Ghana

FY2013

Control of Neglected Tropical Diseases

Annual Work Plan

October 2012 to September 2013

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Executive Summary

Catholic Relief Services (CRS) – Ghana as sub grantee to Family Health International ("FHI 360") is working with the Ministry of Health (MOH)/Ghana Health Services (GHS) Neglected Tropical Diseases (NTD) Program to implement the End in Africa Project in Ghana. In November 2011, CRS started implementing this two year project with GHS. In this year 2 work plan, activities that will be implemented to achieve the overall goals of the project are outlined.

Specific project activities that will be implemented for FY 2013 are:

- Conduct one integrated round of school and community based mass drug administration (MDA) for Schistosomiasis (SCH) in 122 districts and Soil transmitted Helminthiasis (STH) in 122 districts in October 2012. This is an activity that has been delayed from June 2012 to October 2012.
- Conduct one integrated round of community-based MDA for Lymphatic Filariasis (LF), Onchocerchiasis and STH in 117 districts in January/February 2013.
- Conduct one integrated round of school and community based MDA for SCH in 82 districts and STH in 82 districts between May and June 2013.
- Hold one national post MDA review meeting in August 2013.
- Support Trachoma Follicle TF surveillance activities in 29 districts where blinding trachoma has been eliminated.
- Carry out night blood surveys in 5 LF districts that have completed more than 7 rounds of MDA.
- Carry out Transmission Assessment Survey (TAS) in 8 districts, which have attained an LF prevalence of less than one percent.
- Hold quarterly Intra Country Coordinating Committee (ICCC) for the NTD program meetings as decided by GHS.
- Implement selected activities in the Communication and Advocacy Strategic Plan.
- Strengthen monitoring and evaluation (M&E) of MDA data, including developing standardized reporting templates and deploying to all districts.
- Develop publications for country program best practices, success stories, lessons learned and impact surveys.
- Strengthen Supply Chain Management (SCM) by implementing recommendations of SCM assessment.
- Prepare and submit regular reports to donor on schedule.
- Prepare projections for all NTD drugs for 2014.
- In collaboration with FHI360 and its partners, strengthen the financial management systems of NTDP by supporting the implementation of the capacity building work plan developed in June 2012. In addition, observations from the MDA financial sampling will direct additional capacity building support to the NTDP.

Background

The "End in Africa" – Ghana project is designed to support the Ministry of Health (MOH)/Ghana Health Service (GHS) as they scale up integrated control programs and the delivery of preventive chemotherapy (PCT) for the following seven Neglected Tropical Diseases (NTDs): lymphatic filariasis (elephantiasis); schistosomiasis (bilharzia or snail fever) trachoma (blinding eye infection); onchocerchiasis (river blindness) and three soil-transmitted helminthes (intestinal worm infections).

Catholic Relief Services (CRS) – Ghana as sub grantee to Family Health International ("FHI360") is working with the MOH/GHS Neglected Tropical Diseases (NTD) Program to implement this project in Ghana.

The NTD program has progressively reached national scale of implementation of MDAs, covering all endemic districts in the country with PCT for the NTDs stated above. Table 1 below shows the number of districts endemic for the various diseases out of 170 districts in the country and the number undertaking Mass Drug Administration (MDA).

Table 1: Endemic districts under treatment with MDAs

Disease	Number of endemic districts (at baseline)	Number of non-endemic districts	Number of districts needing mapping	Number of districts with ongoing MDA	Number of districts needing MDA, but MDA not yet started
Schistosomiasis	170	0	0	170	0
Soil-transmitted helminthes	11	159	0	170*	0
Lymphatic Filariasis	74	96	0	70**	0
Onchocerciasis	40	130	0	73***	0
Trachoma	29	141	0	0****	0

*Due to high reinfection rate, the country's policy is to ensure every school age child is dewormed at least once every year.
**Four districts have passed the transmission assessment surveys (TAS) and have stopped MDA
***All traditional Oncho districts remain on treatment
****Blinding Trachoma transmission has been eliminated at the district level (only 7 communities are under treatment)

This work plan for FY 2013 details the planned activities to be implemented under this project for the second year.

Goals for FY 2013

The overall goal of the program is to reduce the prevalence of five Neglected Tropical Diseases (trachoma, lymphatic filariasis (LF), onchocerciasis (Oncho), schistosomiasis (SCH) and soil-transmitted helminthiasis (STH)) to levels that are no longer of public health significance in Ghana by 2015. The program has successfully integrated all five diseases and reached national scale in implementation with all at-risk districts receiving treatment for all diseases. The goal for the year is to implement Mass Drug Administration (MDA) for LF, Oncho, STH and SCH on a national scale, conduct surveillance for all

diseases and undertake other activities towards achieving the overall control or elimination target for each of the diseases.

Main Activities

Support NTD Country Program Planning Process

TIPAC

CRS will work with GHS and FHI360 to update the Tool for Integrated Planning and Costing (TIPAC, previously known as FGAT) to identify gaps and unmet needs in the National NTD Program. The data collection for this activity will start in the last quarter of FY 2012 and will be completed in the first quarter of FY 2013.

Five Year Strategic Plan

The GHS NTD Program's five year strategic plan (NTD Master Plan) for 2012 to 2017 has been finalized and will be printed in the last quarter of FY 2012. In the first quarter of FY 2013, CRS will work with the program to disseminate the work plan to a wider audience of stakeholders including government ministries and potential local and international funding organizations. This will be done through dissemination workshops and scheduled briefing meetings.

Annual work plan for FY 2014

In the last quarter of FY 2013, CRS will work with GHS to develop a work plan for the NTD Program for FY 2014. This work plan will be based on the five year strategic plan and will be a composite that outlines all program activities for FY 2014, rather than focusing on a specific donor's requirements. Specific donor-focused work plans will be derived from this composite work plan, while gaps will be easily identified and flagged to stakeholders.

Data Demand and Use

CRS is working with Measure Evaluation to build the capacity of the NTDP in data demand and use. In April 2012 an initial data use assessment of the NTDP was conducted by a consultant from Measure Evaluation and findings were shared with the program. An action plan has been drawn to address the gaps to data use and the CRS and Measure Evaluation will work with the program to build its capacity to use data collected.

Mapping

No mapping will be done in FY 2013.

Scaling-up NTD National Program[1]

The Ghana program is currently being implemented at a national scale. Therefore districts targeted for treatment will not change from FY 2012 projections. Ghana continues to receive support from other donors for implementation of the NTD Programme. These include the Liverpool CNTD and WHO/APOC and locally Sightsavers, Ghana and the Volta River Authority. The Partnership for Child Development (PCD) has also shown an interest in supporting school-aged treatment for soil transmitted helminthiasis.

The Government of Ghana (GOG) in FY 2012 showed its commitment to the implementation of NTD activities by providing a million dollars to all the NTDs. Most of this funding, however, went into Guinea Worm surveillance and Yaws treatment.

Liverpool CNTD support mainly goes to support urban treatment of Greater Accra and for routine night blood surveys and transmission assessments surveys in certain districts.

APOC has traditionally supported a second round of mass drug administration for onchocerciasis and onchocerciasis impact assessment activities together with the MDSC (Multidisease Surveillance Centre). However APOC has not been able to send any funding to Ghana for FY 2012 due to disagreements between Ghana and APOC on financial accounting issues. Sightsavers, Ghana supports onchocerciasis surveillance activities while the Volta River Authority supports schistosomiasis treatment of communities within the Volta River Basin.

Mass Drug Administration

MDA Strategy

The strategy for SCH is based on the WHO strategy. Districts are classified based on the prevalence of SCH among school children. Districts with prevalence above 50% are treated once yearly. Districts with prevalence between 10 to 50% are treated once every two years, while districts with prevalence less than 10% are treated every three years. Therefore, the number of districts that are treated every year varies based on previous treatments.

The strategy for STH however is to ensure that every school aged child gets at least one dose of deworming every year.

The FY 2012 annual school and community based treatment for SCH and STH has been postponed to October 2012. This activity will cover 122 districts for SCH and STH. This MDA was planned for May/June in the 2012 work plan but had to be postponed due to unavailability of praziquantel[2] in time for distribution. Preparatory meetings with GES/School Health Education Program (SHEP), trainings, drugs and supplies distribution and community mobilization for this MDA will start in September 2012. Actual drug distribution at the school and community level is expected to last up to one week. In May/ June 2013, 82 districts will be treated for SCH.

[1] The Annual MDA Treatment Projections Form incorporated in work book as annex I. (Work book)
[2] Praziquantel is the drug used by the program to treat SCH.

Results from the 2009 national mapping indicated that 40 districts are meso endemic for oncho. Based on this the program decided to treat all 40 districts twice annually. The rest of the 33 original districts that were under treatment were to be treated once a year. As a result, in the LF/Oncho MDA 73 districts are treated for oncho. Funding for this MDA is from USAID (51 districts), and Sightsavers and APOC (22 districts). The 40 meso endemic districts are treated in a second round Oncho MDA usually funded by APOC and sometimes Sightsavers. Community based MDA for LF, Oncho and STH is planned to take place in January/February 2013. Preparatory meetings, training, drugs and supplies distribution and community mobilization for this MDA will begin in December 2012. Actual mass administration of drugs to at-risk populations is expected to last for 5 to7 days.

A school and community based MDA for SCH for FY 2013 will be conducted in May/June 2013 covering 82 districts (61 districts will do both school and community treatment) for SCH. These districts will also be treated for STH. The remaining 68 districts will be treated for STH only with funding from other donor sources.

Table 2. Target districts and estimated target populations for FY 2013 MDA

NTD	Age group targeted	Frequency of distribution per year	Distribution platform(s)	Number of districts	# of people Targeted
Schistosomiasis	School Aged Children and Selected community groups	1	School and Community based MDA	122 (2012 round) / 82 (2013 round)	5,517,577
Onchocerciasis	Height of 90cm and above (apart from exempt group)	1	Community based MDA	51[3]	2,386,078
Lymphatic Filariasis	Height of 90cm and above (apart from exempt group)	1	Community based MDA	70[4]	7,559,578
Soil-transmitted helminths	School Aged Children	1	School based MDA	170[5]	6,859,637
Soil-transmitted helminths (coupled with LF	5 years and above (apart from exempt	1	Community based MDA	70* (districts receiving	2,063,765

[3] Additional 22 districts will be treated for Oncho through APOC and Sightsavers.

[4] Liverpool CNTD is supporting the program in urban MDA and thus funds MDA in Greater Accra region (5 districts) For ease of programing, since APOC funding is used for districts in Brong Ahafo region, the three districts treating for LF in that region are funded from APOC.

[5] 120 districts receiving treatment for SCH also receive ALB for STH and the rest of 50 districts not receiving SCH treatment will be funded buy PCD for STH.

NTD	Age group targeted	Frequency of distribution per year	Distribution platform(s)	Number of districts	# of people Targeted
treatment)	group) including school aged children			albendazole for LF)	
Trachoma	-	-	-	-	-

* In those districts, SAC receive albendazole twice a year and adults once a year.

Training

To ensure an effectively integrated MDA, three cadres of people will be trained. These are Health (GHS) and Education (GES) staffs at the regional, district and sub-district/circuit levels; Teachers at the district level and in schools; and Community Volunteers at the community level. Trainings will be cascaded from national through regional to district and sub district levels. To be able to bring to the fore specific issues in SCM, the training manual will be updated with an addendum on supply chain management (SCM) and standard operating procedures (SOP) for drug management which will be developed for all levels.
Training will focus on the topics below:

- MDA supervision and monitoring
- MDA implementation
- SCM and SOPs for MDA drug management
- Social mobilization for MDA
- Record keeping and reporting after MDA

Table 3 below specifies topics that will be focused on for each cadre of trainees.

Numbers to be trained are based on estimates for FY 2012 since reports from last MDA have not been finalized and the school based MDA was postponed.

Table 3 Training Events - New Personnel and Refresher

Training Group	Topics	Number to be Trained			Number Training Days	Location of training(s)
		New	Refresher	Total		
MOH/MOE at Central Level	MDA supervision and monitoring MDA implementation SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA	10	20	30	1	National NTD Office
Supervisors	MDA supervision and monitoring SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA	0	3,600	3,600	1	Regional Health Administration Offices
Supply chain managers (Pharmacists)	MDA implementation SCM and SOP for MDA drug management Record keeping and reporting after MDA	20	0	20	1	Regional Health Administration Offices
Drug distributors	SCM and SOP for MDA drug management Record keeping and reporting after MDA	0	20,000	20,000	1	Sub district health centers
Other (School Teachers)	SCM and SOP for MDA drug management Record keeping and reporting after MDA	0	26,000	26,000	1	Ghana Education Service Circuit Offices

Community Mobilization and Information, Education and Communication (IEC)

Community ownership and participation in MDAs is crucial to meeting the goals of the program. CRS will therefore work with the program to continuously engage communities in all NTD activities. In FY 2013 the following specific actions will be done in community mobilization and IEC.

Hiring Communications Support:
The GHS has identified the need for support with communication and advocacy on the program activities and has requested for an expert on a short term contract to work with the team. CRS will work

with the program to review options including CRS' internship program, technical support from FHI360 and other support from Intra Country Coordinating Committee (ICCC) member organizations to identify an appropriate person for this role.

Success stories

CRS will work with the program at all levels to document success stories of the program. To enhance the enthusiasm of regional and district teams to share success stories, the program will institute a competition by giving special mention and a reward for the best success story during the annual review meeting. The best success stories will be shared with FHI360 as part of the semi-annual reports.

Use of SMS for reporting:

CRS is supporting the program to improve communication with field officers and volunteers at the community level through the use of information, communication and technology (ICT). The program is building a database of regional and district level health workers, teachers and volunteers to be put into an SMS platform to allow the program to send messages and receive feedback from this cadre of workers. This system will be deployed and tested during the October 2012 school based MDA and lessons learnt will be used to improve and institutionalize it in the program.

Reproduction of IEC materials

IEC materials have been developed by the program for use at school and community levels. These materials will be reproduced for use in the FY 2013 since stocks of materials are depleted.

Airing NTD Documentaries

To increase the visibility of the program, a documentary on the NTD project will be aired on major television networks across the country. These will be carefully timed to precede planned MDAs to enhance the acceptance of drugs by communities. This will help to reduce the numbers of people who refuse drugs during the MDA.

Selection and Use of NTD Ambassador

GHS has developed an advocacy and communication strategy for the NTDP. This strategy document is to help bring visibility to the program among stakeholders in the country. As part of the strategy presentations have been made to members of the Ghanaian Parliament and journalists. As part of the advocacy strategy, GHS plans to select an NTD ambassador in-country to spearhead the advocacy drive and develop an NTD photo exhibition among other activities. CRS will work with the program and the ICCC to facilitate this process.

Supervision

Supervision of MDA will be done using the GHS structure of national, regional, district and sub district health systems. CRS has staff working with the national NTD office and will be part of the supervisory team at the national level.

Funding will be provided for the National NTD Program to conduct supervision at all levels as part of the MDA budget. Supervision will be done using GHS developed monitoring checklists at all levels. This will ensure that supervision is standardized.

National supervisors will be trained prior to visiting regions for monitoring. They will be required to send reports on issues that need urgent attention to the NTD national office during the course of the MDAs. Regional and district supervisors will be trained prior to each MDA as outlined above in table 3.

Supply Chain Management

Drug quantification has been done for all medicines to be used in FY 2013 and applications sent to donation programs for approval. Estimations were done by the NTD program manager for ivermectin and albendazole. The estimation for Praziquantel was done by the program with technical support from FHI 360. Table 4 below shows estimated time lines for drug delivery. The PZQ for FY 2013 was provisionally approved but the National NTDCP will provide an updated application that includes coverage information from the FY 2012 MDA.

Drugs will be received at the Central Medical Stores and distributed to Regional Medical Stores by GHS. Districts will pick up their allocations from their respective regional stores and distribute to sub districts. Volunteers will be allocated drugs from the sub districts as required for the communities they treat.

In order to ensure that donated NTD medicines are managed according to established standards, we will consider shifting medicines management from the responsibility of the district level focal points to district pharmacists based in the district level. Unused drugs after treatment will be retrieved to regional medical stores for storage for the next MDA.

Table 4: NTD Medicines Estimated for the year FY 2013

Drug	Source of drug (Donation program, USAID-funded source, or government procurement)	Quantity of drug requested	Date of Application (Month/Year)	Requested delivery date (Month/Year)
IVM	MDP/Merck & Co	54,268,031	June 2012	December 2012
ALB (for LF)	GSK	9,43,222	June 2012	December 2012
ALB (School aged STH)	GSK	3,703,981	November 2012	April 2013
PZQ	USAID	13,793,944	July 2012	April 2013

NTD program drug quantification for FY2014 will be done in June 2013.

Management of Serious Adverse Events

The GHS, through the Pharmacovigilance Unit, using reporting systems established by WHO and the pharmaceutical companies, reports all serious adverse events (SAE) for donated medicines as well as medicines procured using USAID funding. GHS' SAE reporting mechanisms starts from the community volunteer, or health facility (depending on where the patient reports first) to the district health office through the regional health office and finally to the national program office. CRS will support the GHS in ensuring this system operates efficiently.

Specifically the following will be done:

- Volunteers or health care workers will be trained to report cases of SAEs as soon as they are reported to them.

- As an innovation, teachers will be trained to report to the district office and send a text message using the SMS platform about any SAE reported to them to the national office. The M&E officer will coordinate with the district and regional focal points who will investigate them and report back.

- SAEs will be reported to the donor within 24hrs of notification. GHS, at the district and regional level, will report any SAEs that come to their attention to the Program Manager at the national level. The district focal person will ensure that an SAE form (Pharmacovigilance form) is immediately filled and sent to the Pharmacovigilance Unit of the GHS and the Program Manager concurrently. The Program manager will report to CRS Ghana, FHI and USAID as well as to the pharmaceutical companies whose drugs are involved. In the case of death, GHS at the district and regional level will coordinate and facilitate a thorough investigation of circumstances surrounding the death including a post mortem examination of the body. Findings from this investigation will be shared with all stakeholders by the Program Manager.

Program Monitoring and Evaluation

Monitoring and Evaluation of MDA

CRS will submit semi-annual reports to FHI 360 at the end of the reporting period (by 15th of March and 15th of September, respectively each year) after having been signed off by the NTD Program Manager and in compliance with program reporting guidelines.

The program will utilize tools for data collection that are currently in country in order to avoid duplication and additional burdens on the GHS and front-line data collectors.

While late reporting after MDA remains a challenge, the situation saw appreciable improvement from the last MDA in FY 2011. The program will continue with early follow up with all regional and district offices after MDA to ensure reports are compiled and sent. There are challenges with the quality of data

which also contributes to late reporting since reports of low quality are rejected either at the regional or national level. A review of the last MDA reports has shown that technical reports received from the districts were on different templates apart from the standardized ones and sometimes districts insert formulas in the reporting template. CRS will work with the program to design templates prepopulated with districts, community names and with locked cells thus ensuring streamlining of reports.

To ensure data quality, data will be checked at district and regional levels by NTD schedule officers. At the national level, the M&E Officer will support the project to carry out data validation after each MDA. The finalized reports will be shared with regional and district directors by mail.

CRS has worked with Measure Evaluation and the NTD Program on evaluating Data Demand and Use (DDU) for the project. CRS and the Program will work with Measure Evaluation through FY 2013 to implement findings from the evaluation to strengthen the use and demand for data by the program.

GHS is implementing a District Health Management Information System (DHMIS) platform for all its programs nationwide. This system is web based and once data is entered at the district level it can be accessed in real time. Some programs such as family planning and malaria have started using this platform in reporting routine monthly data at the district level. The NTD program manager and other staff have been trained on the use of the software and are working with the Policy Planning Monitoring and Evaluation (PPME) unit of the GHS to upload NTD reporting tools on this platform. Once this system is perfected it will greatly enhance the timeliness of reporting after MDAs. The program will use this system concurrently with its traditional reporting system for FY 2013.

Program Assessments and Transition to Post-MDA Elimination Strategy

The Ghana Program after eleven years of implementation is transitioning to a stage where several districts need to be re-assessed for continuation of MDA. So far four (4) out of seventy four (74) districts have stopped MDA for LF and several more are due for pre TAS or TAS.

For FY 2013, the following activities will be funded by USAID:

- Night blood surveys (pre TAS) in 5 districts. Thirteen districts are scheduled for pre TAS in FY 2013. Out of these, five will be funded from USAID sources.
- TAS for LF in 8 districts (intervention areas). With support from USAID and the Liverpool (CNTD), twenty eight districts had pre-TAS in FY 2011. Results from these surveys indicate that twenty four out of these districts qualify for TAS. Results from pre-TAS planned for FY 2012 are pending. All 24 districts that qualify for TAS will be surveyed in FY 2013 however, USAID funding will be used for 8 intervention areas while other funding is sought for the remaining districts.
- Trachoma surveillance activities are mainly funded by Sightsavers Ghana. There is a gap in funding for case search at the community level and this gap will be covered from End in Africa Ghana funding.

Short term Technical Assistance Request

After several years of implementation of the NTDP, there is now an increasing need for assessment surveys for all diseases under the program. A review of the laboratory support for the program has

shown that technical capacity to support this increasing number of surveys needed at this stage of the programs evolution is lacking. All the laboratory staffs supporting the program have retired and there are no new staff trained to replace them. Technical assistance is therefore being sought to train new staff to support the programs laboratory work.

The program is also requesting technical support to review strategy for STH and SCH to advise on the current strategy of annual STH treatment for all school aged children in relation to SCH treatment holidays.

Challenges in supply chain management and financial management of the NTDP are being supported by End in Africa sub-agreements.

Table 5 describes the technical assistance required for the FY2013 in order of priority.

Table 5: Technical Assistance Requests

Task	Technical Skill Required	Number of Days Required
Training for laboratory technicians	Technical capacity building of laboratory staff in specimen collection, preparation and reading for LF and Oncho assessment surveys.[6]	2 weeks
Review of SCH/STH Program	Technical expertise to review and advise on Ghana SCH/ STH program strategy.	2 weeks
Supply Chain Management strengthening	Expertise in organisational strengthening for supply chain management including development of SOPs and training materials.	LOE to be provided by JSI's END in Africa sub agreement
Capacity Building in Financial Management	Implementation of NTD Program Capacity building work plan developed in June 2012, among other financial management strengthening events	LOE to be provided by Deloitte's END in Africa sub agreement
TIPAC	FHI360	7-10 days

Financial Management

The inclusion of two finance officers into the NTD team has significantly enhanced the capacity of the GHS in financial monitoring of the NTD program. These finance officers will continue to support GHS finance unit to monitor financial reporting in all districts receiving USAID funding.

[6] Noguchi Memorial Institute for medical Research of the University of Ghana has the capacity for this capacity building.

- Funding gap analysis (TIPAC): CRS will work with GHS and with technical support from FHI 360 to complete the TIPAC for the Ghana program. This will be completed in the first quarter of FY 2013.

Facilitate Collaboration and Coordination

GHS through the ICCC is coordinating the efforts of all stakeholders in country.

- CRS will continue to support advocacy for dedicated funding for NTD through the ICCC. Funding will be sought from government and from corporate institutions in country.
- The approved work plan will be disseminated to the GHS at regional and district level and to stakeholders through the ICCC.
- The program will coordinate with GHS to ensure its activities do not conflict at the district level with other GHS activities that cannot be co-implemented.
- The program will support quarterly ICCC meetings under the leadership of the MOH, including the work of its sub committees on resource mobilization and communication and advocacy.

Cost-efficiencies

The NTD Program is seeking cost efficiencies in the programs after several years of programming and resulting from efforts to integrate with other programs. To ensure cost efficiency, the program will:

- Hold cascaded training for MDA from national to regional and district level lasting for one day.
- The program will use the same volunteers trained over the years who are conversant with the program as much as possible.
- IEC materials and training materials that have been previously developed by the program will be reused. Modifications to the training materials will be added as an addendum.
- Drugs donated to the program will be tax exempted.

Proposed Plans for Additional Support to National NTD Program

The Ghana program has broken transmission of Trachoma in all endemic districts. However, there is a backlog of Trachoma Triachiasis (TT) cases that need surgery. The program with support from CRS, plans to solicit additional support from USAID to fund the gap in TT surgery by 2020 will be discussed during the preparation of the FY2014 work plan.

Cost Share

CRS will meet the cost share requirement of 10% with funding for the following expenses:

- Office expenses
- Office space at GHS premises
- NICRA

Travel Plans

CRS Regional Technical Advisor, Heather Dolphin who worked with the Program to develop the SMILER M&E tool, will pay a support visit to the program in March 2013 to review and further strengthen the M&E system.

Staffing

There are no anticipated changes in staffing for the period.

Environmental Monitoring Plan

The program will monitor the effects of its activities on the environment at all levels of implementation. Technical reports generated from the district level will be transmitted in electronic format to reduce the use of stationery. Measuring poles sheets that have been produced by the program will continue to be used and will be stored after each MDA to be available for reuse to reduce the tendency of new ones being procured for each MDA.

Expired drugs will be disposed of following GHS approved disposal procedures. All expired drugs from sub district and districts will be returned to the Regional Medical Stores where they will be aggregated. An audit team comprising the Food and Drugs Board, Pharmacy, Stores and Accounts departments will be constituted to audit the drugs and recommend for their disposal. Disposal will then be done either by incineration or by burying as recommended by the team.

Timeline

Table 5 below shows the timelines for major activities for FY 2013.

Timelines for implementation of major activities in the FY 2013 work plan:

Activity	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
School aged MDA for STH/SCH												
Compile report on School aged MDA												
TIPAC training												
SCM SOP and training material development												
Community based MDA for LF/Oncho/STH												
Reporting on Community based MDA												
Advocacy and social mobilization												
Develop work plan for FY 2014												
National Post MDA Review meeting												
Trachoma Surveillance Activities												
Semiannual Reporting												
Hold ICCC meetings												
Carry out Night Blood Surveys												
Carry out Transmission Assessment Surveys												

Annex 1: Work book

Annex 2: Budget