby decreasing the number each one needs to reach; ensuring transportation to mobile and hard to reach areas; and increasing community mobilization through the awareness-raising caravans. In addition, independent monitoring during the first MDA round will help identify issues to improve the second round. While the two rounds of MDA will be conducted as full MDAs targeting the entire population eligible to participate (80% of the at-risk population), the second round is also likely to function as a mop-up round, as the persons not present during the first round will likely have returned to their home villages. Biannual treatments for LF fits within WHO guidelines.

As part of the SCORE study, SCI/INPCS will carry out mass distributions against SCH in all endemic villages of the six SCORE HDs (Kollo, Say, Téra, Tillabéri, Loga and Fillingué), and will also ensure coverage in the villages that are not enrolled in the SCORE study, to follow the national policy. The Carter Center will purchase tetracycline 1% eye ointment for children 0 to 6 months old and other persons ineligible to take Zithromax® for use during the trachoma MDA. The United Nations Children's Fund (UNICEF) will support the deworming of all children between the ages 12 and 59 months twice during the year throughout the county as part of NVD/CSW.

All of these drug distribution strategies will be carried out based on the protocols defined by WHO and according to MoPH guidelines.

[63] These 4 HDs are the same 4 HDs being treated for SCH with PZQ+ALB. Only the 4 HDs that will receive PZQ + ALB will officially be considered as treating STH in FY2015; however, 27 other HDs will be treated *de facto* through LF.

Table 3: USAID-supported districts and estimated target populations for MDA in FY15

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated (as of August2014)	Total # of eligible people targeted (as of August 2014)
LF	5 years and older	1[64]	Door to Door, in schools	27	10,427,722
Onchocerciasis	NA	NA	NA	NA	NA
SCH	5 years and older	1	Door to Door, in schools	11	1,989,241[65]
STH	5–14 years and at-risk adults[66]	1	Door to Door, in schools	4	690,456[67]
Trachoma	Total population	1	Door to Door, in schools	13	5,751,863

Monitoring & Evaluation

Distribution registers will be provided to CDDs and teachers for data collection. These registers are filled out by CDDs and teachers who send them to the CIH managers at the end of the campaign. The CIH managers will compile the data they receive in the summary registers that they send to the District Health Manager, who in turn compiles all data from all the CIHs in the health area. Two copies of the summary registers are made, the first for the district archives and the second to be sent to RDPH. The RDPH compiles the data for all districts into a single summary report of the region's data.

Production of a report for each implemented activity and for each level (HD, RDPH, and National) using the outline provided to regional focal points. These various reports must be sent at the same time as the vouchers, within 45 days after the administration of the last package or after the sub-regional evaluation (the HD), and from the regional the RDPH level.

In addition, specific emphasis will be placed on data quality through the following activities:

- Close supervision at all levels, including independent monitoring;
- Use of supervision checklists for supervision teams to ensure that supervision is being conducted thoroughly and completely at each site;

[64] Two LF MDA rounds are planned for FY2015 in the HDs of Bouza and Keita, which failed the TAS.

[65] This population figure includes the 690,456 who are counted as being targeted for STH treatment in the 4 HDs listed.

[66] At-risk adults are treated as part of the LF MDA (27 HDs) and in 4 HDs that will receive the PZQ/ALB. However, the MoPH does not officially recognize the LF treatments as STH treatments when the HDs treated by the LF program are not target by the SCH/STH program (deworming is considered to take place only through the SCH/STH program) – however, we have included these as targets in the workbooks since they are in-fact STH treatments in endemic HDs.

[67] This population is inclusive only of the 4 HDs that will receive PZQ +ALB. The 27 HDs that will receive IVM+ALB are not officially counted.

- Full involvement in NTD activities of the CIH manager who oversees the NTD data for the HD; this person is based at the HD and is sometimes is the same person as the district- NTD focal point;

After the regional evaluations, results by region are sent to the national level at least one week prior to the national evaluation. The national level should be able to finalize and transmit the campaign results to HKI within one week after the national evaluation so that HKI can meet the deadline for submitting results. Each HD must produce an overall summary report of activities at the end of each MDA campaign. These reports should be sent to the national level, which is responsible for producing a summary by program. HKI will ensure that the first semi-annual report to FHI360 will be available in March 2015, and the second in September 2015.

Additionally, the following M&E activities related to assessing disease epidemiology and impact of MDA will be conducted in FY2015:

- LF pre-TAS: 7 HDs will be included in the FY2015 pre-TAS (Diffa, Mainé Soroa, N'Guigmi, Gouré, Magaria, Matameye, and Tanout). These HDs have had at least 5 effective rounds of MDA coverage and are thus eligible for the pre-TAS to determine if they are eligible to progress to the TAS.

- LF TAS: TAS is planned in 4 HDs (Niamey II, Niamey III, Mirriah and Zinder Commune) in FY2015 based on the results of the FY2014 pre-TAS planned for September 2014. Once results are received, and if microfilaremia prevalence is <1%, then TAS eligibility forms will be completed for these districts and the applications submitted to the WHO NTD Regional Peer Review Group (RPRG) for their review and approval. Conducting the TAS in these districts will enable the MoPH to determine if transmission has been broken, and thus if MDA can be halted and post-endemic surveillance can begin.

- Onchocerciasis epidemiological assessment: MDAs have never been conducted for onchocerciasis specifically except through LF MDAs in Niger, as the prevalence of onchocerciasis during baseline surveys demonstrated that MDA was not warranted, but an epidemiological assessment is planned for FY2015 to confirm elimination. Entomological and epidemiological assessments will be carried out for onchocerciasis in one formerly endemic HD where LF treatment was stopped (Boboye). The epidemiological assessment will be done in 30 villages at least 15 kilometers apart. This activity will be carried out with Sightsavers and APOC. The entomological surveys will be conducted during the three-month rainy season and will be supported by Sightsavers; no USAID funding is required. The results of these evaluations will help Niger start documenting the elimination of onchocerciasis infection in the country.

- Trachoma post-MDA surveillance: Thirteen HDs have achieved the criteria for stopping trachoma treatment to-date. Although the full protocol for surveillance still needs to be developed and validated, the program plans to implement post-MDA surveillance in these districts with two sentinel villages established in each HD, per year. This will enable the MoPH to detect recrudescence of the disease over time and respond appropriately, as necessary. The national

program has asked for external assistance to develop a protocol to be followed to conduct surveillance (see "Technical Assistance required" section). However, the National Program is aware that new surveillance guidelines are forthcoming and will not develop their protocol until the guidelines have been released.

- Trachoma impact assessments: The program will conduct trachoma impact assessments in 5 HDs in FY2015 (Tessaoua, Mainé Soroa, Guidan Roumdji, Madarounfa, and Mayayi) and 1 sub-district (N'guigmi). If prevalence of TF is <10% at the district level, these HDs will be eligible to stop district-level treatment and will need to conduct sub-district level surveys; if the prevalence is <5% at the sub-district level in N'guigmi, then that sub-district will have reached its active trachoma elimination target.

- LF post-MDA surveillance: Active and passive LF surveillance will be conducted in FY2015 in the HDs of Téra, Say and Kollo which have stopped MDA. For active monitoring (i.e. TAS I), the presence of LF antigenemia will be conducted in a number of different villages using ICT cards, which will be purchased with END in Africa funds. Regarding the passive monitoring, when patients have their blood taken in health facilities' laboratories for other reasons, their blood will also be tested for LF antigenemia. Those patients staying in hospitals or other health facilities will also be checked for nocturnal microfilaremia by doing blood tests between 10:00 pm and 2:00 am. Prior to starting these activities, the National Program will ensure that all those involved in the monitoring activities will have the proper training to conduct the procedures. The national program has requested TAs to develop and validate a formal passive surveillance protocol.

- Independent monitoring of MDA: To improve coverage during distributions, independent monitors will conduct independent monitoring under the supervision of the HKI NTD M&E Manager and the Assistant to the HKI NTD Coordinator. This activity will be conducted in 6 districts (Doutchi and Mainé for Schisto; Téssaoua and Diffa for trachoma; and Bouza and Keitafor LF). These districts may change once the results of the 2013 campaign become available. These districts have been selected because there has historically been coverage or operational issues. This activity will assist the NTDP to better understand, monitor, and mitigate these issues.

- Data Quality Assessment (DQA): the DQA will help strengthen the data quality of the Niger NTD Program through a review of the consistency in data and reporting at the various levels, as noted above in the TA section. The National Program is planning for the DQA to take place in the Tillabéri region, as Tillabéri has historically had some reporting challenges, so this activity can help address those; in addition, this location will cut down on travel days for program actors and minimize unnecessary costs, due to its proximity to Niamey.

In order to strengthen the national data management system, HKI will provide assistance to the MoPH to hold a finalizing and validation workshop for the M&E section of its Strategic Plan for the Control of NTDs. Once the document is validated, the NTDP will require TA to create a national database of neglected tropical diseases, as noted above in the 'Technical Assistance section'.

Table 7: Planned Disease specific Assessments by Disease

DSA Type	# DSA Targeted with USAID Support (as of 07/2014)	Names of districts where DSA to take place
LF Pre-TAS sentinel/spot check site	7	Gouré, Tanout, Magaria, Matameye, Diffa, Maine Soroa, N'guigmi
LF TAS: Stop MDA	4	Niamey II, Niamey III, Mirriah, Zinder Commune
LF TAS: Post-MDA Surveillance (I or II)	3	Say, Téra, Kollo
Trachoma impact survey	6	Guindan Roumdji, Madarounfa, Mayahi , Téssaoua, Mainé Soroa districts, and N'Guigmi sub-district

Summary of NTD partners working in country

Table 9: NTD partners working in Niger and summarized activities

Partner		Location	Activities	Is USAID providing financial support to this partner?
HKI		National level, All regions	Overall technical and financial support to the national integrated NTDP, including advocacy, BCC, work planning, implementation, supervision, M&E, and data management and reporting	Yes
		Niamey, Maradi, Diffa and Zinder with assignments in the field in Dosso, Tillabéri	Support for the NECP: Hilton Trachoma project: BCC, TT surgery camps, school education	No
The Carter Center		Niamey with field assignments in Diffa, Zinder, Tahoua and Maradi	Support for the NECP (BCC, latrine building, TT surgery camps)	No
			Purchase of tetracycline ointment for trachoma mass treatment campaigns	
SCI/RISEAL		Niamey with field assignments	Support for the SCH and STH Program (BCC, DSAs, MDA and Research), support for the NPEO/LF (hydrocele surgery)	No
Sightsavers		Assignments in Niamey	Support for onchocerciasis surveillance	No

Figure 1: USAID NTD support map of Niger

The map below shows the 13 regions of Burkina Faso, which will all be supported in FY2015 by the USAID NTDP for the control/elimination of the 5 targeted PC NTDs.

*All 8 regions and all 42 HDs of Burkina Faso are supported for the control/elimination (support for mapping, MDA, DSA and BCC activities) of at least 1 PC NTD.
** Appendix 3 (provided as an attachment) shows the names of the regions and HDs being supported by USAID for the control/elimination of the 5 NTDs targeted through preventive chemotherapy.

Attachment 3 – HDI FY2014 Work Plan for Togo

Executive Summary

Fiscal year (FY) 2015 is the sixth year that integrated control of neglected tropical diseases is being implemented in Togo with United States Agency for International Development (USAID) funding through Health & Development, International (HDI). In FY 2015 the following activities are planned:

Strategic Planning

- Togo will be drafting a new five-year strategic plan in late 2015 to replace the one that expires in 2016. In FY 2015, HDI will assist with preparatory activities for developing the plan. Togo is also transitioning from onchocerciasis control to elimination, and this will be an important focus of activities in FY 2015.

Neglected Tropical Diseases (NTD) Secretariat

- HDI supports the NTD secretariat by supporting planning meetings, stakeholder/microplanning meetings, program review, and USAID's work planning meeting, and by providing capacity-strengthening assistance in a considerable number of ways as partially enumerated below.

Advocacy

- HDI will provide assistance to the MOH in developing an advocacy plan (existing personnel time will be used for this activity and no additional funding will be needed).

Social Mobilization

- Social mobilization will continue to utilize the highly effective town criers and local radio spots.

Capacity Building/Training

- In FY 2015, HDI will place increased emphasis on the Togo MOH's ability to operate independently in all aspects of the program.
- More than 10,000 people will receive training on drug distribution, supply chain management, serious adverse event (SAE) reporting, educational messages, behavior change, and other aspects of the mass drug administration (MDA) activity.
- Field workers will be trained for disease-specific assessments and a coverage validation survey.
- Central level MOH personnel will receive training on how to generate useful outputs from the Tool for Integrated Planning and Costing (TIPAC) for program planning.
- MOH and HDI personnel will receive training from international experts to build Togolese capacity on supply chain management (SCM).
- HDI will work with MOH monitoring and evaluation (M&E) personnel to strengthen MOH capacity to capture, interpret and utilize data to improve program performance.

Mapping

- A national epidemiological survey for onchocerciasis will provide updated prevalence data for onchocerciasis, which were last obtained on a national level in 1974.

Mass Drug Administration

- Togo will maintain 100% geographical coverage of areas requiring MDA.
- The practice of treating only villages with fewer than 2000 people for onchocerciasis will be reviewed in light of Togo's move toward elimination of onchocerciasis.
- Information, education and communication (IEC) materials will be used to disseminate information on NTD prevention and treatment, and on good sanitation and hygiene practices.
- April 2015 MDA:
    - Schistosomiasis – Target is 33 of Togo's 40 districts and more than 2.3 million people (more than 1 million school age children and nearly 1.3 million adults at high risk):
        - Implementation unit is the peripheral health unit (PHU).

        - High risk adults will be treated in moderate and high prevalence PHUs.
    - Onchocerciasis – Target is 32 districts and nearly 2.8 million people:
        - Implementation unit is the village.
        - Practice of treating only villages with fewer than 2000 people will be reviewed in light of the move towards elimination of onchocerciasis.
    - Soil transmitted helminths (STH) – Target is 35 districts and more than 1.9 million school age children:
        - Implementation unit is the district.
        - More than 1.4 million women of child-bearing age (WCBA) will be treated if the United Nations International Children's Emergency Fund (UNICEF) is able to supply medication.
    - Praziquantel, ivermectin, and albendazole will be administered simultaneously.
- October 2014 MDA:
    - Onchocerciasis – Target is 11 high-prevalence districts, funded by the MOH of Togo.
    - STH – Target is 4 districts where the prevalence of STH is ≥50%.

MDA Challenges

- A group of migrant workers was identified that is typically absent during the MDA and poses a risk of importation of onchocerciasis and lymphatic filariasis (LF); a plan has been developed to treat these workers for onchocerciasis and test them for LF.
- Efforts must be continued to ensure that the correct number of drugs are sent to each locality.
- Suboptimal use of the flip charts was identified during the 2012 coverage survey; the importance of using the flip charts is reinforced during the training.

Drug and Commodity Supply Management and Procurement

- Togo will continue to submit drug requests using the World Health Organization's joint request form for medicines for preventive chemotherapy.
- Serious adverse event reporting is emphasized during training.
- Short term technical assistance will be requested for training in advanced SCM.

Supervision

- Supervision will continue to be a joint effort by MOH and HDI.
- Issues identified during the MDA are specifically addressed during training and preparation for the subsequent MDA.

Short-Term Technical Assistance

- The MOH requests technical assistance for training on the TIPAC and SCM, as well as assistance with surveillance for onchocerciasis elimination.

Monitoring and Evaluation

- Conduct data quality assessments to assure the availability of reliable and meaningful data to inform programmatic decisions.
- Implement disease-specific assessments (DSAs):
    - Conduct the third transmission assessment survey (TAS) for LF.
    - Conduct DSAs for schistosomiasis and STH at integrated surveillance sites to revise treatment strategies for these diseases.
    - Implement a national epidemiological survey for onchocerciasis to ensure that all pockets of onchocerciasis have been identified and to launch the switch to elimination.
    - Continue with routine epidemiological surveillance for onchocerciasis in high risk areas.
- Continue with post-MDA passive surveillance for LF.
- Conduct a coverage validation survey.

Looking Ahead

- There is a gap in funding for LF morbidity management and trichiasis surgery.
- There is a gap in funding for entomological surveillance for onchocerciasis.

Table 1: Snapshot of the status of the NTD program in Togo

A	B	C	D	E	F		G	H	I
Disease	**Total No. of Districts in Togo**	**No. of districts classified as endemic**	**No. of districts classified as non-endemic**	**No. of districts in need of initial mapping**	**No. of districts under a 'current MDA schedule' (prior to work plan discussions)**		**No. of districts in need of MDA at any level, but MDA not yet started, or prematurely stopped (prior to work plan discussion)**	**No. of districts requiring DSA***	**No. of districts where criteria for stopping district-level MDA has been achieved**
					USAID-funded	**Others**			
Lymphatic filariasis	40	8[a]	32	0	0	0	0	Pre-TAS: 0 TAS: 8	8[e]
Onchocerciasis		32	8	0	32	11[c]	0	32[f]	0
Schistosomiasis		35	5	0	35[b]	0	0	35	0
Soil-transmitted helminths		40	0	0	35[g]	35[d,g]	0	35	0
Trachoma		0	40	0	0	0	0	0	0

** DSA=disease specific assessment*

[a] LF transmission has been interrupted in Togo, but Togo is still collecting the necessary data to submit a request for WHO validation of elimination of LF. There were originally 7 LF endemic districts but due to redistricting in 2012 one of the original LF endemic districts was divided into 2 districts, giving a total of 8 endemic districts now.

[b] All 35 districts that are endemic for schistosomiasis have ongoing MDAs. Treatment is based on prevalence at the peripheral health unit (PHU) level; high prevalence (≥50% prevalence) PHUs are treated every year while PHUs with moderate (10-49% prevalence) or low prevalence (1-9% prevalence) are treated every other year. Treatment of moderate and low prevalence areas occurs in even years in the northern three regions and in odd years in the southern two regions (excluding Lomé). The low prevalence areas are treated every two years rather than every three years to maintain a simpler two-year cycle of treatment nationwide rather than the six-year cycle of treatment that would be required if low prevalence areas were treated every three years while moderate prevalence areas were treated every two years. Consequently, in FY 2015, all but two of the 35 endemic districts (Assoli and Dankpen, in the north of the country) will have MDA for schistosomiasis in 2015. In Assoli and Dankpen all endemic areas received treatment in 2014 and they do not have any PHUs where the prevalence is ≥50%; see details regarding PHU-level implementation for praziquantel below in the MDA section and in Appendix 5 (the Togo Disease Workbook for Work Plan FY 2015).

[c] The second round of MDA in the eleven districts with a high prevalence of onchocerciasis is supported by the MOH of Togo

[d] Children under five years of age are treated with albendazole through UNICEF.

[e] Transmission of LF was interrupted in 2009, prior to USAID support, and the country is now in a post-MDA surveillance phase.

[f] Additional funding is needed to support expanded epidemiological surveys for onchocerciasis as Togo moves towards elimination of onchocerciasis.
[g] The five districts in Lomé region all have a prevalence of STH below 20% and so, although endemic for STH, are not targeted for MDA.

Goals/Deliverables for the year 2015

Goals for FY 2015 are as follows:

- Togo will implement nationwide MDA for onchocerciasis, schistosomiasis and STH in April 2015 (see also Table 3). Targets are:
    - Onchocerciasis – 2,792,104 people;
    - Schistosomiasis – 2,362,000 people (1,078,715 SAC and 1,283,285 high risk adults);
    - STH – 3,393,178 people (1,920,667 SAC, funded by USAID, and 1,472,511 WCBA, distribution funded by USAID and medication provided by UNICEF[68]);
    - 100% geographic coverage of at-risk areas.
- A second round of MDA for calendar year 2014 will be conducted for onchocerciasis (11 districts, funded by Togo's MOH) and STH (four districts, funded by USAID) in high prevalence areas in October 2014. Targets are:
    - Onchocerciasis – 929,929 people;
    - STH – 211,726 SAC.
- LF surveillance activities will continue (see Monitoring and Evaluation (M&E) section).
- An LF Transmission Assessment Survey (TAS) will be conducted in February/March 2015. This is the third and final TAS since stopping MDA in 2009.
- LF morbidity management (hydrocele surgery and continuation of the lymphedema project) will continue if external funding can be secured.
- Disease specific assessments for schistosomiasis and STH will be conducted at integrated surveillance sites in February/March 2015 to evaluate treatment strategies for schistosomiasis and STH after five years of MDA.
- Routine epidemiological assessments for onchocerciasis will be conducted as well as a national surveillance activity to ensure that all areas with onchocerciasis have been identified in preparation for Togo's planned transition from onchocerciasis control to elimination.
- A coverage validation survey will be conducted in three new districts (distinct from those assessed in 2012); in Tandjoaré district, which has had difficulties with MDA implementation and achieving equitable coverage; and in villages presenting a challenge to onchocerciasis elimination.
- Coordination and integration of National Onchocerciasis Control Program (NOCP) activities with the integrated NTD Program activities will be enhanced through use of a new, unified list of target areas for treatment that includes target populations for all target diseases at the village level, as well as unified data analysis (begun in FY 2014).
- The NTD Program will continue to collaborate with WASH by disseminating IEC materials and BCC messages during the MDA for NTDs.

[68] UNICEF generously provided albendazole for WCBA in 2013. There was no funding for the medication in 2014. We are hopeful that medication will be available for 2015 and this will be discussed further with UNICEF. HDI will also assist in discussions with UNICEF and the MOH to identify a distribution platform for treatment for STH among SAC in Lomé.

Mapping

Togo completed mapping for STH and *S. mansoni* in Lomé district in November 2013. The national epidemiological survey for onchocerciasis will serve as a mapping update by identifying any unrecognized pockets of onchocerciasis and providing updated prevalence data for onchocerciasis, which is needed for advancing onchocerciasis activities in Togo and was last completed on a national level in 1974. There is not a standardized WHO protocol for this activity, but Togo will develop a national strategy for sampling and will use skin snips for disease testing.

MDA

Togo reached 100% geographic coverage of areas requiring MDA in 2011 and has maintained 100% geographic coverage since then (see coverage map at end of work plan).

The drug delivery platform is community-based, door-to-door distribution. The implementation unit (IU) for STH is the district, the IU for schistosomiasis is the PHU, and the IU for onchocerciasis is the village.

For schistosomiasis, the baseline mapping was conducted at the PHU level, so accurate prevalence data are available for every PHU outside of Lomé. Due to the focal nature of schistosomiasis transmission, the PHU was selected as the implementation unit to better align treatment strategies with the populations at risk, and to reduce over- or under-treatment of populations that would occur through district-wide treatment strategies. In high prevalence PHUs (≥50% prevalence) all persons age 5 years and older are treated every year (in accordance with WHO recommendations). In moderate prevalence PHUs (10-49% prevalence), all SAC and adult women are treated every other year (in even years in the north and in odd years in the south). Adult women are at high risk due to their daily household activities that put them in contact with water. Treatment for these at-risk women began in FY 2014. The policy of Togo's NTD program is to treat all SAC with praziquantel every two years in areas where schistosomiasis is present but prevalence is <10%; this treatment occurs concurrently with treatment of moderate prevalence areas, namely, in the north in even years and in the south in odd years. USAID helps ensure gender equality and female empowerment by supporting the treatment of adult women who are at high risk of infection with schistosomiasis during their domestic duties in areas with moderate prevalence of schistosomiasis (10%-49% prevalence) and in areas with high prevalence of schistosomiasis (≥50%). This treatment can have the added benefit of reducing these women's susceptibility to HIV.

For onchocerciasis, a 2013 external technical review of Togo's onchocerciasis program (including surveillance activities and data, MDA targets and coverage) suggested that Togo is ready to begin transitioning from onchocerciasis control to elimination. This transition requires certain specific activities. First, the prevalence of onchocerciasis is believed to be low in most of the country, and this will be confirmed with an epidemiological survey in FY 2015. Once low prevalence has been confirmed, Togo will be ready to transition to onchocerciasis elimination. Historically, only villages with population <2000 have been treated through MDA because individuals in those villages were determined to be at high risk of blindness; however, with a shift towards elimination, this practice will be reviewed by Togo's Onchocerciasis Control Program, and the target villages and populations may be amended. Results of the epidemiological survey will provide additional information for updating the treatment plan. Table 3 reflects the onchocerciasis target population based on the historical approach of only treating villages with population <2000.

IEC materials will be distributed everywhere as described in the section on social mobilization; CDDs will show and discuss flip charts with all households.

Table 3: USAID-supported districts and estimated target populations for MDA in FY15 in Togo

Column definitions correspond to those found in the workbooks

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated (as of May 2014)	Total # of eligible people targeted (as of May 2014)
LF	--	*0*	--	*0*	*0*
Onchocerciasis	All persons age 5 years and older	1 or 2, depending on prevalence	Community MDA, door-to-door	32	2,792,104
Schistosomiasis	SAC or all persons age 5 years and older (based on prevalence), high risk adults (HRA) in high and moderate prevalence areas	1 round annually if prevalence ≥50% or 1 round every two years if prevalence <50%	Community MDA, door-to-door	33	2,362,000 (1,078,715 SAC and 1,283,285 HRA)
STH	SAC and WCBA	1 or 2, depending on prevalence	Community MDA, door-to-door	35	3,393,178 (1,920,667 SAC and 1,472,511 WCBA)
Trachoma	--	0	--	0	0

Monitoring and Evaluation (M&E)

The major components of M&E for FY 2015 are:

- Conduct data quality assessments (DQA) to assure the availability of reliable and meaningful data to inform programmatic decisions;
- Conduct the third TAS for LF;
- Continue with post-MDA surveillance for LF;
- Implement a nationwide disease specific assessment for STH and schistosomiasis to evaluate the treatment strategies for these diseases;
- Continue with routine epidemiological surveillance for onchocerciasis in 30 villages;
- Conduct a national epidemiological assessment for onchocerciasis to identify any unrecognized pockets of onchocerciasis and guide the transition from control to elimination of onchocerciasis;
- Revise onchocerciasis surveillance activities as necessary to ensure that there is a comprehensive surveillance system in place for onchocerciasis elimination;
- Conduct a coverage survey in three new districts (distinct from those assessed in 2012); in Tandjoaré district, which was included in the 2012 coverage survey but has had difficulties

with MDA implementation and achieving equitable coverage; and in villages presenting a challenge to onchocerciasis elimination[69].

The key change in strategy from FY 2014 is the transition from control of onchocerciasis to an emphasis on elimination.

Coverage survey in FY 2015
A coverage survey is planned for FY 2015, to be conducted within 90 days of completion of the April MDA in three districts that are representative of the different ecological zones and cultures of Togo and in Tandjoaré district (which has had difficulties with MDA implementation and achieving equitable coverage), as well as in villages presenting a challenge for the movement towards onchocerciasis elimination. The results will be used to validate reported coverage, identify any issues related to drug distribution or IEC/BCC activities, and confirm that issues identified in the 2012 coverage survey have been addressed.

Disease-specific assessments in FY 2015
A situation analysis of onchocerciasis was conducted in 2013. The report of this technical assistance outlines, for each region, a time frame for moving to elimination of onchocerciasis. The onchocerciasis program continues to conduct skin snip surveys to track the prevalence of onchocerciasis in pre-determined areas; this work has historically been made possible by support from APOC and Sightsavers. As part of the move to elimination, this surveillance will need to be expanded to ensure that there is no recrudescence of disease (Table 7) and confirm that there are not undetected pockets of disease outside of areas currently being treated. The approach and methodology behind the ongoing surveillance for onchocerciasis that rotates around targeted villages approximately every three years will be reviewed. We will additionally conduct a national epidemiological survey for onchocerciasis in all endemic districts to confirm that there are no unidentified pockets of onchocerciasis in preparation for the move to elimination. This will be the first time that a comprehensive evaluation of the onchocerciasis situation has been conducted since 1974. An external consultant will be engaged to provide assistance on the onchocerciasis survey methodology, and a local consultant with extensive knowledge and experience with Togo's onchocerciasis program will provide field support for onchocerciasis field activities and oversight of high risk onchocerciasis areas during the MDA.

In FY 2015 Togo will conduct DSA for schistosomiasis and STH at integrated surveillance sites in accordance with WHO guidelines, measuring the prevalence and intensity of infection with schistosomiasis and STH in SAC (Table 7). This activity will employ urine examination for *S. haematobium* using urine dipsticks and urine filtration, and stool examination for *S. mansoni* and STH using Kato Katz assays. Data will be used to assess progress in the control of these diseases and also to evaluate the treatment strategies for these diseases. The results will provide the most definitive evidence of the success of the NTD program, which can be used to lobby both within and outside Togo for support to sustain these gains.

The LF component of this integrated disease-specific activity is described below under post-treatment surveillance.

[69] There are still villages in some districts that have onchocerciasis prevalence above 5% after over 17 years of MDA.

Table 7: Disease-specific assessments in FY 2015

Disease	Location	Activity description	Expected Dates of Implementation	How results will be used to support MOH needs
LF	All eight previously endemic districts	Transmission assessment survey (third TAS post-MDA) – to be implemented according to WHO guidelines	February 2015	The data will confirm interruption of LF transmission in Togo and allow Togo to request verification of LF elimination by WHO*
Integrated disease specific assessment for STH and schistosomiasis	Nationwide	Assessment of STH and schistosomiasis prevalence at integrated surveillance sites. The assessment will utilize Kato Katz on stool samples and urine dipsticks and urine filtration on urine samples for schistosomiasis and STH.	February 2015	The data will be used to assess progress in control of STH and schistosomiasis and evaluate the treatment strategies for these diseases.
Onchocerciasis	30 villages in problem areas	Routine epidemiological surveillance to establish the prevalence of onchocerciasis in problem areas	February 2015	The data obtained will guide MDA activities and help guide interventions in problem villages.
Onchocerciasis	Select villages in all endemic districts	Epidemiological surveillance to identify any unrecognized pockets of onchocerciasis (the first such survey since 1974).	December 2014 to April 2015	The data obtained will identify any unrecognized pockets of onchocerciasis and serve as a new reference point as Togo moves towards elimination of onchocerciasis.

**Verification of elimination may be contingent upon cessation of ivermectin MDA for onchocerciasis.*

Post-treatment surveillance in 2015

HDI continues to support the MOH in implementing post-MDA surveillance for LF as recommended by the WHO. The final TAS is scheduled for 2015 (see Table 7), six years after the final MDA for LF. The TAS conducted in 2009 and 2012 confirmed that there is no longer transmission of LF in the eight districts that were previously endemic for LF, although it should be noted that there is ongoing MDA with ivermectin for onchocerciasis in these districts. Obtaining WHO certification will be contingent upon a successful TAS in 2015, and may also be contingent upon cessation of ivermectin MDA for onchocerciasis. Ongoing LF surveillance includes two distinct activities. For the first component of surveillance, on a monthly basis, laboratory technicians in 46 laboratories, at least one in each district, collect all thick blood films that were drawn from patients for the purpose of malaria diagnosis between the hours of 10pm and 3am; these same blood films are then examined for *Wuchereria bancrofti* microfilariae. A convenience sample of ten of these slides is sent to the central level for review each month. The second surveillance activity is implemented by nurses in 20 peripheral health centers along border areas not served by the above-mentioned laboratories, where the risk of LF transmission is high due to the presence of LF in neighboring countries. The nurses are trained to collect capillary blood on filter papers three times per year from a random convenience sample of 20 previously untested adults living in their

catchment area who come to the health center for care. These filter paper samples are sent to Lomé where they are tested for Ag Og4C3 specific to *W. bancrofti* by the laboratory of the National Institute of Hygiene. Additionally, a group of migrant workers from a neighboring, LF-endemic country was recently identified. These workers pose a risk of reintroduction of the *W. bancrofti* into Togo. A sample of these workers will be tested for *W. bancrofti* to assess the risk of reintroduction of the parasite into Togo.

Any case of LF identified through these surveillance activities triggers an investigation in the community where the case lives and works. More extensive testing is conducted and confirmed positive cases are treated with albendazole and ivermectin yearly for at least five years. From 2010 to 2012 there has been only one positive case.

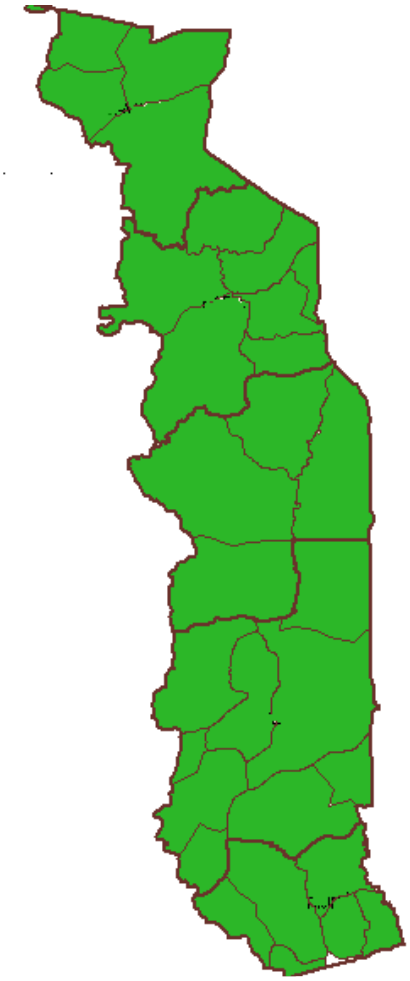
Discussions have been held with neighboring countries, which are beginning to stop MDA for LF, to coordinate and implement synchronized surveillance.

Summary of NTD partners working in country

Table 9 lists other partners in Togo who are working to prevent or treat NTDs in Togo.

Table 9: NTD partners working in country and summarized activities

Partner	Location	Activities	Is USAID providing financial support to this partner?
UNICEF	All 40 Districts in Togo	Provide albendazole for pre-school age children nationwide	No
National Nutrition Programme	All 40 Districts in Togo	Provide vitamin A for pre-school age children nationwide	No
APOC (African Programme for Onchocerciasis Control)	All 32 onchocerciasis districts	Provide funding and technical assistance for epidemiological and entomological surveys for onchocerciasis	No
Sightsavers	All 32 onchocerciasis districts	Provide funding and technical assistance for epidemiological and entomological surveys for onchocerciasis	No
WHO (World Health Organization)	Central level	Act as consignee for MDA drugs donated to Togo	No
Hope Education Foundation	Lomé district	Conducted mapping of STH and *S. mansoni* in Lomé district, developing and testing school-based educational curriculum to prevent infection with STH	No



All 35 districts outside the capital,
Lomé, will receive USAID

Attachment 4 – HKI FY2014 Work Plan for Burkina Faso

Executive Summary

Burkina Faso's Master Plan (2012-2016) for neglected tropical disease (NTD) was adopted in January 2013 and has a number of activities to be carried out over a 5-year period as part of the efforts to combat NTDs through the End in Africa project of the United States Agency for International Development (USAID) NTD Program. This work plan for fiscal year (FY) 2015 is prepared by the national NTD Program (NTDP) of the Ministry of Health (MOH) of Burkina Faso with technical support from Helen Keller International (HKI) and submitted through Family Health International (FHI 360) to the USAID NTDP for approval. A number of activities relating to mass drug administration (MDA), monitoring and evaluation (M&E) including disease specific assessment (DSAs), and other cross-cutting activities including behaviour change communication (BCC) are planned in FY2015 to enable the MOH of Burkina Faso achieve the overall objectives of control/elimination of the 5 NTDs targeted through preventive chemotherapy (PC NTDs): lymphatic filariasis (LF); schistosomiasis (SCH); onchocerciasis (OV); trachoma; and soil-transmitted helminthes (STH). The following MDA activities will be implemented in FY2015 by the different disease units under the NTD Coordination (see Appendix 1) to achieve the annual objectives:

1. MDA with ivermectin (IVM) and albendazole (ALB) for LF elimination will target 30 health districts (HDs)[70];
2. MDA with praziquantel (PZQ) for SCH will be carried out in 26 HDs[71];
3. OV treatment with IVM will target 6 HDs[72];
4. Trachoma treatment with oral azithromycin and 1% tetracycline eye ointment will take place in 7 HDs[73]; and,
5. STH control efforts with ALB will cover 42 endemic HDs, where LF MDA or SCH MDA activities are to be implemented in FY2015[74].

In addition to MDA, M&E activities will be implemented to monitor progress and evaluate the impact of the treatments administered. The following activities will be implemented by each program:

<u>Lymphatic Filariasis</u>

1. Pre-transmission assessment survey (pre-TAS) in 11 HDs (using 15 sentinel sites (SS) and spot-check sites (SC)) to determine whether or not the 11 HDs are eligible for Transmission Assessment Surveys (TAS) - 10 SS/SCS with END in Africa project support and 5 SS/SCS with Center for NTDs-Liverpool (CNTD-L) support;
2. TAS in 4 HDs to determine if LF MDA can be stopped (USAID/END in Africa project will support procurement of the immunochromatographic test (ICT) cards, while the Government of Burkina Faso will support the implementation costs of the TAS); and,

[70] Total of 30 HDs will be treated for LF elimination in FY2015. 21 of the 30 HDs will be treated uniquely with USAID funding provided through the END in Africa project. Another 5 HDs will conduct biannual MDA for LF with 1 of these MDAs financed by the USAID END in Africa project and the other by the Center for NTDs-Liverpool (CNTD-L). The remaining 4 HDs will be treated with funding uniquely from CNTD-L.

[71] All 26 HDs will be treated with USAID funding provided through the END in Africa project.

[72] Total of 6 HDs require MDA for OV. 4 HDs will be treated with financial support from the END in Africa project; and the other 2 HDs will be treated with funding from Sightsavers.

[73] 5 HDs require MDA based on their most recent prevalence results and will all be treated with funding from the END in Africa project. There are 6 HDs that will undergo sub-district level surveys, either because they had baseline trachomatous inflammation follicular (TF) prevalence between 5% and9.9% at baseline (as per recommendations of the Global Elimination of Blinding Trachoma by 2020 (GET 2020) Alliance and the Trachoma Expert Committee (TEC)), or have already had district-level impact assessments and now require sub-district level surveys according to World Health Organization (WHO) guidelines. The NTDP is planning for MDAs in an additional 2 HDs based on what they expect from the results of these subdistrict level surveys.

[74] A total of 30 of these HDs will be treated with IVM+ALB (LF MDA) and 12 will be treated with PZQ+ALB (SCH MDA integrated with STH MDA). Of these 42 HDs, 38 will be treated with support from the END in Africa project, either through the LF MDA (IVM+ALB) or the SCH MDA (PZQ+ALB). The other 4 HDs will be treated via CNTD-L support for LF.

3. Post-MDA surveillance for LF in 13 HDs (TAS I (in 7 HDs) and TAS II (in 6 HDs)) to assess whether there has been a recrudescence in transmission after MDA was stopped 2 years ago (TAS 1) and 4 years ago (TAS II); USAID/END in Africa project will support post-MDA surveillance in 10 of the 13 HDs.

Trachoma

As part of trachoma elimination efforts, the following M&E activities are planned:

1. District-level impact studies to evaluate MDA with azithromycin will be conducted in 4 HDs following their third round of MDA per WHO recommendations. These HDs include Dafra, Dandé, Karangasso Vigué, and Signonghin;
2. Sub-district level surveys in 4 HDs where baseline mapping revealed a TF prevalence between 5% and 9.9% among children ages 1-9 years to determine whether sub-district-level treatment is necessary or whether the elimination target has been reached[75];

Onchocerciasis

Coverage surveys and community self-monitoring (CSM) of community-directed treatment with ivermectin (CDTI) will be conducted in accordance with APOC recommendations.

Cross-Cutting Activities

In addition to the specific activities noted above for FY2015, other cross-cutting activities will contribute towards achieving the annual objectives that the program has set including:

3. Strengthening coordination and partnership with the NTDP via support for operations, meetings, workshops, distribution of reports, and an annual review;
4. Strengthening performance of the NTDP by improving programmatic and geographic coverage during NTD MDAs (including training for actors involved in MDA distribution, supervising MDA implementation, supplying and administering drugs, reproducing data collection tools, and holding integrated review meetings);
5. Implementing specific monitoring of activities at different implementation levels;
6. Implementing BCC activities among populations in endemic areas using specific information, education and communication (IEC) materials on NTDs (support for launching of NTD campaign, advocacy, information and awareness meetings, and media campaigns); and,
7. Requesting technical assistance (TAs) based on the requirements and limitations of the NTDP to improve the quality of NTDP activities.

[75] When HDs have a baseline prevalence between ≥ 5% and < 10% TF among children 1-9 years (commonly called "5-9.9% HDs"), per WHO guidelines, it is necessary to re-survey at the sub-district level in order to determine whether any sub-districts require MDA, since the elimination target for active trachoma is a prevalence <5% at the sub-district level as well as the district level. As these surveys are expensive, the 4 HDs with the highest baseline prevalence in this category, Barsalogo (9.75%), Kaya (9.43%), Gayeri (7.55%) and Fada (7.50%), will be assessed first, as they are more likely to require sub-district MDAs than those HDs with lower baseline prevalence. There are 15 such HDs in this category.

Table 1: Snapshot of the status of the NTDP in Burkina Faso

		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION			DSA NEEDS	ACHIEVEMENT
A	B	C	D	E	F		G	H	I
Disease	Total No. of Districts in COUNTRY	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts under a 'current MDA schedule' (prior to work plan discussions)		No. of districts in need of MDA at any level, but MDA not yet started, or prematurely stopped (prior to work plan discussions)	No. of districts requiring DSA	No. of districts where criteria for stopping district-level MDA has been achieved
					USAID-funded	Others			
LF	63	63	0	0	25[a]	9[a]	0	Pre-TAS- 11 HDs TAS- 4 HDs) TAS I - 7 DS TAS II- 6 DS	33
OV		6	57	0	4	2[b]	0	0	0
SCH		63	0	0	63	0	0	0	0
STH		63	0	0	58[c]	9[a]	0	0	0
Trachoma		30[d]	33	0	5[e]	0	0	8[f]	25

Notes:

[a] Total of 30 HDs will be treated for LF elimination in the fiscal year (FY) 2015. 21 of the 30 HDs will be treated uniquely with USAID funding provided through the END in Africa project. 4 HDs in the Sud-Ouest region will conduct biannual MDA for LF with 1 of these MDAs financed by the USAID END in Africa project and the other by CNTD-L. The remaining 5 HDs will be treated with funding uniquely from CNTD-L.

[b] Funded by Sightsavers.

[c] All HDs are currently covered by either LF MDA (since albendazole (ALB) is used for LF treatment) or by adding ALB to SCH MDA. Please refer to the Note (a) above, 25 HDs are covered by LF MDA with USAID support (including 4 HDs in SO supported jointly by USAID and CNTD-L). In 33 HDs where LF MDA has been stopped, annual or biennial ALB treatment is conducted depending on the SCH treatment schedule.

d 30 HDs had a baseline prevalence of trachomatous inflammation follicular (TF) among children 1-9 years of age ≥ 10%, warranting district-wide MDA. 15 other HDs had prevalence between 5% and 9.9% at baseline, and although district-level MDA is not warranted, sub-district level surveys are required to identify sub-districts that have to be treated as district level and sub-district level TF prevalence among children 1-9 years old should be <5%.

e Only 5 HDs currently require district-level MDA. Sub-district-level surveys as recommended by the Global Elimination of Blinding Trachoma by 2020 (GET2020) alliance and the Trachoma Expert Committee (TEC) will be implemented in FY2015 in 4 HDs (with baseline TF prevalence between 5% and 9.9%). Sub-district level treatment may be required depending on the results; the National NTDP believes 2 additional HDs will require MDA at subdistrict level.

f Sub-district level surveys are planned in 4 HDs that had a baseline prevalence between 5% and 9.9%; according to WHO guidelines, they should undergo sub-district level surveys to determine whether sub-district MDA is required; Additionally, 4 HDs (Karangasso Vigué, Dafra, Dandé and Signonghin) are scheduled for district-wide impact assessment after 3 rounds of MDA,. All will be funded through the END in Africa project.

Goals/Deliverables for the year 2015

General objective

To achieve the following treatment coverage for each MDA conducted for the control/elimination of the PC NTDs: at least 65% epidemiological coverage for LF MDA with ivermectin (IVM) + ALB; 80% program coverage for SCH MDA with PZQ and/or ALB (for SCH and STH MDA); 100% program coverage for trachoma MDA with azithromycin + 1% tetracycline ointment; and 100% geographic coverage for all PC NTD treatment campaigns. In addition, the National NTDP aims to implement disease-specific assessments (DSAs) where warranted to determine whether HDs need to continue MDA or whether HDs have met World Health Organization (WHO) stop-MDA criteria and can now transition into post-MDA surveillance activities.

Specific objectives

The following specific objectives of the NTDP for FY2015 will be carried out uniquely with USAID support only:

1. Treat 3,452,055 people in 25 HDs against LF[76].
2. Treat 5,033,374 people in 26 HDs against SCH.
3. Treat 3,475,946 people in 37 HDs against STH.
4. Treat 142,324 people in 4 HDs against OV.
5. Treat 1,968,208 people in 5 HDs against trachoma, subject to results of impact assessment and sub-district level surveys[77].

Mapping

LF, OV, SCH, STH, and trachoma have already been mapped at the national level. No further mapping is required.

MDA

MDA will cover 100% of the HDs targeted for LF, OV, SCH, and trachoma. Certain HDs will not receive STH MDA in FY2015 as explained in the table notes under Table 1, as, according to the National NTDP strategy, deworming only occurs in HDs targeted for LF or SCH MDA and not as a separate activity.

Since 2009, the 4 HDs in Sud-Ouest region (Batié, Dano, Diébougou and Gaoua) have conducted twice yearly MDA for LF due to persistent high microfilaremia prevalence (≥1%) as recommended by the Global Alliance for Elimination of LF (GAELF). The first of these rounds is financially supported by the END in Africa project; and the second by CNTD-L. This will continue in FY2015. One round of MDA will be conducted in 21 HDs with END in Africa support and in 5 HDs with CNTD-L support.

For SCH, after 5 rounds of biennial treatment in the endemic HDs in Burkina Faso, impact assessments were conducted in all sentinel sites in 2013. These assessments enabled the NTDP to establish new prevalence levels in the endemic areas. Following the recommendations of the WHO expert review workshop on the Burkina Faso and Niger SCH programs held in Ouagadougou in 2012, a national SCH program review meeting of experts was held in November 2013 in Ouagadougou. According to the

[76] 21 HDs will be uniquely supported by USAID/END in Africa project and 4 HDs will receive shared support with CNTD-L (each partner finances one of the biannual MDAs).

[77] The 5 HDs requiring MDA are either in their first or second 3-year treatment cycles. In addition, 4 HDs will be undergoing impact assessment at the sub-district level and may require MDA; the NTDP believes that 2 HDs will require subdistrict MDA in FY2015.

baseline survey data and data from other follow-up studies on SCH, the SCH treatment strategy was aligned to the WHO recommendations. These include biannual treatment in 7 HDs, annual treatment in 10 HDs and biennial treatment in 46 HDs. This new strategy will be applied in FY2015.

For OV, 6 HDs currently require MDA. Of these, 4 HDs in the Sud-Ouest region (Batié, Dano, Diébougou, and Gaoua) are treated with financial support from the END in Africa project; the remaining 2 HDs in the Cascades region (Mangodara and Banfora) are treated with funding from Sightsavers.

For trachoma, 5 HDs (Signonghin, Po, Dafra, Dandé, and Karangasso Vigue) require MDA in FY2015. Of these, 4 HDs will also undergo district-level impact assessment to determine whether MDA will be required in FY2016 and beyond. In addition, 4 HDs will undergo sub-district level surveys because TF prevalence among children 1-9 years was between 5% and 9.9% at baseline The results of these assessments may reveal sub-districts that will require MDA (see “Looking Ahead”).

For STH, all 63 HDs are endemic and are on treatment schedules either through LF (IVM+ALB) or SCH (PZQ+ALB) MDA. In FY2015, 42 of these HDs will receive MDA; 37 with financial support from the END in Africa project. Of those treated with END in Africa funding, 33 HDs will receive annual treatment, and 4 will receive biannual treatment (one of the two rounds supported by CNTD-L). Additional 5 HDs will be treated exclusively with support from CNTD-L (see “Looking Ahead”). Table 3 below is a table of target populations and frequency for planned MDAs in FY2015.

Table 3: USAID-supported districts and estimated target populations for MDA in FY2015

Column definitions correspond to those found in the workbooks

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated (as of 08/14)	Total # of eligible people targeted (as of 08/14)
LF	Entire population ≥5 years of age	1	Community-based distribution (door to door and central site)	21	3,943,096
	Entire population ≥5 years of age	2	Community-based distribution (door to door and central site)	4[a]	636,439
OV	Entire population ≥5 years of age	2	Community-based through CDTI	4	142,324
SCH	Children between 5-14 years	1	Distribution by health agents	9	726,263
	Children between 5-14 years and high-risk adults	1	Distribution by health agents	10	2,589,390
	Children between 5-14 years and high-risk adults	2	Distribution by health agents	7	1,717,721
STH	Children between 5-14 years and entire population ≥5 years of age	1	Community-based distribution (door to door and central site) and health agents	33	3,278,059
	Children between 5-14 years and entire population ≥5 years of age	2	Community-based distribution (door to door and central site)	4[b]	256,724
Trachoma	Entire population	1	Distribution by health agents	5[c]	1,968,208

Notes:

[a] These include 4 HDs in Sud-Ouest. In 4 HDs in Sud-Ouest region, the first round of MDA will be funded by END in Africa and the 2nd by CNTD-L.

[b] These will be treated through biannual LF MDA. 4 HDs in the Sud-Ouest region will receive 1 treatment with END in Africa support and 1 treatment with CNTD-L funding.

[c] 5 HDs require district level treatment. Sub-district level surveys will be implemented in 4 HDs with baseline TF prevalence of 5-9.9%. The NTDP expects that sub-district level treatment will be required in 2 of the 4 HDs and therefore expects to need to conduct MDA for trachoma in 7 HDs in FY2015. The NTDP has also made the necessary request for drugs for MDA in these 2 HDs additional HDs through ITI.

M&E

National database roll-out

The USAID/ENVISION project managed by RTI has developed a new database in collaboration with WHO has developed a new database for managing NTD data generated within countries supported by

USAID projects including the END in Africa project. When it is available, the NTDP will require capacity-building through a TA to be able to use this new M&E tool.

Changes in M&E strategy since the previous work plan

Trachoma impact assessments at the sub-district level are an innovation for the NTDP and a related protocol must be developed according to WHO guidelines. The GET 2020 Alliance and the TEC have recommended that Burkina Faso conducts surveys at the sub-district level in HDs where baseline TF was 5-9.9% among children 1-9 years old. In FY2015, the NTDP will begin these surveys in the HDs of Barsalogo, Kaya, Fada and Gayeri, which had baseline prevalence close to 10% (9.75%, 9.43%, 7.55%, and 7.50%, respectively). . In 2015, sub-district level MDA is expected and has been planned for Barsalogo and Kaya, as the NTDP believes that some sub-districts would have TF prevalence among children 1-9 years old ≥10%. MDA has not been planned for the other 2 HDs (Fada and Gayeri) and a surveillance plan will be developed and put into place as required.

For LF, TAS I and TAS II will be conducted in 13 HDs, and passive surveillance activities will also be implemented for the first time in all 13 HDs with support from the Government of Burkina Faso.

Assessment of treatment coverage for OV

Coverage surveys, as a component of CDTI, will be conducted in the HDs of the Cascades region (Banfora and Mangodara) with Sightsavers' funding and the Sud-Ouest region (Batié, Dano, Diébougou and Gaoua HDs) with financial support from the End in Africa project. CDTI treatment coverage (both epidemiologic and programmatic) is calculated based on data collected from treatment registers. Epidemiological assessments conducted in areas with high treatment coverage have shown high prevalence rates indicating that treatment coverage rates may not have been as high as reported and may be one of the reasons for the high prevalence, prompting a decision, in accordance with WHO and APOC guidelines, to conduct coverage surveys to determine the true coverage. The results of these surveys will be used to monitor the implementation quality of CDTI and improve its implementation based on survey results.

Community self-monitoring

CSM has been a critical component of community participation since the OV program began implementing CDTI activities and will be implemented in all endemic villages in the Cascades and the Sud-Ouest regions. This activity helps ensure coverage and sustainability of the program. In addition, it allows all actors involved in CDTI implementation to hold discussions with the populations of the endemic villages about bottlenecks that could block progress in eliminating OV and also provides an opportunity to find ways of improving future CDTI campaigns. The End in Africa project will fund CSM activities in the Sud-Ouest while Sightsavers will fund CSM activities in the Cascades regions.

Independent monitoring of treatment coverage

Independent monitoring of MDA will be carried out in FY2015 in 4 HDs. Independent monitoring will be used to assess the actors' and beneficiaries' knowledge on MDAs, assess the relationship between observed and reported coverage, estimate the extent of side effects, and assess the general organization of campaigns. The independent monitoring will be carried during MDA campaigns. The results will help to improve the quality of the MDA campaigns by proposing corrective measures (awareness-raising, team organization, supervision and the identification and management of side effects). These assessments will be conducted by HKI with support from other donors.

Table 7: Planned Disease specific Assessments (DSAs) by Disease

DSA Type	# DSA Targeted with USAID Support (as of 08/14)	Names of districts where DSA to take place
LF baseline or midterm sentinel/spot check site	0	Control sites to be determined
LF Pre-TAS sentinel/spot check site	11	Boromo, Dédougou, Bittou, Garango, Zabré, Léo, Sapouy, Batié, Dano, Diébougou, Gaoua
LF TAS: Stop MDA	4[a]	Kombissiri, Manga, Po, Saponé
LF TAS: Post-MDA Surveillance (I or II)	13[b]	Boussé, Ziniaré, Zorgho, Dori, Djibo, Gorom-Gorom, Do, Dandé, Houndé, Baskuy, Dafra, Karangasso Vigué, Lena
OV epidemiological assessment	0	
Schisto sentinel/spot check site/evaluation	0	
STH sentinel/spot check site/evaluation	0	
Trachoma impact survey	4	Dafra, Dandé, Karangasso Vigué, Signonghin
Trachoma Post-MDA Surveillance	0	
Other (Trachoma sub-district-level surveys)	4	Gayéri, Fada, Kaya, Barsalogho,

Notes:

[a] END in Africa funds will be used to purchase the ICT cards, but the Government of Burkina Faso will cover the costs of the surveys themselves.

[b] END in Africa funds will support 10 of the surveys and the Government of Burkina Faso will cover the cost for the other 3 HDs; END in Africa funds will be used to purchase ICT cards for all 13 HDs.

LF Pre-TAS at sentinel/spot check sites

The NTDP will conduct pre-TAS for 11 HDs in 15 sentinel/spot check sites in FY2015 in accordance with WHO recommendations for LF elimination. Among the 15 sentinel/spot check sites, pre-TAS will be conducted in 10 with financial support from the End in Africa project, and pre-TAS in the other 5 sentinel/spot check sites will be funded by CNTD-L. The sites and HDs that will be supported by END in Africa include: Boucle du Mouhoun (Boromo HD: 1 site; Dédougou HD: 2 sites); Centre-Est (Bittou HD: 1 site; Garango HD: 1 site; Zabré HD: 1 site); Centre-Ouest (Léo HD: 2 sites; Sapouy HD: 2 sites). The results of the pre-TAS will help to determine whether TAS can be conducted in these HDs.

LF TAS

In connection with the pre-TAS survey conducted in FY2014, a TAS is scheduled for FY2015 in 4 HDs in the Centre-Sud region (Kombissiri, Manga, Pô and Saponé HDs) with funding from the national government while ICT cards will be purchased with USAID/END in Africa funds.

Trachoma Impact surveys

In HDs that have implemented at least 3 consecutive rounds of MDA, impact assessments are required to evaluate the epidemiological situation of active trachoma and determine the effectiveness of the MDA. In FY2015, impact surveys will be conducted in 4 HDs across 2 health regions (Signonghin HD in

the Centre region and the Dafra, Dandé and Karangasso Vigué HDs in the Hauts Bassins region) that have completed 3 rounds of MDA. The results will help to determine whether to halt or continue MDAs at the district level. The End in Africa project will provide financial support for all these assessments.

Trachoma sub-district level surveys

The 2005-2010 baseline surveys for trachoma showed that 15 HDs had TF prevalence between 5% and 9.9% among children 1-9 years of age. Since the mapping, the SAFE strategy has not been implemented in these districts. The NTD program proposes to conduct sub-district level surveys in 4 of these HDs in FY2015 to determine whether sub-district level MDA is required. These include 4 HDs of Barsalogo, Kaya, Fada and Gayeri, which had baseline prevalence of 9.75%, 9.43%, 7.55%, and 7.50%, respectively. Current WHO guidelines indicate that those HD with baseline TF prevalence between 5-9% conduct surveys at the sub-district level to determine whether MDA is necessary in any sub-districts. .

Use of DSA results to address key MOH needs

- The results of trachoma impact assessment at the sub-district level will be shared with partners (including WHO, GET2020 Alliance, the International trachoma Initiative (ITI), TEC, HKI, USAID, FHI360 and Sightsavers) to support decision-making on the elimination objectives and will be used to decide whether treatment should be continued or stopped.
- The final implementation reports of the LF pre-TAS, TAS and post-MDA surveillance will also be distributed to international NTD partners (WHO, HKI, USAID and FHI360) to support decision-making on achieving the elimination objectives.
- All reports of DSAs for trachoma and LF will be presented to the newly formed WHO NTD Regional Peer Review Group (NTD RPRG) for review and guidance on the way forward towards the elimination of the 2 PC NTDs.

Strategies for addressing DSAs that did not achieve critical cut-off, and how lessons learned will be applied to future DSAs

The results of DSAs conducted in FY2014 are not yet available but once available, will be used to make programmatic decisions such as whether MDA can be stopped or continued in the areas surveyed. In addition, lessons learned from the FY2014 DSAs will be used in a similar manner as those observed during the FY2013 DSAs. In FY2013, a number of planning problems were detected, such as delays in the availability of final survey data, the non-validation of certain protocols, and a lack of a protocol for sub-district-level surveys for trachoma. HKI is supporting the NTDP to develop survey protocols before DSAs are conducted and will work with the NTDP to ensure that DSA results are made available as soon as possible following the assessments.

LF post-MDA surveillance survey (TAS I and TAS II)

In accordance with WHO guidelines, post-MDA surveys are required in HDs where treatment was stopped at least two years earlier to determine whether there is any evidence of ongoing transmission. These surveys are required as part of the elimination certification process. TAS I will be conducted in 7 HDs of Centre (Baskuy), Plateau-Central (Boussé, Ziniaré and Zorgho) and Sahel (Dori, Djibo and Gorom-Gorom) regions and will be funded by the END in Africa project. TAS II will be conducted in 6 HDs of the Hauts Bassins region (Dafra, Dandé, Do, Houndé, Karangasso Vigué, and Lena). The END in Africa project will fund TAS II in the Do, Dandé and Houndé HDs, and the national government will fund TAS II in Dafra, Karangasso Vigué and Lena HDs, although the all the ICT cards needed for the 6 HDs will be purchased by the END in Africa project.

LF post-MDA passive surveillance

Pursuant to WHO recommendations, the post-MDA passive surveillance began with the development of national implementation guidelines for post-MDA passive surveillance in 2013. Thirty-five biomedical technicians (BMT) from all the 13 health regions were trained, a national passive surveillance committee was formed, and laboratories received the required supplies. To implement this passive surveillance in the regions where LF MDA was stopped (Hauts Bassins, Nord, Plateau-Central, Cascades and Sahel), the following activities are planned in FY2015: provision of reagents and laboratory consumables to the health facilities in the regions concerned (to be funded by the government), refresher training of the BMTs, supervision, quality control and consultation forums (all with financial support from the END in Africa project).

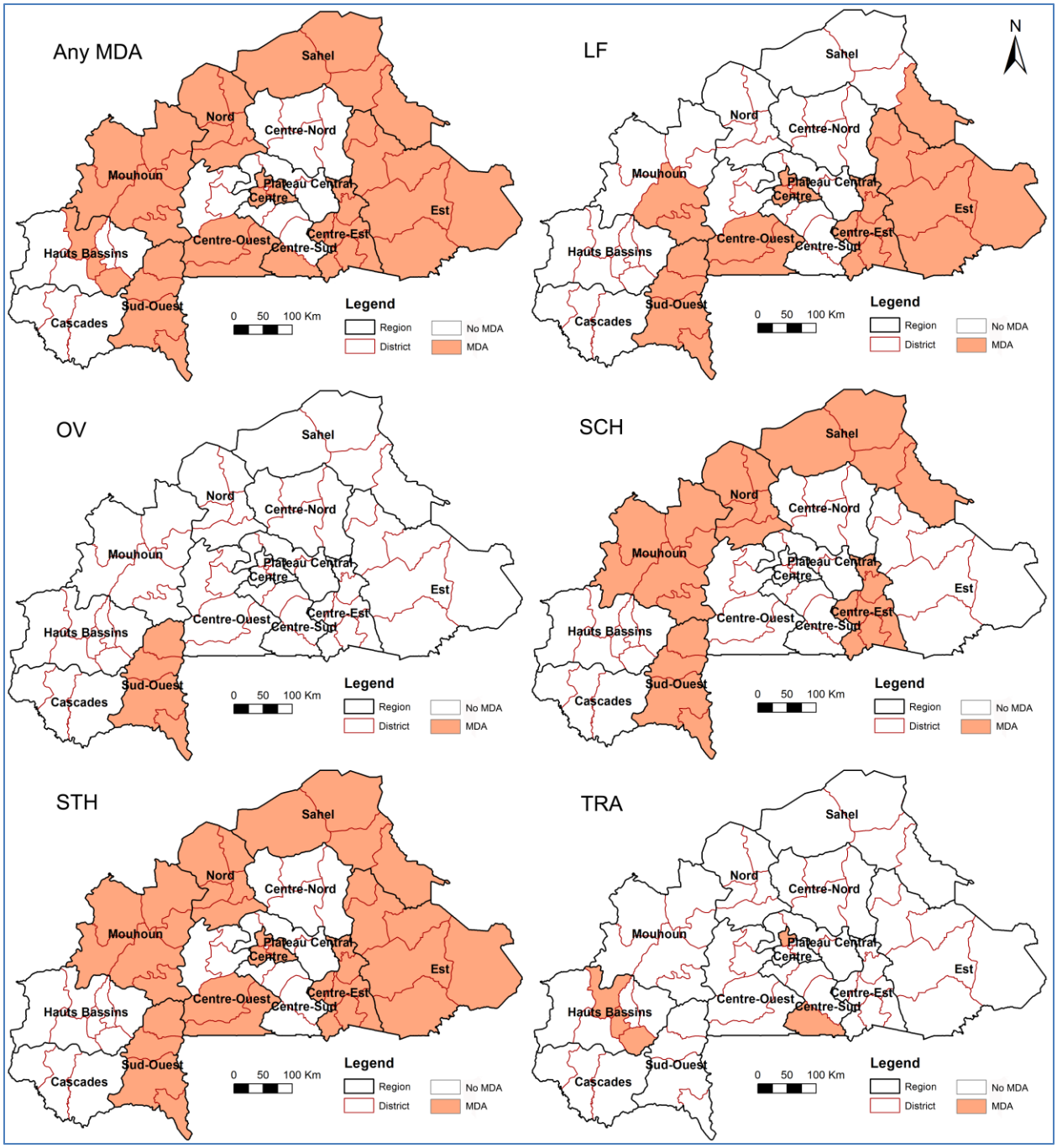
Summary of NTD partners working in country

Table 9: NTD partners working in country and summarized activities

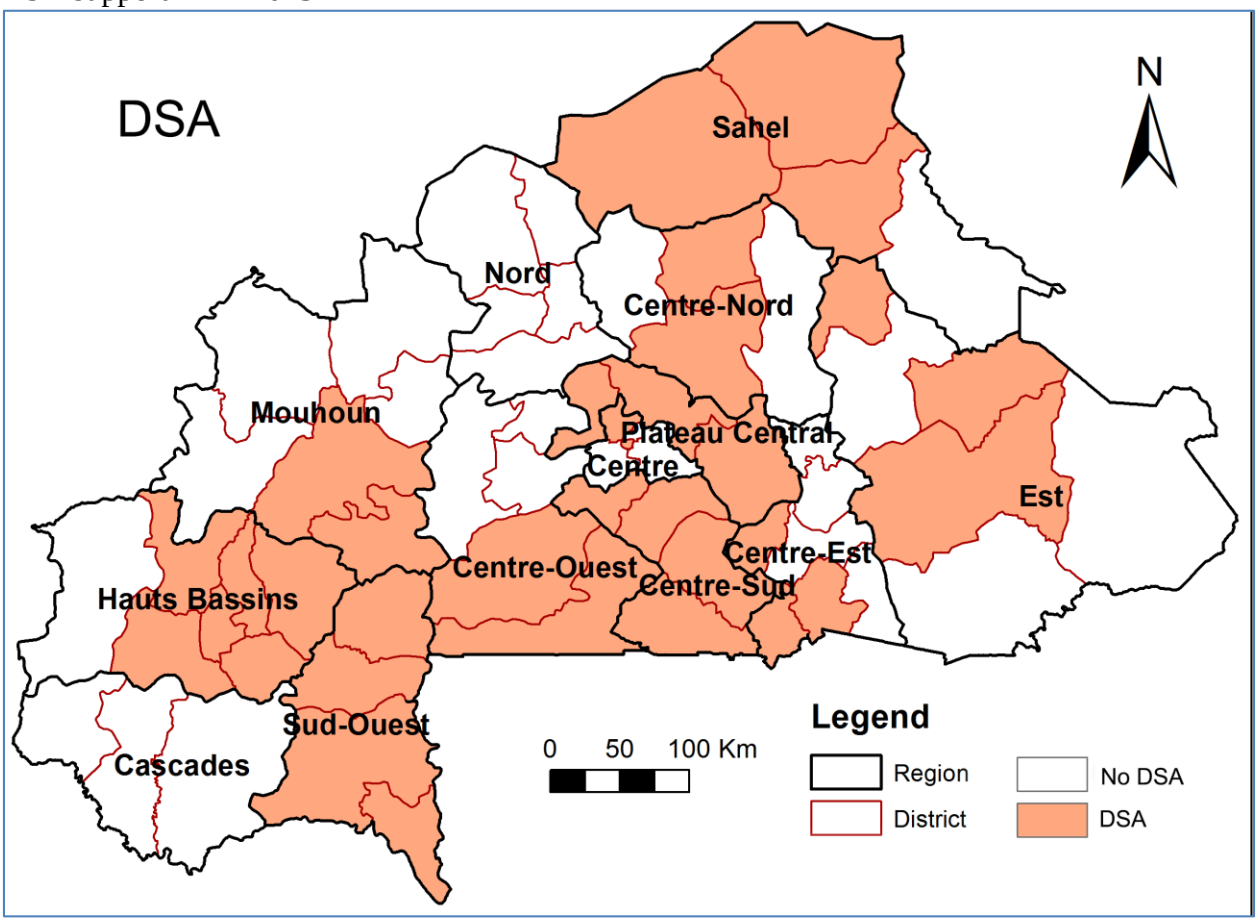
Partner	Location	Activities	Is USAID providing financial support to this partner?
West African Water, Sanitation and Hygiene project (WA WASH)	Burkina Faso health regions	Promote low-cost water supply techniques Promote latrine construction Build private sector capacity to produce and promote water pumps Develop decision makers' capacity in the area of gender promotion	Yes
Water Aid	Boucle du Mouhoun, Centre, Centre-Est, Centre-Ouest, Centre-Nord, l'Est, Sud-Ouest, Sahel.	Implement sustainable drinking water supply systems Build and promote use of latrines.	Yes
Handicap International	13 Burkina Faso health regions	Technical support to supervise MDA campaigns	No
FDC	13 Burkina Faso health regions	Technical support to supervise MDA campaigns	No
CNTD - L	Sud-Ouest, Centre-Sud, Zabré health district	Technical and financial support for M&E activities Technical and financial support for IEC/BCC activities on NTDs Technical and financial support to implement MDA components in several districts	No

HKI	Central Level, 13 Burkina Faso health regions	Technical and financial support to implement MDA components	Yes
		Technical and financial support for M&E activities	
		Support for coordination and provision of technical assistance for capacity development	
		Technical and financial support for specific studies	
		Technical and financial support for IEC/BCC activities on NTDs	
	Koudougou and Sapouy districts	Support for trichiasis surgery in HDs	No
	DFATD	Financial support for de-worming children ages 12-59 months during Vitamin A supplementation day	No
SIGHTSAVERS	Cascades	Technical and financial support to implement CDTI components in the Cascades region	No
		Technical and financial support for CDTI M&E activities	
		Support for coordination operations	
		Technical and financial support for IEC/BCC activities on onchocerciasis and trachoma	
		Support for trichiasis surgery	

Figure 1: USAID NTD support map of Burkina Faso
The map below shows the 13 regions of Burkina Faso, which will all be supported for MDA in FY2015 by the USAID NTDP for the control/elimination of the 5 targeted PC NTDs.


Any MDA
LF
OV
SCH
STH
TRA
N
Sahel
Nord
Centre-Nord
Mouhoun
Plateau Central
Centre
Est
Centre-Ouest
Centre-Est
Centre-Sud
Hauts Bassins
Sud-Ouest
Cascades
0 50 100 Km
Legend
Region
District
No MDA
MDA

DSA support in FY2015



*All 13 regions and all 63 HDs of Burkina Faso are supported for the control/elimination (support for mapping, MDA, DSA and BCC activities) of at least 1 PC NTD.
** Appendix 3 (provided as an attachment) shows details of activities supported in each of the 63 HDs.

Attachment 5 – HKI FY2014 Work Plan for Sierra Leone

EXECUTIVE SUMMARY

The reasons for the remarkable progress towards control and/or elimination of neglected tropical diseases targeted through preventive chemotherapy (PC NTDs) since the start of the integrated neglected tropical diseases program (NTDP) in 2008 has been categorized into seven key components: 1) relative small geographic size and ease-of-reach, 2) academic foundations and partners within the Neglected Tropical Diseases (NTD) Task Force, 3) post-conflict decentralization, 4) strong district health management structures, 5) community commitment due to high disease-burdens, 6) innovative, in-process independent monitoring using mobile applications and 7) a tailored, versatile communication strategy that addresses changing public awareness and concerns taking cognizance of the cultural context[78].

Support to the NTDP planning process for fiscal year (FY) 2015 includes modifications/recommendations that are required for the remainder of FY2014 in the context of the ongoing Ebola epidemic, the remaining goals of the current NTD Master Plan (2011-2015) and priorities of the next NTD Master Plan (2016-2020). The priorities of the next NTD Master Plan will be decided by members of the NTD Task Force according to World Health Organization (WHO) guidelines and with the approval of the Ministry of Health and Sanitation (MoHS).

Goals for FY2015 are to maintain 100% geographic and over 80% programmatic coverage for mass drug administration (MDA) in 14 health districts (HDs) for lymphatic filariasis (LF) and soil transmitted helminths (STH), in 12 HDs for onchocerciasis (oncho) and in 7 HDs for schistosomiasis (SCH). Disease specific assessments for LF will include a pre-transmission assessment survey (pre-TAS) for the first time in the Western Area (WA) and for the second time in 2 evaluation units (EUs) for the 4 HDs that 'failed' the pre-TAS in 2013. An integrated impact assessment for SCH and STH in 12 HDs is recommended in the context of continued internal migration and rapid urbanization to better inform MDA-strategy after FY2015 for the 2 NTDs.

Mapping for all targeted NTDs has been completed so none are planned in FY2015. Training and refresher trainings will be conducted for either new or previously-trained personnel: neglected tropical diseases focal persons (NTDFPs), district supervisors, peripheral health unit (PHU) staff, community health workers (CHWs), community drug distributors (CDDs), laboratory technicians and Independent monitors.

Supportive supervision will be conducted at all levels in a cascade manner during implementation of the following activities: macro-planning, training of district heath management teams (DHMTs), advocacy at district level, training of health workers, social mobilization, training of CDDs/CHWs, MDA and Independent monitoring. In addition, the National School and Adolescent Health Program (NSAHP) staff will participate in the supervision of the SCH MDA during which the second round of MDA- STH.

[78] Hodges MH. The Guardian. http://www.theguardian.com/global-development-professionals-network/2014/jun/24/sierra-leone-ntds-control-success.

Community self-monitoring will be strengthened in FY2015 in chiefdoms (subdistricts) within HDs with persistent LF-microfilaremia level ≥1%.

Monitoring and evaluation (M&E) performed by the NTDP will be enhanced through training on data quality assurance (DQAs), the WHO Joint Reporting and Drug Request Forms and the creation of a national database with technical assistance from Family Health International (FHI360) and the Ghana NTDP. Independent in[79]-process and end[80]-process monitoring of coverage and the debriefings that accompany the independent monitoring will continue to help the NTDP swiftly address challenges and help validate programmatic coverage especially in hard to reach (HTR) communities. Independent monitoring of the impact of advocacy, social mobilization and training will continue and be used to improve the quality of these activities.

Supply chain management (SCM) using customized standard operational procedures (SOPs) are being incorporated into the NTD training courses at district level in late FY2014 with the support of John Snow Incorporated (JSI).

Transition to post-MDA LF surveillance is anticipated in 8 HDs in late FY2015 after the planned transmission assessment survey (TAS) in FY2014. This transition will require further training of district/private sector laboratory technicians on the identification of LF-microfilaria from blood samples collected as part of their routine work between 10pm and 2am and during screening for recruitment into the army and the police. Cross border control to prevent recrudescence due to importation of LF from other HDs and/or from neighboring Guinea and Liberia will focus on synchronizing NTD activities within the Mano River Union (MRU) and modifying MDA strategies to ensure coverage amongst traditional migrants, employment-seeking migrants and MDA-migrants. During the post-MDA surveillance phase for LF in the 8 HDs albendazole (ALB) and ivermectin (IVM) will be available at the NTDP store to be used for treatment when positive cases are detected. The NTDP/MoHS and partners through the Government of Sierra Leone will make a "special" request to Mectizan Donation Program to provide drugs during the initial period of the surveillance phase whilst an alternative source is sought. The Tool for Integrated Planning and Costing (TIPAC) will be updated by senior MoHS financial and technical officials and the HKI team with technical assistance from the END in Africa project (Deloitte).

Looking ahead, there will be a need to help people living with LF-disability (hydrocele and lymphedema that are estimated at 23,500 and 8,300 respectively), to strengthen LF surveillance, to provide continued STH MDA in HDs that stop MDA for LF and to provide continued MDA for oncho in hypo-endemic communities as well as meso-endemic and hyper-endemic communities. The current Ebola epidemic in

[79] In-process monitoring is conducted during MDAs and is used to provide information on MDA performance indicators such as problems with supplies, refusals, distribution or other issues that are reported daily to the DHMT and forwarded when appropriate to the NTDP for action.

[80] End-process monitoring is conducted immediately after the MDA campaign to independently estimate post-MDA program coverage especially in urban settings such as the WA where accurate population data is unavailable. Although not as rigorous as a coverage validation survey, independent monitoring is less costly and more useful to program implementers since corrective measure can be activated in real time.

the MRU countries may necessitate deferment/modification of some planned FY2014 activities into FY2015 and when this is confirmed by the NTDP a request to carry-over funds will be made by Helen Keller International (HKI).

- **Table 1: Snapshot of the status of the NTD program in COUNTRY**

		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION			DSA NEEDS	ACHIEVEMENT
A	B	C	D	E	F		G	H	I
Disease	Total No. of Districts in COUNTRY	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts under a 'current MDA schedule' (prior to work plan discussions)		No. of districts under a 'current MDA schedule' (prior to work plan discussions)	No. of districts requiring DSA	No. of districts where criteria for stopping district-level MDA has been achieved
					USAID-funded	Others			
LF	14	14	0	0	14*	0	0	Pre-TAS: 6 HDs	0-
Oncho		12	2	0	12	0	0	Epi eval: 12HDs ; Ento: 0.	-0
SCH		12	2	0	7	0	5	12	-0
STH		14	0	0	14	0	0	12	
Trachoma		0	14	0	0	0	0	-0	0-

**Depending on the TAS results to be conducted in September/October 2014, these figures may change.*

Goals/Deliverables for the year 2014-2015

The goal for FY2015 is to maintain 100% geographic coverage and effective program coverage (defined as coverage ≥80%) for MDAs-LF-oncho-STH and MDA-SCH; to conduct Pre-TAS in 3 EUs; and conduct a national re-assessment for SCH and STH in 12 HDs (excluding Bonthe & UWA). The MDA-LF-oncho-STH will target 5,697,303 persons for LF and STH in 14 HDs and target 2,769,787 persons for oncho in 12 HDs. The MDA-SCH will target 557,596 SAC and 1,111,144 at-risk adults in 7 HDs. At-risks adults are those who by virtue of their profession or daily life wash, bath or work in fresh water in moderately and highly endemic HDs.

Mapping

Mapping for all targeted PC NTDs has been completed, including hypo-endemic oncho villages and there are no gaps. No mapping is required in FY2015.

Mass Drug Administration

The project's MDA-LF coverage plans have been scaled up since 2007 when the LF program was piloted in 6 HDs using the CDTI+albendazole strategy. Coverage was extended in 2008 to 13 HDs including urban areas (towns, district headquarters) of the 12 provincial HDs and the RWA. MDA was then scaled up in 2010 to all 14 HDs (including UWA), achieving 100% geographic coverage and reported programmatic coverage of ≥80% annually, nationwide.

Planned collaboration with partners (APOC and Sightsavers) also supporting MDA-LF activities occurs at the national level, and funds managed by the NTDP ensure coverage, and avoid duplication of effort and/or funding in accordance with WHO guidelines. Both MDA-LF-STH in the WA and MDA-SCH are solely supported by USAID.

The drug distribution platform(s)

The MDA for LF in the WA is performed by paid CHWs via both static health facilities/outreach posts/community meeting points and by a street-by-street 'campaign' over five days. This is scheduled to take place in late FY2014 and again late FY2015. The FY2014 round may need to be deferred to early FY2015 dependent upon the Ebola epidemic. A carryover of USAID-funding from FY2014 to FY2015 will be requested if required in late August 2014.

In the 12 HDs, MDA-LF-oncho-STH is implemented preferably during the **'window of opportunity'** over a period of 6-8 weeks by volunteer CDDs in rural settings using the house-to-house distribution method. This is supplemented through distribution conducted by MCHAs-in-training in urban settings of the 12 provincial HDs as in the WA. In FY2015, this MDA should only occur **after** the TAS in 8 HDs has been completed, hopefully in October 2014. Implementation of the TAS may, however, need to be deferred from late FY2014 to early FY2015 dependent upon the spread of the current Ebola epidemic[81]. A carryover of USAID-funding from FY2014 to FY2015 will be requested as required in late August/early September as soon as the Ebola-impact becomes clearer and MoHS approval is given. Timing of the TAS in 8 HDs and of the MDA-LF in 12 HDs, with consideration for Ebola and the 'window of opportunity,' will be critical in FY2015. MDA-LF within the work-place in the mining sector began in FY2014 and needs to be extended in FY2015 to ensure coverage especially of males outside their census-villages.

MDA-SCH will be implemented mostly by health workers assisted by CDDs in June 2015 lasting 7 days as both a community and a school-based campaign. The second MDA for STH in FY2014 had to be postponed because of the ongoing ebola outbreak. In FY2015 a second round of STH will occur during MDA-SCH in the targeted areas, as the supply of mebendazole is already available in the NTD-Makeni stores. Unless additional funding is found, the second round of MDA-STH will not occur in the non SCH-targeted areas in FY2015.

[81] Ebola Viral Disease Outbreak-West Africa, 2014 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0624a2.htm?s_cid=mm63e0624a2_e

Actions to be taken to mobilize Hard to Reach (HTR) communities

The HTR communities in Sierra Leone are located in remote locations requiring boat-hiring for riverine fishing villages, or motorcycle-hiring in areas inaccessible by road but also in over-crowded, sometime insecure urban slums. These communities require special social mobilization targeting the leaders of civil society groups, such as motorcycle riders associations, ex-combatants and drivers' unions, with tailored messages for dissemination. In addition, reaching employment-seeking-migrants within the mining/industrial sector requires collaboration and coordination with medical providers within the mining companies so they include MDAs for PC NTDs as part of the care they provide to their workers.

Known MDA gaps without programmatic support: Cross border control

Seven of the 12 HDs share borders with neighboring MRU countries: Kambia, Kono, Koinadugu (with Guinea), Kailahun (with Liberia and Guinea), and Pujehun (with Liberia). Although the NTDP in Liberia has conducted 2 MDA rounds for LF, both Liberia and Guinea are yet to reach 100% geographical coverage for LF. Synchronization of MDAs for NTDs so that communities in the border areas are not missed has also been impossible in the 3 MRU countries. To help improve NTD control along these borders, pre-MDA cross border meetings are planned for FY2015 to discuss the cross border MDA activities including discussion on the estimated number of border population who are likely to cross over into Sierra Leone during MDAs. These populations are estimated based on the available data from DHMTs used during polio campaign which are synchronized with the neighboring countries. The increased number of doses required to provide MDA will need to be added to the village census, compiled at PHU and district level and included in the quantity of the drugs distributed by the NTDP to the district NTDFPs. In addition to house-to-house distribution, MDA-LF on market-days similar to the urban platform is also proposed to reach people crossing into Sierra Leone for trade. The market days usually last for 1-3 days and during market days that fall within the MDA period traders and visitors in the border markets will be sensitized on eligibility/exclusion criteria, dosage and clear information that the drugs should be taken only once, and then treated.

An emerging gap, if MDA-LF is scaled back following the TAS, will be CDTI for hypo-endemic oncho communities. The NTDP will make decisions on continuation of onchocerciasis treatment in all endemic HDs using data that will be obtained during the planned onchocerciasis impact assessment survey.

Table 3: USAID-supported districts and estimated target populations for MDA in FY2015

Column definitions correspond to those found in the workbooks

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated (as of FY2015)	Total # of eligible people targeted (as of FY2015)
LF	*≥5 years (>90 cm tall)*	*1*	*Community (rural) and campaign (urban)*	*14*	*5,697,303*
Oncho	*≥5 years*	1	*Community*	12	2,769,787
SCH	*5-14 years* *At risk adults*[a]	*1*	*School based* *Community*	*7* *7*	*557,596* *1,111,144*
STH	*≥5 years*	Once/twice[b]	Community *School based*	14	*5,697,303* *557,596*
Trachoma	NA	NA	NA	NA	NA

[a] miners, fishermen, famers, pregnant women;

[b] In FY2015 the second de-worming with mebendazole will be conducted during MDA-SCH

M&E

Table 7: Planned Disease Specific Assessments by Disease

DSA Type	# DSA Targeted with USAID Support (as of DATE)	Names of districts where DSA to take place
LF baseline or midterm sentinel/spot check site	0	NA
LF Pre-TAS sentinel/spot check site	6	RWA, UWA, Bombali, Koinadugu, Kailahun and Kenema
LF TAS: Stop MDA	8	8 Tonkolili, Port Loko, Kambia, Bo, Bonthe, Moyamba, Pujehun, and Kono
LF TAS: Post-MDA Surveillance (I or II)	0	NA
Oncho epidemiological assessment	12	Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Bo, Bonthe, Moyamba, Pujehun, Kenema, Kailahun and Kono
Schisto sentinel/spot check site/evaluation	12	Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono and RWA

STH sentinel/spot check site/evaluation	12	Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono and RWA
Trachoma impact survey	0	NA
Post-MDA Surveillance	0	NA
Other (please specify)		

Data Quality Assessments and National NTD database roll-out

The NTDP will require technical assistance from End in Africa Project to strengthen their data management, create a national NTD database, train their staff on its maintenance and perform the DQA as discussed during the END In Africa NTD meeting in Accra and the annual work planning meeting in Freetown. It is anticipated that the national databased will be rolled in FY2016. A national population census will be performed in December 2014. Preliminary results should be available by mid-2015 to help in the establishment of these new tools and improve planning and reporting.

M&E strategy: transition to post-treatment surveillance strategy

The HKI questionnaires, administered to community leaders, CDDs, PHU staff, DHMTs and community members to assess the extent and quality of activities performed are revised annually. The mobile application to be used in FY2015 has changed from Magpie/CommCare to ONA which is equally user-friendly and has additional features: synchronization with the webhost to prevent double data entry and GIS recording to confirm location being monitored.

Proposed surveillance efforts discussed if pass TAS

Transition to a post-MDA-LF strategy is anticipated in 8 HDs in FY2015. Preparations include further training of district/private sector laboratory technicians on the identification of microfilaria from blood samples as part of their routine work and during screening for army and police employment/recruitment. Cross border control to prevent recrudescence of LF from other districts and/or from neighboring Guinea and Liberia will focus on synchronizing NTD activities within the MRU and modifying distribution strategies to ensure coverage amongst traditional and employment seeking migrants. During the surveillance phase in the 8 HDs ALB and IVM will be available at the NTDP store to treat when positive cases are detected.

Disease Specific Assessments

In FY2015 the following DSAs will be conducted based on WHO guidelines: Pre-TAS in RWA and UWA that have completed five rounds of MDA; Pre-TAS in Bombali, Koinadugu, Kailahun and Kenema districts, which made up the 2 EUs that failed pre-TAS in 2013 but have completed 2 additional rounds of MDA; and integrated impact assessments for SCH and STH in 12 HDs. If the 2 EUs pass the pre-TAS, then they will move on to conduct TAS in FY2016. The impact assessment for SCH and STH will help the NTDP to know the current SCH situation following 5 rounds of MDAs in 7 HDs that were classified as having moderate or high baseline prevalence and in the 5 costal HDs that were classified as having low prevalence and have never been treated. The results of the assessment will also determine if the treatment strategy of SCH and STH will be revised.

Summary of NTD partners working in country

Table 9: NTD partners working in country and summarized activities

Partner	Location	Activities	Is USAID providing financial support to this partner?
HKI	National level, all 14 HDs	Provide direct overall technical assistance to the MoHS in advocacy, strategic planning, implementing, supervision, M&E and capacity building	Yes
Sightsavers	12 HDs for Oncho only	Provide financial support for training of health staff and CDDs, and supervision of MDAs	No
APOC	12 HDs for Oncho only	Provide financial support for training of health staff and CDDs and supervision of MDAs in hyper and meso endemic communities.	No

Figure 1: USAID NTD support map of Sierra Leone

USAID supports each of the 14 health districts in Sierra Leone for the control/elimination of at least 2 of the 5 Neglected Tropical Diseases targeted through preventive chemotherapy (PC NTDs)

Source:
Helen Keller International