



FY2018

End Neglected Tropical Diseases in Africa (END in Africa)

Annual Work Plan October 2017 – September 2018

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End Neglected Tropical Diseases in Africa Work Plan FY2018

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Acronyms and Abbreviations

AFRO	WHO Regional Office for Africa
AOR	Agreement Officer's Representative
APOC	African Program for Onchocerciasis Control
ASTMH	American Society for Tropical Medicine and Hygiene
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
FHI 360	Family Health International 360
FOG	Fixed Obligation Grants
FY	Fiscal Year
GHS	Ghana Health Service
GSC	Global NTD Support Centre Operational Research Project
HD	Health district
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
Oncho	Onchocerciasis
PCT	Preventative Chemotherapy
Pre-TAS	Preliminary Transmission Assessment Survey
PZQ	Praziquantel
RPRG	Regional Peer Review Group
RTI	Research Triangle Institute International
SAR	Semi-Annual Report
SAE	Serious Adverse Event
SAFE	Surgery, Antibiotics, Facial Cleanliness and Hygiene, and Environmental Improvements
SCH	Schistosomiasis
SCM	Supply Chain Management
SOW	Scope of Work

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SSP	Strategic Social Partnerships
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

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Introduction

On September 29, 2010, the United States Agency for International Development (USAID) awarded Family Health International (FHI 360) 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 5 NTDs by at least half among 70 percent of the world's affected populations. The 8-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 5 NTDs: Lymphatic Filariasis (*elephantiasis*); Schistosomiasis (*bilharzia*; *snail fever*); Trachoma (*blinding eye infection*); Onchocerciasis (*river blindness*) and Soil-Transmitted Helminths (*intestinal worm infections*)- Round Worm (*Ascaris lumbricoides*), Whip Worm (*Trichuris trichiura*), and Hook Worm (*Necator americanus* and *Ancylostoma duodenale*).

The project supports national NTD program (NTDP) efforts to implement and scale-up integrated mass drug administration (MDAs) in Burkina Faso, Ghana, Cote d'Ivoire, Niger, Togo and Sierra Leone through sub agreements with selected Non-Governmental Organizations (NGOs). FHI 360 awards and manages grants to MOHs and organizations working in targeted countries with high technical capacity to implement programs that support national NTD control strategies. As a general NTDP rollout approach, FHI 360 supports the MOH in leading 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 coordination with other donors and partners. Sub grantees and the FHI 360-led team support the conveyance of these MOH-led meetings and utilize the platforms to ensure understanding of the roles and responsibilities of the various USAID partners.

END in Africa is implemented by FHI 360 through the execution of first-tier sub agreements with competitively selected NGOs to support MOH/NTDP in 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.

FHI 360, through its country office and the regional END in Africa team, provides direct implementation support to the NTDPs of the Ghana Health Service (GHS) and Cote d'Ivoire MOH.

The three key principles of the END in Africa project include utilization of existing government networks and well-established channels for implementation of the project; partnering with MOHs and other NTD partners to strengthen MOHs and help with building 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 fiscal year 2018 (FY18) to support MDA campaigns, impact assessment 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.

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Four of the 6 END in Africa implementing countries are endemic for trachoma, while all 6 are endemic for lymphatic filariasis (LF) and onchocerciasis (oncho)¹. Cote d'Ivoire, the recent addition to the END in Africa project, will be entering the third year of project implementation in FY18. Mapping (and baseline studies) for LF, oncho, schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) was completed in FY17. A total of 74 health districts (HDs) are endemic for LF, 68 HDs for oncho, 81 HDs for SCH and all 83 HDs for STH. Mapping is yet to be completed for trachoma. With USAID NTD program support, Cote d'Ivoire has achieved 100% geographic coverage for all HDs known to be endemic for the 5 PCT NTDs although mapping for trachoma is still ongoing.

For all END in Africa countries current data indicate that 81.3% of endemic HDs (109 out of 134) have stopped MDA for trachoma. The denominator for trachoma has changed due to recent modification of the standard operating procedures introduced by the Trachoma Expert Committee that requires at least one annual treatment for HDs with TF prevalence between 5% and 9.9%.

In the case of LF, 60.2% of endemic HDs (179 out of 297) have stopped treatment. In FY18 we are including Cote d'Ivoire as part of the denominator which was not considered before because the program was just starting. The addition of Cote d'Ivoire is reflected in a decrease in the current proportion of HDs that have stopped MDA although the number of HDs that stopped MDA has increased from 142 to 179 representing a percentage increase of 26.1% in the number of HDs stopping LF².

In the case of oncho, the total number of HDs to be treated will increase from 181 in FY17 to 222 in FY18, an increase of 23%. This is due to increase in the number of HDs requiring treatment in Ghana. The change in Ghana is in response to a recommendation by the Onchocerciasis Expert Committee (OEC) following its review of results of a recent impact assessment for oncho. The strategic change from control to elimination and adoption of a 1% microfilaria prevalence threshold have led to treatment of HDs previously considered hypoendemic.

Treatment for SCH and STH will continue in FY18 in all 6 countries based on current prevalence and treatment schedules recommended by the World Health Organization (WHO).

In FY18, the END in Africa project will:

1. Continue to support implementation of good quality MDAs in all 6 END in Africa countries and maintain good therapeutic and geographic coverage;
2. Conduct Disease Specific Assessment (DSAs) to assess the impact of MDAs and decide when and where to stop MDAs;
3. Continue to support countries to conduct periodic post-MDA assessments;
4. Support Cote d'Ivoire to continue mapping for trachoma; and
5. Increase technical support to countries to improve data quality and implementation of the WHO integrated NTD database.
6. Complete appropriate project close-out procedures per USAID regulations.

¹ STH and SCH are not targeted for elimination and are present in all 6 countries.

² The change in denominator also includes redistricting in Niger and Ivory Coast (2 and 1 new HDs in Niger and Ivory Coast respectively).

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USAID guidance instructs FHI 360's first-tier sub recipients to employ Fixed Obligation Grants (FOG) as the preferred subaward mechanism to provide financial resources and management for the activities undertaken by the MOHs' NTDP in each country. FOGs signed by FHI 360's sub grantees and the MOHs permit the flow-down of 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 FHI 360 to enter into second-tier sub agreements with the MOH in all selected countries. For countries directly supported by FHI 360, such as Ghana and Cote d'Ivoire, first-tier FOGs are signed with the MOH to channel resources per the approved work plans.

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 (TA) 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

FHI 360 will be proactive in ensuring all activities supported by the project are closely aligned with USAID NTD policies and priorities³ and in line with each government's NTD needs and schedules for 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, Cote d'Ivoire, Niger, Sierra Leone and Togo in FY18.

The in-country work planning sessions of USAID-funded activities for FY18 were completed between May and July 2017 for all countries. These country plans constitute the platform for the definition of activities that the FHI 360-led team will execute in FY18:

- Support MOHs and sub grantees in the implementation of FY18 work plans in all countries. The respective work plans for all countries are presented in attachments 1 to 6.
- Obligate additional resources as necessary to fund the execution of activities in Burkina Faso, Niger and Sierra Leone through HKI; and in Togo through HDI, once work plans and budgets are approved by USAID. The recently approved ceiling increase of \$4.9 M will allow the project to cover the necessary operational expenses for the implementation of the approved plans.

³ The USAID Work Plan Template and Supplemental Guidelines were used in every step of the process to ensure alignment of priorities.

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- Execute FOGs with GHS and the MOH of Cote d'Ivoire to support the implementation of activities approved in the respective country FY18 work plans. FHI 360 sub-grantees, i.e. HKI and HDI, will also enter into FOGs with their MOH counterparts in Burkina Faso, Niger, Sierra Leone and Togo. All first-tier FOGs with the MOHs will be submitted to USAID for approval, whereas the second-tier FOGs will be reviewed and approved by FHI 360.
- A new National Program for the Control of PCT NTDs headed by a National Director was recently created by the MOH in Cote d'Ivoire to replace the former 2 PCT NTD programs. The former LF/SCH/STH coordinator is the new Director of the integrated program. The END in Africa team will work proactively in providing technical support to the new entity for managing the transition and increasing the operational and administrative capacity for the expanded responsibilities. The focus will be on integrated planning, donor coordination, MDA integration, and improving data management and global reporting.
- Execute necessary project close out procedures per USAID policies and regulations. We expect to conclude the field implementation of activities by June 30, 2018 to initiate the close out of operations. Countries and sub grantees will have a lead time of at least two months for submitting all necessary reports and financial information. The project is schedule to close out and terminate operations by September 29, 2018.
- Directly provide TA to countries per approved work plans for FY18, as agreed with USAID. Follow-up on TA not directly provided by FHI 360, to ensure the requested TA is technically sound, schedules are developed in coordination with MOH availability, and recommendations from TA workshops are adequately implemented. TA requested by each country is outlined in Table 2.
- 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 semi-annual reporting and monthly and quarterly financial reporting, and grant administration guidelines per USAID regulations and FHI 360 operational procedures.
- Oversee the execution of first-tier sub-agreements with NGOs and second-tier sub-agreements through FOGs with MOHs, according to the terms in the guidance provided by USAID.⁴ While activities occur throughout the year, each country will experience 4 to 6 months of intensive expenditures around MDA campaigns, Pre-Transmission Assessment Surveys (pre-TAS) and Transmission Assessment Surveys (TAS) for LF, impact assessments for trachoma, SCH and STH, epidemiological evaluations for oncho, 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 progress 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 as appropriate.

⁴ Other FOG-related activities, such as training and support, are described in the TA section of this document.

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- Ensure the NTDP Secretariat for Ghana and the Cote d'Ivoire⁵ receives administrative support for the effective implementation of the NTDP in both countries, as stipulated in the agreed work plan for FY18. Support will be provided to ensure smooth running of the secretariat through payments for vehicle maintenance, office stationery/supplies, utilities/internet, and general office overhead costs; to maintain the FHI 360 staff that work directly with the NTDP; and to support transportation needs and other logistical needs of the NTDP.
- Monitor compliance with the environmental management and mitigation plan (EMMP) incorporated into each sub-agreement, and support sub-grantees in meeting all reporting requirements. The results of the monitoring process will be provided to USAID through the annual EMMP reports.

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

Table 1: Proposed Project Management Performance Indicators

Indicator	Disaggregation	Source	Year Eight Target	Responsible Party
Grant Issuance and Management - Grant Monitoring				
Number of Sub-agreements signed	By country	program records	19 ⁶	FHI 360
Number of countries submitting timely implementation reports	By country	program records	6	FHI 360
Number of monitoring visits	By country	program records	1 per country	FHI 360
Number of financial desk reviews successfully completed	By country	program records	12 per country	FHI 360
Number of Reports: semi-annual and final	By country	program records	2	FHI 360
Number of TA requests that have been provided	By country	Program records	At least 80%	FHI 360
				FHI 360
Number of countries submitting MDA coverage data on time using standard reporting format.	By country	Program records	6	FHI 360
Proportion of Pre-TAS and TAS conducted amongst those approved	By country	Program records	At least 80%	FHI 360

⁵ Implementation of the NTDP in Ghana and the Ivory Coast is directly supported by FHI 360 through FOGs.

⁶ FHI 360 will sign 6 first-tier FOGs with GHS; and, 8 first-tier FOGs with MOH Ivory Coast. Five sub-agreements modifications will be signed with Deloitte, HKI and HDI to increase funds obligations.

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Technical Assistance and Capacity Building

FHI 360 will be responsible for coordinating capacity building efforts and will take the lead in assistance related to compliance with USAID requirements. TA will be provided to the NTDPs to increase their capacity for managing projects, work planning, M&E, data management, supply chain management (SCM), and quality assessment.

END in Africa technical team will continue to support the 6 END in Africa implementing countries in FY18 as they continue to implement several activities relating to MDA, M&E including DSAs, and other cross-cutting activities such as behaviour change communication (BCC) and capacity building for the elimination of trachoma, LF and oncho, and for the control of SCH and STH as a public health problem.

We move into FY18 with some remarkable achievements within the project that will impact the technical activities to be supported in FY18. Ghana has demonstrated that all previously endemic HDs for trachoma have achieved less than 5% trachomatous inflammation—follicular (TF) and less than 1 trachomatous trichiasis (TT) case per thousand population, the 2 indicators set by WHO for elimination of trachoma. The Ghana NTDP has established a trachoma elimination committee that is currently finalizing the trachoma dossier that is expected to be submitted to WHO in September 2017. Togo became the first country in sub Saharan Africa to achieve elimination of LF as a public health problem that was verified by WHO in 2017.

There are also remarkable achievements made by the countries in the fight to eliminate oncho. OECs have been established in all END in Africa countries except for Cote d'Ivoire. The OEC analysis of recent oncho data in Ghana, Burkina Faso, Togo and Niger have positioned these countries for possibly stopping oncho treatment by 2025. Stop MDA evaluation is currently ongoing in 1 region (Maritime) of Togo and only 6 HDs (out of 70) are still under treatment for oncho in Burkina Faso. The recent release by WHO of new oncho guidelines for stopping MDA and verifying elimination of human oncho will help countries as they move towards elimination of the disease.

Planning and Implementation

In FY18, the FHI 360-led team will undertake the following main activities within the END in Africa project:

- Support MOH NTDPs to develop comprehensive STH/SCH strategies for drugs distribution and assessments after the LF distribution program has stopped. By the end of FY18, about 85%⁷ of HDs in Ghana, Burkina Faso, Niger and Sierra Leone (182 out of 215) will stop treatment for LF⁸ and new distribution strategies for STHSCSCH should be envisioned. Countries outlined post-LF plans during the END in Africa Partners Meeting in Accra (April 2017). Many of these proposed platforms such as integrating distribution within existing vaccination campaigns, bed-net distribution, vitamin A distribution among others will need to be validated and tested in the field. This will require an expanded approach of the NTD program to foster a stronger cross sector coordination with existing WASH, school health education programs and local resource mobilization, bringing new

⁷ The percentage of HDs stopping treatment for LF has reduced from 90% to 85% by end of FY17 due to the failure of pre-TAS in 5 HDs of Sierra Leone, 5 HDs of Ghana, and 1 HD in Burkina Faso. Reasons for pre-TAS failures require further investigation.

⁸ Togo already reached LF elimination as a public health problem.

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stakeholders to the negotiation and coordination table. The END in Africa Associated Technical Director will work with the technical advisors of project subgrantees to support the countries in preparing their transition plans. The project plans to submit a strong draft of the transition plans for all 6 END in Africa implementing countries to the USAID NTD Program for review by mid-March 2018. Countries, in general, have advanced their propositions per the presentations they did in Ghana in April. We are going to work expanding these ideas and some of them may be tested in FY2018 if possible.

- Continue supporting the operationalization of Oncho Elimination Committees in all END in Africa countries. As required by the new oncho guidelines for stopping MDA and for validation of elimination of oncho, each country should establish an expert committee that includes national and international experts to provide technical guidance to the national program on action that should be taken to reach oncho elimination. FHI 360 technical team will serve as a member or observer of this committee, in each respective country, and will provide logistical support to operationalize the committee.
- Participate in the supervision of at least one MDA and/or DSA campaign in selected END in Africa implementing countries. Priority countries for this activity are those close to achieve elimination for LF and Trachoma: Ghana, Burkina Faso; and Sierra Leone where there is emerging evidence that the Ebola crisis had a profound impact in the people's confidence to take medications provided by the MOH.
- Togo trachoma verification and dossier – A meeting of trachoma experts was held in Lomé, Togo, in March 2017 to review all available data and determine the way forward for the elimination of trachoma in Togo. Participants included experts from WHO, USAID, Sightsavers, FHI 360, CDC, and the MOH. In addition to data from the 2006, 2009 and 2011 surveys, data on TT interventions carried out by Sightsavers and HDI, were also reviewed and recommendations made. The raw data from the 2011 survey was uploaded in a database for thorough analysis that was guided by the WHO Focal Person for trachoma. Using data from the ongoing Sightsavers-supported TT case identification, data from the HDI supported TT case search and routinely collected data on TT in health facilities from 2014 to date, the NTDP identified HDs where further population-based surveys for TT will be conducted in September 2017 with the support of the Tropical Data Coalition. The END in Africa project will support the Togo NTDP in FY18 to review the results of the new survey and determine the way forward. This may be the development of an intervention plan or a report on the absence of trachoma as a public health problem.
- Ghana trachoma dossier submission to WHO – The Ghana NTDP is currently finalizing the dossier for verification of elimination of trachoma after demonstrating that all TF and TT threshold for trachoma elimination were met early in 2017. The dossier is expected to be submitted to WHO for validation of trachoma elimination in September 2017. The NTDP will be supported in FY18 to respond to WHO comments/queries regarding the dossier. This achievement should serve as a platform to celebrate success and enhance the visibility of the national NTDP within the GHS, MOH, and potential donors to facilitate local resource mobilization. The END in Africa project may sponsor few events in coordination with USAID and the US Embassy.
- Niger Oncho verification and dossier – Niger was part of the Onchocerciasis Control

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Program for West Africa (OCP) that closed in 2002 and used mainly the vector control strategy to control oncho in the 5 HDs identified at baseline to be endemic for the disease. Oncho surveys conducted before the end of 2002 demonstrated that vector control was effective in reducing oncho prevalence to very low levels and MDA was no longer needed for oncho. More recent surveys have also showed that oncho microfilaridermia prevalence is 0% in all 5 HDs. A decision has since been taken to conduct stop MDA evaluations for oncho in these 5 HDs that are all also endemic for LF. Entomological surveys conducted in 2015/2016 demonstrated that the entomology criterion for stopping MDA (<1 per 1000 (0.1% parous flies; or <1 per 2000 (0.05%) in all flies, assuming a 50% parous rate at 95% confidence interval) was achieved by all 5 HDs. Serology studies have started for 4 of the 5 HDs that have stopped MDA for LF and will be continued in FY2018. END in Africa will support the NTDP in FY2018 to continue serology studies for the 4 HDs that will include training on OV16 ELISA. For the remaining HD that failed TAS recently, serology testing should wait until after 2 additional MDAs for LF have been conducted.

- Cote d'Ivoire additional trachoma prospection and mapping – In 2015, 11 HDs were mapped for trachoma and 10 were determined to be trachoma endemic. Among the remaining 72 HDs, a rapid assessment was conducted in 33 HDs in FY16 to identify HDs that are suspect for trachoma and should be mapped. Twenty-three of the 33 HDs were determined to be highly suspect for trachoma. However, due to limited resources, only 9 of the 23 HDs were mapped in FY17. Currently, 20 of the 83 HDs are mapped for Trachoma among which 14 are trachoma endemic, and 6 are non-endemic. In FY18, END in Africa will support mapping of 14 HDs using the Tropical Data protocol and prospection in the other 39 remaining HDs to identify HDs that are trachoma suspect and therefore should be mapped.
- Burkina Faso TT only surveys – Burkina Faso NTDP has reached the final phase for trachoma elimination with all trachoma endemic HDs expected to stop MDA for trachoma by end of FY17. The NTDP has HDs where the TT situation is yet unclear and there may be more than 1 TT case per thousand population. END in Africa will support the NTDP to conduct TT-only survey in these HDs and to organize a meeting to review the trachoma action plan. The WHO Focal Point for trachoma will be invited to this meeting so he can provide technical guidance to the NTDP for finalizing trachoma activities and preparing the trachoma dossier that will be submitted to WHO for validation.
- Ghana program quality improvement – The END in Africa project will support the NTDP in Ghana to conduct quality improvement interventions to ensure high treatment coverage and improve data quality in the 15 hotspot HDs that are still treating for LF. There is also increasing recognition that a second-round treatment should be considered for elimination of oncho in some HDs. After the completion of the DQA in Ghana, it was identified several programmatic weaknesses that would require a more comprehensive approach to improve performance. It is pretty much in line with the “enhanced MDA” concept but more extensive and intrusive. We started this process last year and should continue and go deeper in FY2018. The expected outcome is a better executed program in general which should translate in better executed MDAs and consequently an enhanced and sustained impact.

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- Sierra Leone coverage and compliance follow up – The LF Pre-TAS in 2013 showed that 8 out of 12 HDs passed and qualified for TAS 1. The four HDs that failed the pre-TAS in 2013 have completed three additional MDAs in FY14, FY15 and FY16. In February 2017, a second pre-TAS (“re-pre-TAS”) was conducted in these four HDs using FTS with each HD having a sentinel site and a spot check site. All four HDs had antigenemia (Ag) prevalence >2% and did not qualify for TAS for a second time. Pre-TAS was also conducted in the urban western and rural western districts in April 2017 using FTS. The results indicate that the UWA had Ag prevalence <2% and qualifies for TAS 1 in FY18; however, the RWA had Ag prevalence >2%. Based on WHO recommendations, in FY18 END in Africa will support two additional rounds of MDA in the five HDs that failed the pre-TAS in FY17 and TAS 1 in the 1 HD that passed pre-TAS. A re-pre-TAS is anticipated in late FY19 or early FY20, in the five HDs that failed the pre-TAS. The END in Africa technical lead will be actively engaged in the planning and monitoring of the execution of these planned activities to assist the MOH in addressing unanticipated technical issues.
- Cross-border collaboration within END in Africa – The END in Africa project currently considers cross-border collaboration a priority because nearly all countries in West Africa are endemic for several PCT NTDs and countries are contiguous with multiple informal border crossings. Additionally, ethnic groups across the border share the same culture and family ties. The above factors in addition to economic reasons facilitate perennial cross-border movement. Several of these countries have NTD control or elimination programs with very little cross-border collaboration regarding synchronization of MDA, DSAs and M&E. Data from the END in Africa Project has indicated that most of the districts endemic for the PCT NTDs are located along borders, and some of them are being reported as ‘hotspots’ for LF.

Cognizant of the important role of cross-border collaboration for achieving and sustaining elimination of some NTDs, enhancing peer-to-peer learning, maintaining gains and reducing the risk of recrudescence of NTDs in countries that are more advanced with implementation, the END in Africa project organized a cross-border meeting in FY2017 that included participants from 4 project-supported countries (Burkina Faso, Cote d’Ivoire, Ghana and Togo) to identify priority border districts for synchronization and develop agreements on how the synchronization will take place. Two (2) groups were created based on how the 4 countries border with each other. Since Ghana shares border with the other 3 countries, Group 1 included Ghana and Togo; and Group 2 included Ghana, Burkina Faso and Cote d’Ivoire. The 2 groups met and identified priority districts, timeframe for synchronization, challenges envisaged, and recommendations for successful synchronization. The END in Africa project will continue to engage the countries in FY18 and monitor the implementation of agreements.

- END in Africa leadership will support general coordination of the END in Africa project by ensuring the NTDPs of the 6 END in Africa implementing countries submit requests for impact assessment surveys (pre-TAS, TAS, trachoma impact assessment) to the WHO NTD Regional Peer Review Group (RPRG) for approval before surveys are conducted, and that reports of these surveys are submitted to the NTD RPRG for review, acceptance and guidance on the way forward.
- The END in Africa team will monitor the design and implementation of DSAs to ensure all

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approved DSA are soundly executed per WHO guidelines. The FHI 360 technical team will actively participate in the development of protocols, training and supervision of impact assessment surveys. END in Africa will provide technical and financial support to MOHs and sub grantees in response to approved country work plans for FY18. TA will be primarily provided by our in-house specialists or short-term consultants, where appropriate. Table 2 summarizes the TA requested by MOHs and sub-grantees in the approved work plans for FY18.

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Table 2: List of Technical Assistance Requests in FY2018

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source
Burkina Faso	Support to develop an SCH/STH transition plan	Preserve achievements of the fight against NTDs	Expertise in SCH/STH (WHO, USAID/FHI 360, HKI)	6 days, FY18 Q2	USAID
	TA to set up a national resource mobilization mechanism during the project's transition phase	Ensure continued efforts to achieve PC NTD elimination objectives even without USAID financing	Expertise in mobilizing financial resources (Deloitte)	6 days, FY18 Q2	USAID
	Review strategy to fight STH	Draft recommendations that will contribute to STH control by 2020	Expertise in STH (WHO, USAID/FHI 360, HKI, SCI)	5 days, FY18 Q3	USAID
	TA to train players to document and prepare/draft the trachoma and LF elimination dossiers	Ensure the national NTDP players have the necessary skills to draft the LF and trachoma elimination dossiers	Expertise in preparing elimination dossiers (FHI 360, WHO)	5 days	USAID
Cote d'Ivoire	Updating the TIPAC	To update the TIPAC with current programme data and funding. The updated tool will help generate reports on disease situation and funding gaps that could be used in advocacy and resource mobilization	TIPAC expertise (Deloitte)	1 week, FY18 Q1 (October, November, December)	USAID
	Advocacy for resource mobilization	Support the NTDP to develop a financial strategy that supports the PCT NTD Master Plan (2016-2020), improve performance management and enhance sustainability, implement the advocacy strategy to enable effective resource mobilization and partnership development, and maximize the use of available resources to achieve the objectives indicated in the Master Plan.	Expertise on financing strategy (Deloitte)	1 week, FY18 Q1 (October, November, December)	USAID
	Training on Monitoring-evaluation (M&E) of program	Improve the monitoring-evaluation of PCT NTD activities	Expertise on M&E of PCT NTD programs	1 week, FY18 Q1 (October, November, December)	USAID
	Support to finalize the trachoma action plan (TAP)	WHO guidelines require each country to have a TAP as part of the implementation of the SAFE strategy	FHI360	1 week, FY18 Q1 (October, November, December)	USAID
Ghana	TA to develop School-based MDA manual	The manual will help facilitate implementation of school-based SCH/STH MDA with limited resources (part of transition planning)	Communications specialist	3 months	USAID

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Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source
Niger	Workshop to develop STH transition strategy	Need for a transition strategy to ensure continuation of deworming after stopping LF MDA	Expertise in facilitation/ development of strategic transition plans	5 days	USAID
	TA to start the ELISA chain of the PNDOEFL laboratory	Need for functional laboratory at PNDOEFL	Technician specializing in ELISA chain	7 days	USAID
	TA for NTD integrated database practical training/data entry	Additional support will ensure that cascade training to regional data managers is of high quality	Expertise in NTD integrated database (FHI 360)	3 days	USAID
	Elimination dossiers to NTDP	To familiarize themselves with and prepare the dossier for the elimination of trachoma, OV & LF	Expertise in elimination dossier preparation	3 days	WHO
Sierra Leone	TA to update TIPAC for FY18 and to use TIPAC report for resource mobilization	The NTDP has indicated it cannot update the tool on their own	TIPAC Expertise (FHI 360/Deloitte)	5 days, FY18 Q1	USAID
	TA for refresher training and implementation of NTD integrated database	Support the NTDP to compile and integrate all data in preparation for dossier development	Integrated database expertise (FHI 360)	5 days, FY18 Q1	USAID
Togo	Follow-up training to update the TIPAC for FY18	The NTDP needs assistance in the analysis and utilization of the data emerging from the TIPAC	Expertise on TIPAC (Deloitte)	1 week, FY18 Q1	USAID
	Training on completion and utilization of the WHO NTD integrated database	Update the new NTD team on program data management and improve capacity for responding to future challenges in the program	Expertise in the WHO NTD integrated database	1 week, FY18 Q1	USAID
	Implementation of the DQA in the field	Assist new NTD team with the first instance of field implementation of the DQA tool	Expertise in the DQA tool	1 week, FY18 Q1	USAID
	M&E on PCT-targeted diseases	Update new NTD team on the correct completion, interpretation and use of the USAID Disease and Program Workbooks	Expertise on M&E for NTDs, and on Disease and Program Workbooks	1 week, FY18 Q2	USAID
	Ecosystem mapping, partners' prioritization and business case development for resource mobilization (including proposal writing)	The NTDP requests TA on advocacy and stakeholder outreach	Expertise on advocacy (Deloitte)	1 week, FY18 Q2	USAID
	Foundations of data analysis for decision-making using Excel	The NTDP requests TA on using data for decision making	Deloitte	1 week, FY18 Q2	USAID

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Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source
	Training on ArcGIS and graphic presentation of data	Support the NTDP obtain the needed capacity to independently graph their epi and entomology data, particularly to help with oncho elimination	Expertise in training on ArcGIS; can train in French (FHI 360)	1 week, FY18 Q1	USAID
	External expert participation at Togo's OEC meeting	Although Togo has many highly accomplished oncho experts, additional input from WHO, MDP, and entomology and oncho elimination experts is needed at one OEC meeting during the year	Expertise in oncho and oncho elimination (WHO/CDC, MDP, Carter Center)	Travel support for four people x 1 week, FY18 Q1	USAID

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Supply Chain Management

FHI 360 will undertake the following activities to strengthen and institutionalize supply chain and drug management systems and accountability, which are essential for successful MDAs:

- Assist the country programs in developing high quality FY19 drugs forecasts and ensure MOHs submit their Joint Reporting Forms observing the existing deadlines. FHI 360 and sub-grantees will support the MOHs as needed in completing the forms and will keep USAID updated when forms are submitted.
- Continue supporting drugs inventory control at the central, regional and districts level via the implementation of established standard operational procedures. Logistical support will be provided for drugs distribution and delivery.
- Continue to support all countries in waste management and reduction of potential environmental impacts from project activities. In this regard, Waste Management Guidelines and Community Drug Distributor (CDD) tip sheets for waste control were distributed to all countries in English and French. END in Africa will support distribution and implementation at the different levels. Monitor that this material is incorporated into the training sessions for CDDs.

Financial Management

Technical support to MOHs in the areas of financial management and local resources mobilization is mainly provided through our sub-agreement with Deloitte. In FY18, Deloitte's support to the NTDPs in four countries will build on previous efforts and focus on the following goals:

1. Enhance government leadership and performance management efforts, including financial management and the effective use of data and information for planning, programming, and decision making.
 2. Increase sustainability planning and advocacy efforts to diversify partners and mobilize resources to improve financial stability of programming efforts.
 3. Support updating NTD Master Plans to maximize the efficient use of available resources for greater public health impact around NTD programming.
 4. Advance the knowledge and awareness of NTD operational performance management, sustainability, and partnerships through documenting and disseminating lessons learned.
- **Ghana:** Our support to Ghana showcases some of our greatest success stories and the country remains on the forefront of NTD programming around sustainability planning. During FY2018, our support will continue with a mentorship approach that encourages the application of knowledge gained and greater country ownership. Our aim is to help Ghana build on the progress made in FY17, strengthening sustainability and partnership opportunities and empowering the NTDP to lead the use of data for decision-making. We will encourage more ownership on the TIPAC implementation and data analysis, and will continue to support GHS/NTDP's financial strategy implementation, planning, and budgeting processes to increase participation and inputs from the regional and district NTD programs. Finally, we will support the intra country coordinating committee (ICCC) to improve their coordination and advocacy function by providing support to the resource mobilization sub-committee and PPME.
 - **Sierra Leone:** In FY18, we will provide targeted support for the TIPAC data entry and analysis,

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and lay a foundation for sustainability planning. We will strengthen country capacity to implement the TIPAC, and utilize the data for planning and decision making. Sierra Leone has requested additional support to learn more about the process of partnerships and resource mobilization. We will provide a workshop on strategic social partnerships (SSP) and introduce the concepts for building a case and mobilizing partners to make financial investments.

- **Togo:** In FY17, we completed a sustainability and advocacy workshop and strategy, and began the implementation of the finance strategy. In FY18, much of the effort in Togo will be provided through mentorship, enabling the country team to institutionalize stronger processes and procedures to expand and sustain impact. With a more limited scope, we will continue our work to support the TIPAC data entry and analysis, follow-through on recommendations made for financial management in FY17, and guide the submission of SSP business cases.
- **Cote d'Ivoire:** Cote d'Ivoire has made significant progress in the past two years building the foundational pieces to an effective NTD program. Since our technical assistance began in FY16, there has been increased demand for support across the four building blocks of sustainability – finance strategy, advocacy and communications, social strategic partnerships, and organizational capacity building. In FY18, we will begin the year with preparing the TIPAC, entering and analyzing data, and building capacity to turn data into information to drive decision making. Further, we will expand our work to include support for financial management and the development of a finance strategy, while continuing to provide mentorship and advancing work in the areas of advocacy and partnership development.

Knowledge Management

The END in Africa team will undertake the following main activities related to Knowledge Management in FY18:

- Collaborate with USAID NTD Policy, Communications, and Partnerships Specialist in sharing END in Africa articles, success stories and website content for potential use on the USAID NTD website and social media milieu.
- 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 FHI 360 and sub-grantees, sub grantees are responsible for managing data generated by NTDPs at the country level, and efforts 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: <http://www.endinafrica.org>.
- 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 and control.

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- Develop, update and maintain an annual publications calendar and tracking tool containing a schedule of topics and articles 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, 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 3.
- Collaborate and communicate with the NTD community and interested parties via e-mail broadcasts and participation in interactive events such as Twitter chats, webcasts, social media campaigns, among others, to raise awareness on NTDs.

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Table 3: Suggested Topics for Publications in FY2018

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Timeframe	Comments
			PRP	A	B		
1.	Brief report on END in Africa support to and participation in OECs in project countries	This blog will highlight the role of OECs, where they already exist, project support to and participation in the existing OECs			Yes	Oct 2017	Joseph K and Kathy Sanchez
2.	Progress towards documenting trachoma elimination in Togo	This blog will briefly report interventions for documenting elimination of trachoma in Togo			Yes	Nov 2017	Joseph K and Kathy Sanchez
3.	Validation of trachoma elimination in Ghana	Brief report on progress with dossier submission to WHO for verification of trachoma elimination and feedback received.			Yes	Dec 2017	Joseph K and Kathy Sanchez
4.	Update of the epidemiological situation of PCT NTDs in Burkina Faso	This blog will provide an update on the epidemiological situation for the 5 PCT NTDs in the country			Yes	Jan 2018	Joseph K and Kathy Sanchez
5.	Update of the epidemiological situation of PCT NTDs in Ghana	This blog will provide an update on the epidemiological situation for the 5 PCT NTDs in the country			Yes	Feb 2018	Joseph K and Kathy Sanchez
6.	Update of the epidemiological situation of PCT NTDs Cote d'Ivoire	This blog will provide an update on the epidemiological situation for the 5 PCT NTDs in the country			Yes	Mar 2018	Joseph K and Kathy Sanchez
7.	Update of the epidemiological situation of PCT NTDs in Niger	This blog will provide an update on the epidemiological situation for the 5 PCT NTDs in the country			Yes	Apr 2018	Joseph K and Kathy Sanchez
8.	Update of the epidemiological situation of PCT NTDs in Sierra Leone	This blog will provide an update on the epidemiological situation for the 5 PCT NTDs in the country			Yes	May 2018	Joseph K and Kathy Sanchez
9.	Update of the epidemiological situation of PCT NTDs in Togo	This blog will provide an update on the epidemiological situation for the 5 PCT NTDs in the country			Yes	June 2018	Joseph K and Kathy Sanchez
10.	Deloitte publications on sustainability of NTD programs in West Africa	This will be a blog post from Deloitte on the country interventions needed for sustaining gains in controlling and eliminating NTDs			Yes	July 2018	Deloitte and Kathy Sanchez

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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.

Our team will collaborate with all stakeholders/partners in the END in Africa coalition and partners within the USAID portfolio to support and monitor implementation of the global END in Africa work plan for FY18; collaborate with sub grantees and NTDPs to support and monitor implementation of the 6 country NTD work plans for FY18; and collaborate with international NTD stakeholders for the effective implementation of the END in Africa project. As the END in Africa implementing countries continue to stop MDAs for LF and trachoma in currently well over 85% of the endemic HDs, the technical advisor will collaborate with NTD partners on taking the necessary steps for a sound preparation of dossier documenting progress toward elimination.

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 respective country work plans in Attachments 1 to 6. In general, FHI 360 and 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 plans to stakeholders through the ICCG, and 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 FHI 360-led consortium will:

- Establish contacts to build partnerships with all the key players⁹ to improve collaboration and coordination of NTD activities within the 6 END in Africa implementing countries. In FY18, the END in Africa technical team will continue collaborating with the USAID Operations Research (OR) Project (led by the Task Force for Global Health) to implement the OR results for improving performance.
- Represent END in Africa 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 Regional Office for Africa (AFRO) on the 5 targeted NTDs, including the annual regional NTD coordinators meeting and the RPRG.

⁹ 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; 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).

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- 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).
- 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 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 through project reports submitted to the USAID NTD team.
 - Participate in all oncho technical expert committee meetings and in other expert committees set up for LF and trachoma in the 6 supported countries.
- Participate in cross border meetings and other cross border collaboration efforts involving END in Africa implementing countries to improve synchronization of treatment for NTDs within communities located along borders with neighbouring endemic countries, encourage integrated surveillance for NTDs in border areas, and encourage sharing of data and experiences on NTD management.

Monitoring and Evaluation

FHI 360 and partners continued to support END in Africa countries in developing sustainable M&E systems for NTD Country Programs. The project is well on track towards elimination of LF and trachoma by 2020 and has significantly contributed towards reducing prevalence of STH and SCH. The project continues to support the implementation of Oncho PCT and assessments. In the case of Togo, the OEC has recommended the country conduct stop MDA evaluation for the Maritime region.

The current situation for the 3 PCT NTDs targeted for elimination among END in Africa countries at the end of FY2017 is as follows:

LF

- Togo is proud and greatly honored to be the first country in sub-Saharan Africa to eliminate LF as a public health problem. In March 2017, Togo received a letter from WHO Director General Dr. Margaret Chan stating that, based on the recommendation of an external validation committee convened by the WHO, the WHO officially recognised elimination of LF as a public health problem in Togo.
- Ghana – Significant progress has been made so far with LF treatment in Ghana; a total of 83 out of 98 (84%) endemic HDs would have stopped treatment by the end of FY17 leaving only 15 HDs expected to continue treatment in FY18.
- Burkina Faso – 60 out of 70 HDs would have stopped MDA in Burkina Faso (85%) by FY17
- Sierra Leone – 8 out of 14 HDs (57%) stopped MDA in FY17;
- Niger – 20 out 44 (45%) HDs would have stopped MDA in FY17.
- Cote d'Ivoire – In total, 74 HDs are now endemic for LF and will receive MDA in FY18.

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Trachoma

- Ghana – Trachoma is targeted for elimination and the country is expected to submit a dossier to WHO for verification of elimination in all 37 HDs (100%) as a public health problem before end of FY17;
- Burkina Faso – All 48 HDs would have stopped MDA by end of FY17.
- Niger – 23 out of 35 HDs (65%) have stopped MDA.
- Cote d'Ivoire – Among the 14 HDs currently known to be endemic for trachoma (TF ≥5% among children 1-9 years), only 12 HDs will be treated in FY18 because Bouna passed trachoma impact survey (TIS) in FY17 and Seguela will conduct TIS in FY18 with a pass expected.
- Togo – Baseline studies showed TF was below 5% among children 1-9 years but some districts had TT numbers above the WHO TT threshold for elimination. In FY17, END in Africa supported a meeting of experts to review available data on TT and results of additional survey for TT. The project will support a meeting to determine the way forward for documenting trachoma elimination in Togo.
- Sierra Leone – Baseline data showed the country is not endemic for trachoma with TF and TT numbers well below WHO thresholds.

Oncho

The current goal of the project is to support elimination of oncho in 4 countries that potentially may be able to stop MDA nationwide by 2025: Burkina Faso, Ghana, Niger and Togo.

- Burkina Faso impact assessments are planned for four HDs in the Sud-Ouest region in FY18, with support from the World Bank.
- Niger has never treated for oncho and did not require treatment per previous WHO guidelines. The END in Africa project is therefore supporting Niger to conduct the required studies to demonstrate the country be removed from the WHO list of oncho-endemic countries. Once the results are available, the country will prepare the dossier documenting the epidemiological situation and submit it to WHO for validation.
- Among the other 4 countries, only 1 region is currently conducting stop MDA evaluation for oncho. In FY18, treatment continues in 125 HDs in Ghana, 12 HDs in Sierra Leone, 68 HDs in the Cote d'Ivoire, and 32 HDs in Togo.

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

Table 4: Districts endemic and that have stopped MDA as of the end of FY2017

Country	Number health districts by NTD					
	LF		Trachoma		Onchocerciasis	
	Endemic current	Stopped MDA	Endemic current	Stopped MDA	Endemic current	Stopped MDA
Burkina Faso	70	60	48	48	6	0
Ghana	98	83	37	37	125	0
Cote d'Ivoire	74	0	14	1	68	0
Niger	33	20	35	23	NA ¹⁰	0
Sierra Leone	14	8	NA	NA	12	0
Togo	8	8	NA	NA	32	0 ¹¹

¹⁰ The 5 oncho-endemic HDs were never treated for oncho because their oncho prevalence was below treatment threshold but have received LF treatment.

¹¹ Currently, stop MDA evaluation is ongoing in the 4 oncho-endemic HD of Maritime Region.

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Based on the existing epidemiological situation as described in previous paragraphs, in FY18 END in Africa will focus on supporting the execution of the following main DSAs:

- LF:** Burkina Faso will conduct pre-TAS surveys in 6 HDs, TAS 1 in 3 HDs, TAS 2 in 6 HDs, and TAS 3 in 15 HDs; Ghana will conduct pre-TAS in 6 HDs and TAS 2 in 5 HDs; Niger will conduct pre-TAS in 4 HDs, TAS 1 in 7 HDs, TAS 2 in 8 HDs; and Sierra Leone will conduct TAS 1 in Urban Western Area.
- Trachoma:** Burkina Faso plans to conduct trachoma surveillance surveys (TSS) in 26 HDs. Twenty-two of the 26 HDs will be subject to post-MDA surveillance assessments (pre-validation). Four of the 26 HDs that will conduct TSS had a baseline prevalence of TF <5% in 2007 and have not received MDA intervention. However, all 4 HDs had TF prevalence very close to 5% (ranging from 4.69%–4.83%) – Toma (Boucle du Mouhoun region), Boulssa and Tougouri (Centre-Nord region), Bogodogo (Centre region). In Ghana, after validation of trachoma elimination, the NTDP intends to conduct activities to strengthen the health system surveillance to identify suspected trachoma cases (TF and TT) for effective management by ophthalmic nurses¹². To monitor suspicion cases at all levels, 2 frontline health staff in each health facility will be trained to diagnose suspect cases of trachoma and refer to an ophthalmic nurse for confirmation. In Niger, 7 HDs are eligible for impact assessment in FY18 and the NTDP plans to conduct surveillance surveys in 13 HDs. Sierra Leone and Togo are not being treated for trachoma based on baseline data.
- Onchocerciasis:** Burkina Faso epidemiological and entomological assessments will be conducted in the Sud-Ouest region (4 HDs) with financial support from the World Bank. Pending WHO guidelines, these surveys will follow recommendations of the Burkina Faso OEC. In Cote d'Ivoire 8 out of 22 HDs that completed 6 years of annual MDA (treatment coverage rates between 80 and 85%) were selected for an epidemiological evaluation (supported by another donor). As with the stop-MDA assessment in Togo, the pending results of the rapid oncho evaluation in 3 HDs (in the north) will determine next steps for those HDs. If the evaluation using Ov16 RDT shows no evidence of active infection, then a full-scale stop-MDA assessment will be warranted. Although there is no certainty Togo will “pass” either the stop-MDA or the rapid assessment (Savanes Stop MDA Survey and Stop MDA Ento), planning for FY18 is proceeding on the assumption they will succeed.

Table 5: Program impact assessments by country and disease in FY2018

Country (# HDs stopped District level MDA)	LF				Oncho	SCH	STH	Trachoma	
	Pre-TAS	TAS1	TAS 2	TAS 3				Health District	Sub-district
Burkina Faso (LF – 60 Trachoma-48)	6	3	6	15	4	31	31	26	0
Ghana (LF – 83 Trachoma -37)	6	0	5	0	0	0	0	N/A	N/A
Cote d'Ivoire (Trachoma-1)	0	0	0	0	8	0	0	1	0
Niger (LF-20 Trachoma -23)	4	7	8	0	0	0	0	7	

¹² Training for identification of TF/TT cases will be supported by Sightsavers.

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Sierra Leone (LF – 8)	0	1	0	0	0	0	0	N/A
Togo (LF-8)	0	0	0	0	3	0	0	0

The END in Africa monitoring and evaluation specialist will work with national NTDPs and sub-grantees to improve data quality and achieve sound data management through the execution of the following activities:

- **Workbooks (project data close-out):** As FY18 is the final year of the project, all proposed field activities should be implemented by the end of June 2018. This will give all countries a month to submit the narrative report and updated workbooks to FHI 360 by July 31, 2018. FHI 360 will perform a preliminary review engaging the sub-grantee and MOH NTDPs to appropriately address any initial concerns before the workbooks are shared with RTI and USAID for feedback and comments. The expectation is for comments to be received by mid-August 2018 and the process will be completed by mid-September 2018.

To date, a review of the workbooks presented by END in Africa implementing countries has shown that countries differ in their ability to meet required standards in terms of data quality. All backlog of FY13 through FY16 workbook queries were cleared and the quality of data has greatly improved in END in Africa implementing countries though TA is still required to maintain the quality of data in these countries.

- **Implementation of the Data Quality Assessment (DQA) tool:** DQA implementation in supported countries identified some gaps linked to the accuracy of the reported treatment values in some areas and data management system. The following issues on data management were identified as an outcome of the FY17 DQA implementation in Burkina Faso, Ghana and Cote d'Ivoire:
 - lack of documentation on data flow,
 - lack of feedback to community volunteers and health facilities on performance,
 - delay in submitting reports to district, region and NTDP (timeliness issues),
 - data collection with old registers and forms,
 - completeness issues,
 - lack of clear manual of procedures on templates and data management, and
 - failure to update the WHO NTD integrated database.

At the end of each respective country DQA, per each level of assessment (Centre level, region, district and sub-district or health centre), the data collectors presented the findings, brainstormed recommendations, and developed an action plan to address the identified issues. In Ghana and Cote d'Ivoire, the FY17 DQA was conducted to monitor implementation of the action plan (includes identified weaknesses, description of action point, person responsible and timeline) developed as part of the FY16 DQA. The Ghana NTDP is implementing a program quality improvement (QI) plan that goes beyond data quality and addresses other program management and implementation issues. The lesson learned during the DQA exercise is the NTDP can validate and ensure the quality of reported treatment data through DQA. Carrying out the DQA with individuals who are responsible for compiling and reporting data also provided a mechanism for capacity

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building in data management system for NTDs. In FY18, END in Africa will support a second DQA exercise in Burkina Faso and a first time DQA in Niger, Sierra Leone and Togo.

- In FY18, END in Africa will continue supporting implementation of the Ghana QI plan as an innovation to improve MDAs coverage in hot spots and data quality issues. The Monitoring and Evaluation specialist will continue providing TA during trainings and coaching of QI committees.

The table below provides the number of HDs to be treated with USAID funds (by country and NTD) in FY18.

Table 6: Projected number of people and HDs to be treated in FY2018 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	10	1,830,577	4	164,511	42	9,776,516	70	5,876,976	0	0
Ghana	15	1,054,822	125	9,460,358	177	6,578,234	185	5,187,660	0	0
Cote d'Ivoire	57	13,524,811	49	10,992,730	3	462,099	22	3,573,592	12	2, 252 832
Niger	16	5, 936,555	0	0	6	1,159,627	16	5,936,555	9	4,682,615
Sierra Leone	6	3,049,817	12	4,673,705	7	1,689,959	14	4,062,333	N/A	N/A
Togo	0	0	32	3,132,379	31	3,145,948	34	22,053,591	0	0
Total	103	25,396,582	222	28,423,683	327	21,941,317	341	46,690,707	21	6,935,447

- **Data management, documentation and dissemination:** FHI 360 will coordinate the review of END in Africa data through a continuous process that involves ENVISION, sub grantees, national country programs and USAID. The project will check the consistency and accuracy of the NTD data, considering the reporting deadlines.
- FHI 360 will monitor and ensure that the occurrence of serious adverse events (SAEs) during MDA campaigns is reported to USAID and WHO.

M&E Country-specific Needs

Overall, FHI 360 will continue to strengthen the M&E systems for the selected NTDs in the 6 countries supported through END in Africa. Routine M&E and capacity building are the key pillars in this program. The following country-specific M&E activities will be undertaken to support national NTDPs and enhance collaboration:

M&E Activities	Country NTDP
Workbook mentoring with emphasis on the common errors encountered in previous years and how to cross-check data	Burkina Faso, Cote d'Ivoire, Ghana, Niger, Sierra Leone, and Togo
Training on implementation of DQA	Niger
Refresher training on implementation of DQA	Sierra Leone
Support implementation of DQA action plan	Burkina Faso
Continue monitoring implementation of DQA action plan	Ghana
Quality Improvement training and coaching in LF hotspot HDs	Ghana
Refresher training on WHO NTD database	Niger, Sierra Leone, and Togo
Mentorship of national program and in-country sub on integrated database management to ensure data security	Niger
TA to strengthen the NTDP's ability to conduct M&E activities	Togo
TA to strengthen the NTDP's ability to complete WHO joint forms.	Niger, Sierra Leone, and Togo

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Staffing Plan

The following two changes are envisioned in the project structure for supporting the implementation of END in Africa:

1. Ms. Yudaya Mawanda is promoted to the Project Operations Manager position given the increase in her responsibilities and complexity of the operations now that two countries are directly supported by FHI360. Increased demand for coordination among the different actors and the transfer of budgeting support from Deloitte to FHI 360.
2. A junior Program Officer will be recruited to assist with the close out procedures and paper work associated with it. This position is envisioned for only six months starting in the second half of FY2018.



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	FHI 360	USA
Project Operations Manager	FHI 360	USA
Knowledge Management Specialist (20%)	FHI 360	USA
Associate Director, Technical	FHI 360	Ghana
M&E Specialist	FHI 360	Ghana

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Position	Affiliation	Location
Financial Management Specialist	Deloitte	Ghana
Accountant	FHI 360	Ghana
NTD Technical Advisor (GHS)	FHI 360	Ghana
NTD M&E Specialist (GHS)	FHI 360	Ghana
Financial Specialist (GHS)	FHI 360	Ghana
Administrative Assistant (GHS)	FHI 360	Ghana
NTD Project Manager	FHI 360	Cote d'Ivoire
NTD M&E Specialist	FHI 360	Cote d'Ivoire
Financial Analyst	FHI 360	Cote d'Ivoire

Short Term Positions

Position	LOE (days) ¹³
US Based Technical Support	
• Program and grants management (FHI 360)	10
• Operations and Admin. Support (FHI 360)	20
• Knowledge management (FHI 360)	10
ST Consultants Ex-pat ¹⁴	
• Project Management specialists	20
• Strategic Planning and Partnership Dev.	100

¹³ LOE represents multiple positions. LOE does not include management/administration support staff.

¹⁴ Short term consultants are only hired as necessary by FHI 360 or through the existing sub agreement with Deloitte.

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Travel Plans

Table 7: Travel Plans for FY2018

Traveler	From	To	# Trips	Duration	Month	Purpose
Egide Ndayishimye, M&E Specialist	Ghana	Niger Cote d'Ivoire Sierra Leone Togo	1 1 1 1	1 week	TBD	Niger: Training on NTD database and DQA Cote d'Ivoire: Monitor implementation of DQA action plan Sierra Leone: Training on DQA and NTD database and to support implementation of DQA Togo: Training on NTD database and M&E aspects of the NTDP and DQA
Joseph Koroma Assoc. Technical Director	Ghana	Niger Cote d'Ivoire Sierra Leone Burkina Togo	2 1 2 2 2	1 week	TBD	To participate in 4 OEC meetings (1 week for each country with Cote d'Ivoire not included) and 5 TA/monitoring visits (1 week/country for the 5 countries)
Bolivar Pou Project Director Yudaya Mawanda Project Operation M.	W/DC	TBD	2	1 week	TBD	Reserving two trips if needed for project close out (one week per country)
TBD Financial Specialist Deloitte	W/DC	Ghana Sierra Leone Cote d'Ivoire Togo	1 1 4 2	1 week in each country	TBD	Cote d'Ivoire: Continue support for TIPAC and resources mobilization. Togo and Cote d'Ivoire: Mentoring on Project Management. Ghana: Resources mobilization/Program Management
Kingsley Frimpong Financial Specialist Deloitte	Ghana	Sierra Leone	2	1 week	TBD	TIPAC Partnership development.
Egide Ndayishimye, M&E Specialist	Ghana	Geneva	1	TBD	TBD	WHO International M&E meeting
Joseph Koroma Assoc. Technical Director	Ghana	TBD	1	TBD	TBD	RPRG meeting in Africa
Project Technical Team: Joseph Koroma Paul Yikpotey Ernest Mensah Virginie Ettiegne Traoré	Ghana Ghana Ghana Cote d'Ivoire	Baltimore, Maryland	4	1 week	November 2017	2017 ASTMH Conference

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Reporting

The project will deliver the following reports to USAID:

Reports	Due
END in Africa Semi-annual Progress Report A report summarizing the main activities executed during the previous semester organized per the scope of work of the cooperative agreement between USAID and FHI 360.	November 2017 May 2018 December 2018
Sub grantees Annual Environmental Management and Monitoring Report Sub grantees reports on compliance with countries SIEE	November 2017
Quarterly financial reports Copy of the SF425 report will be shared with the AOR.	January 2018 April 2018 July 2018 December 2018

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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 FY2018 work plans	X	X	X	X	X	X	X	X	X			
Obligate additional resources to sub-grantees as necessary to fund the execution of activities	X	X	X									
Execute FOGs with the GHS and Cote d'Ivoire MOH	X	X	X									
Execute necessary project close out procedures per USAID policies and regulations								X	X	X	X	X
Directly provide TA to countries per approved work plans												
Continue fostering the adoption and utilization of management instruments that meet existing USAID regulations and policies	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					
Ensure the NTDP Secretariat in Ghana and Cote d'Ivoire receives all administrative support for effective implementation of the NTDP activities	X	X	X	X	X	X	X	X	X	X	x	x
Monitor compliance with the environmental management and mitigation plan (EMMP)	X	X	X	X	X	X	X	X	X			
Technical Assistance and Capacity Building												
Support MOHs NTDP to develop comprehensive STH/SCH strategies				X	X	X						
Support the establishment and operationalization of Oncho Elimination Committees												
Monitor the design and implementation of MDAs/DSAs					X	X	X					
Support Togo trachoma verification and dossier					X	X	X					
Support Ghana trachoma dossier submission to WHO	X	X				X	X					
Niger Oncho verification and dossier		X	X	X	X	X	X					
Support Cote d'Ivoire with additional trachoma prospection and mapping		X	X	X	X							
Support and monitor Burkina Faso TT only surveys		X	X									
Monitor Sierra Leone coverage and compliance follow up		X	X	X								
Continue supporting Cross-border collaboration within END in Africa				X	X	X						
Support Ghana program quality improvement activities		X	X	X	X	X	X	X				
Monitor that MOHs submit their Joint Reporting Form observing the existing deadlines				X	X	X						
Assist the country programs in developing high quality FY2019 drugs forecasts				X	X	X						
Continue supporting drugs inventory control at the central, regional and districts level	X	X	X	X	X	X	X	X				
Continue to support all countries in their efforts of waste management and reduction of potential environmental impact of project activities		X	X	X	X	X	X	X				
Enhance government performance management efforts				X	X							
Increase sustainability planning and advocacy efforts to diversify partners				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				
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	X	X				

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Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
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				
Update, maintain and administer the END in Africa contact database	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						
Promote the END in Africa project via social media and other online platforms	X	X	X	X	X	X	X	X				
Monitoring and Evaluation												
Implementation of the DQA tool				X	X	X	X		X			
Oversee continuous improvement of the workbooks		X			X							
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			
Collect formal reports from any assessment conducted during the fiscal year.					X	X						
Monitor the occurrence of SAEs during MDA campaigns and report all SAEs to USAID	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				
Collaboration and Coordination												
Build partnerships with agencies and organizations working on NTDs	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				
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				
Participate in NTD working groups and committees at the international and national levels	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 Cote d'Ivoire												
Participate in appropriate local and international M&E meetings/workshops upon USAID approval				X	X							
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGOs	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					

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Summary Budget for FY2018

Title of Project:	END in Africa
Funder Name:	USAID
Award Number:	AID-OAA-A-10-00050
Period of Performance:	October 2017 – September 2018

Attachments

The following documents are attached as separate documents:

1. HKI FY2018 Work Plan for Burkina Faso
2. FHI 360 FY2018 Work Plan for Cote d'Ivoire
3. FHI 360 FY2018 Work Plan for Ghana
4. HKI FY2018 Work Plan for Niger
5. HKI FY2018 Work Plan for Sierra Leone
6. HDI FY2018 Work Plan for Togo