FY2016

End Neglected Tropical Diseases in Africa (End in Africa)

Annual Work Plan
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End Neglected Tropical Diseases in Africa Work Plan FY2016

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Acronyms and Abbreviations

AFRO	Regional Office for Africa of the WHO
AOR	Agreement Officer's Representative
APOC	African Program for Onchocerciasis Control
ASTMH	American Society for Tropical Medicine and Hygiene
CB	Capacity Building
CDD	Community Drug Distributor
CNTD	Liverpool Center for NTDs
CSA	Committee of Sponsoring Agencies
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EMMP	Environmental Management and Mitigation Plan
END in Africa	End Neglected Tropical Diseases
EU	Evaluation Unit
FHI360	Family Health International 360
FOG	Fixed Obligation Grants
GHS	Ghana Health Service
GSC	Global NTD Support Centre Operational Research Project
ICCC	Intra Country Coordinating Committee
JAF	Joint Action Forum
JSI	John Snow Research and Training Institute, Inc.
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRU	Manu River Union
NGDO	Non-governmental Development Organizations
NGO	Non-governmental Organization
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected Tropical Diseases
PCT	Preventative Chemotherapy
Pre-TAS	Preliminary Transmission Assessment Survey
PZQ	Praziquantel
RPRG	Regional Peer Review Group
RTI	Research Triangle Institute International
SARSAE	Semi-Annual Report Serious Adverse Event
SAFE	Surgery, Antibiotics, Facial Cleanliness and Hygiene, and Environmental Improvements
SCH	Schistosomiasis
SCM	Supply Chain Management
SOP	Standard Operating Procedures
SOW	Scope of Work
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance

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

Introduction

On September 29, 2010, the United States Agency for International Development (USAID) awarded Family Health International (FHI360) Cooperative Agreement No. AID-OAA-A-10-00050, End Neglected Tropical Diseases in Africa (END in Africa). The award is funded by USAID's Neglected Tropical Diseases (NTD) program, and will contribute to the program's goal of reducing the prevalence of 7 NTDs by at least half among 70 percent of the world's affected populations. The 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 7 NTDs: Lymphatic Filariasis *(elephantiasis)*; Schistosomiasis (*bilharzia; snail fever)*; Trachoma *(blinding eye infection)*; Onchocerciasis *(river blindness)* and 3 Soil-Transmitted Helminthes (*intestinal worm infections*).

The project supports national NTD program (NTDP) efforts to implement and scale-up integrated MDAs in Burkina Faso, Ghana, Ivory Coast, Niger, Togo and Sierra Leone through sub agreements with selected Non-Governmental Organizations (NGOs). FHI360 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, FHI360 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 FHI360-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 FHI360 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.

FHI360, through its country office and the regional End in Africa team located in Ghana, provides direct implementation support to the Ghana Health Service (GHS) NTDP. Beginning in FY2016, the END in Africa project will be extended to cover the control/elimination of PCT NTDs in the Ivory Coast, bringing the number of countries covered by the project to six. The project will be supported in Ivory Coast directly by the FHI360 Country Office based in Abidjan. END in Africa is bringing on board local expertise in program management, M&E and financial management (FOGs, USAID regulations) to work with the MOH national NTD programs. The 2 MOH NTD programs implementing activities for the control/elimination of PCT NTDs (the LF/SCH/STH program and the Eye Care/Oncho/Trachoma program) in the Ivory Coast are being supported currently to move toward a more integrated approach for implementation. Currently, END in Africa supports the NTD programs in preparing the FY2016 work plan packages (work plan narrative, budget and budget narrative, work books and appendices) that will be submitted for review and approval to the USAID NTD Program.

The 3 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 provide assistance for 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 FY2016 to support mass drug administration (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.

Four of the 6 END in Africa implementing countries are endemic for trachoma, while all 6 are endemic for LF and onchocerciasis[1]. Since the Ivory Coast is in the developing phase, the data presented here are for the 5 original countries. Current data indicate that 80% of endemic districts (84 out of 105) have stopped MDA for trachoma, while 56.5% of endemic districts (131 out of 232) have stopped treatment for LF.

In FY2016, all 5 original END in Africa implementing countries will be conducting post-MDA surveillance as the number of districts stopping MDA continues to increase. They will be supported in conducting periodic disease assessments for surveillance of trachoma, LF and onchocerciasis. In FY2016, efforts will be made to scale up MDA for the 5 PCT NTDs to 100% geographic coverage in Ivory Coast.

In FY2016, the END in Africa project will:

1. Continue to support implementation of good quality MDAs in the 5 previous END in Africa countries and maintain good therapeutic and geographic coverage;
2. Support Ivory Coast to establish good quality MDA and scale up geographic coverage to 100%;
3. Conduct DSAs to assess the impact of MDAs and decide when and where to stop MDAs;
4. Continue to support countries to conduct periodic post-MDA assessments; and
5. Support the Ivory Coast in conducting situational analysis for trachoma in all districts so that mapping for trachoma can be finalized in FY2017[2].

USAID guidance instructs FHI360's first-tier sub recipients to employ Fixed Obligation Grants (FOG) to provide financial resources and management for the activities undertaken by the MOHs' NTDP in each country. FOGs signed by FHI360'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 FHI360 to enter into second-tier sub agreements with the MOH in all selected countries. For countries directly supported by FHI360, such as Ghana and Ivory Coast, 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 to build sustainable capacity in countries, and to use host country systems where it makes sense. These partnerships

[11] STH and SCH are not targeted for elimination and are present in all 6 countries.

[2] Since different partners have been supporting the trachoma program in Ivory Coast, it is not clear whether previous mapping was well coordinated with the MOH and whether it reflects the situation at country level. Further details are provided later in the document.

promote country ownership, build local capacity, foster sustainability, use well-established channels to implement NTDPs, and provide an efficient and cost-effective approach to implementing large, national-scale mass drug treatment programs that require the active participation of local government.

Main Activities

Issuance and Management of Grants

FHI360 will be proactive in ensuring all activities supported by the project are closely aligned with USAID NTD policies and priorities[3] 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, the Ivory Coast, Niger, Sierra Leone and Togo in FY2016.

The in-country work planning sessions of USAID-funded activities for FY2016 were completed between May and July 2015 for all countries. These country plans constitute the platform for the definition of activities that the FHI360-led team will execute in FY2016. The team will:

- Support MOHs and sub grantees in the implementation of FY2016 work plans in all countries. Summaries of the completed and approved work plans for all countries are presented in attachments 1 to 6.

- Execute three sub-agreement modifications with HKI for Burkina, Niger and Sierra Leone; and one with HDI for Togo, to extend the life of the project (LOP) to September 2018, per the authorization granted by USAID's Contract Office and the project AOR.

- Execute FOGs with Ghana Health Services (GHS) and the Ministry of Health (MOH) of the Ivory Coast to support the implementation of activities approved in the country FY2016 Work Plans. FHI360 sub grantees HKI and HDI will also enter into FOGs with their MOH counterparts in Burkina, Niger, Sierra Leone and Togo. First- and second-tier FOGs with the MOHs will be submitted to USAID for approval.

- Support the MOH-led process for developing USAID-funded Annual Work Plans for FY2017 with the participation of the sub grantees, USAID, FHI360 and other key stakeholders. Ensure that grantees' annual work plans and budget schedules support USAID priorities, MOH plans, MDA cycles and M&E activities. Country work planning sessions are scheduled as follows:
    - May 2016 –Ghana, Sierra Leone.
    - June/July/August 2016 – Ivory Coast, Togo, Niger, Burkina Faso.

- Directly provide Technical Assistance (TA) to countries according to approved work plans for FY2016, as agreed with USAID. Follow-up on TA not directly provided by FHI360, to ensure that the requested TA is technically sound, schedules are developed in coordination with MOH 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

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

semiannual reporting and monthly and quarterly financial reporting, and grant administration guidelines according to USAID regulations and FHI360 operational procedures.

- Oversee the execution of 1st tier sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs, according to the terms in the guidance provided by USAID.[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 onchocerciasis, sentinel site monitoring exercises, post-MDA surveillance and coverage surveys. Monitoring will occur through the monthly desk review of the sub grantees' programmatic and financial reports on project expenditures, and periodical site visits to check advances toward established goals. The desk review consists of checking that expenditures are eligible, necessary and reasonable per USAID regulations, and in line with the approved budget in the sub agreement. When appropriate, a field visit may be conducted to review project expenditures and progress. A trip report with findings and recommendations will be issued and shared with USAID after each country visit.

- Ensure that the NTDP Secretariat for Ghana and the Ivory Coast[5] receives administrative support for the effective implementation of the NTDP in both countries, as stipulated in the agreed work plan for FY2016. 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 FHI360 staff that work directly with the NTDP; and to support transportation needs and other logistical needs of the NTDP.

- Terminate the existing sub agreements with John Snow International (JSI) and Liverpool Associates in Tropical Health (LATH). The JSI sub agreement with FHI360 expires at the end of FY2015 and won't be extended, since similar technical support is available to the project through the existing sub agreement between the USAID NTD Program and Management Sciences for Health (MSH). In the case of LATH, the organization ceased to exist; hence, the M&E Specialist and Knowledge Management Specialist have been incorporated directly into End in Africa as FHI360 staff.

- 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.

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

[4] Other FOG-related activities, such as training and support, are described in the Technical Assistance section of this document.
[5] Implementation of the NTDP in Ghana and the Ivory Coast is directly supported by FHI360 through FOGs.

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

Table 1: Proposed Project Management Performance Indicators

Indicator	Disaggregation	Source	Year Five Target	Responsible Party
Grant Issuance and Management - Grant Monitoring				
Number of Sub agreements signed.	By country	program records	16[6]	FHI360
Number of MOH that received support in developing national Annual Work plans.	By country	Country work plans	6	FHI360
Number of countries submitting timely implementation reports.	By country	program records	6	FHI360
Number of monitoring visits.	By country	program records	1 per country	FHI360
Number of financial desk reviews successfully completed.	By country	program records	12 per country	FHI360
Number of semiannual program implementation reviews.	By country	program records	2	FHI360
Number of TA requests that have been provided	By country	Program records	At least 80%	FHI360
Number of countries submitting MDA coverage data on time using standard reporting format.	By country	Program records	6	FHI360
Proportion of Pre-TAS and TAS conducted amongst those approved	By country	Program records	At least 80%	FHI360

[6] FHI360 will sign 3 sub agreements modifications with HKI for Burkina Faso, Niger and Sierra Leone; one with HDI for Togo; 7 first-tier FOGs with GHS; and, 5 first-tier FOGs with MOH Ivory Coast.

Technical Assistance and Capacity Building

FHI360 will be responsible for coordinating capacity building efforts and will take the lead in assistance related to compliance with USAID requirements. 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. Deloitte is the lead partner in financial management systems and reporting, including budgeting.

Planning and Implementation

The FHI360-led team will undertake the following main activities within the End in Africa project in FY2016, in collaboration with all stakeholders/partners in the End in Africa coalition, to support and monitor implementation of country work plans for FY2016. Specific objectives for TA in FY2016 will include the following:

- The FHI360-led team will actively work with MOHs and sub grantees to provide technical support and leadership in the planning and implementation of MDA and DSA, as well as support CB activities and program operation at the country level. We will specifically execute the following tasks:
    - Participation in the development of country-level work plans to ensure that country-level programs comply with international NTD guidelines provided by WHO, USAID policies/priorities and best practices.
    - Review draft country work plans at the country level, together with other stakeholders, and support the finalization of work plan documents for submission to USAID.
    - Collaborate and support representatives of the partner organizations within the END in Africa coalition to provide technical support to sub grantees and NTDPs relating to SCM, M&E and financial management; and ensure that the TA provided is in compliance with WHO NTD guidelines and protocols and contributes to best practices.

- The End in Africa technical team will participate in the supervision of at least one MDA campaign in each of the 6 END in Africa implementing countries. The Project Director will liaise with USAID to coordinate MDAs and DSA monitoring visits to three countries, potentially Ivory Coast, Sierra Leone and Burkina.

- Support the MOHs in developing Operational Research proposals and protocols to be submitted to the Global NTD Support Centre Operational Research Project funded by USAID. The following OR proposals have been identified:
    - **Ghana**:
        - Trachoma: During the pre-validation survey for trachoma planned in November 2015 in 37 districts, new antigen-based/antibody-based tests can be tested in a few selected districts (8 – 10 out of the 37 districts that had relatively high baseline prevalence). The result could be compared with studies to detect TF among children 1-9 years and TT among entire populations of the endemic districts. Thus, findings from the two different methods will be used to confirm that Ghana has reached the elimination threshold for trachoma. The results of

this OR study can be used to improve guidelines on the pre-validation survey for trachoma and also throw some light on post-validation surveillance for trachoma.

- LF: 76 out of 98 districts have stopped MDA for LF and need to conduct post-MDA surveillance. Since TAS 2 and TAS 3 (the 2 post-MDA TAS) may provide questionable or unclear results using ICT/FTS[7] cards when the prevalence is very low (as it is when MDA is stopped), the use of more sensitive tools might be a better option to repeating the same tests (TAS) over and over. The new antibody-based tests can be done together with TAS 2 or TAS 3 in a few districts to be sure that the results obtained with the TAS are good. This study can be used to check the possibility of replacing TAS 3 with the antibody-based tests.

- **Togo**:
  - Onchocerciasis: There is 1 region in Togo (Maritime, with 4 oncho-endemic districts) that already has all sentinel sites with 0% mf prevalence. It is proposed that PCR of the vector (entomology) and OV16 ELISA (epidemiology) be used to decide whether to stop MDA for oncho in the Maritime region (4 districts).

- **Niger**:
  - Onchocerciasis: Niger has never treated for oncho, but has conducted many epidemiological studies in the 5 districts identified as being hypoendemic at baseline. Very recent studies show mf prevalence of 0% in all sentinel sites. All 5 oncho-endemic districts are co-endemic for LF; and currently, 4 of the 5 co-endemic districts have passed TAS for LF, while the 5th district will conduct pre-TAS in FY2016, possibly followed by TAS in FY2017, making it potentially eligible for oncho assessments in FY2018. It is proposed that OV16 ELISA and PCR of the vector be conducted in the 4 districts in FY2016, and in the 5th district in FY2018, so that it can be demonstrated that there is no transmission of oncho in Niger. This would enable the country to be taken off the list of countries endemic for oncho.

- **Burkina, Ghana and Ivory Coast[8]**:
  - LF hotspots: In Ghana and Burkina Faso, there are villages identified as still having LF MF prevalence greater than or equal to 1%, after over 10 years of MDA. Most of these villages are along the border between the two countries. Since some of these communities are also along the border with the Ivory Coast, we can assume that the situation extends also to bordering districts in the Ivory Coast. It is proposed that an independent study be conducted to evaluate possible reasons for the persistence of high prevalence in selected districts of the three countries. The results of this study should throw light on the causes and produce recommendations to address the problem.

- End in Africa leadership will support general coordination of the END in Africa project by

[7] Ghana may shift from ICT to FTS for the TAS 2 and 3 areas if ICT are not available from the manufacturer. Ghana's NTD leadership is aware of the higher sensitivity of FTS and potential implications for the program.

[8] There will be no OR activities in Ivory Coast although there may be some role that Ivory Coast plays in the OR of the bordering countries.

ensuring that 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 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.

- Implementation of the END in Africa project in the **Ivory Coast**: As indicated above, the project will be supported in the Ivory Coast beginning in FY2016 through the FHI360 Country Office in Abidjan. Three technical staff are recruited (a Program manager, an M&E Officer, and a Finance/Grant Manager) to work directly with the MOH NTD Program in implementing activities for the control/elimination of PCT NTDs. The END in Africa technical and administrative teams in the US and Ghana (FHI 360, Deloitte Consulting LLP and other Partners within the USAID portfolio) will provide all assistance for successful implementation of the project in the country. The FHI360-led team is currently supporting the NTD program to prepare the FY2016 work plan package.

  A brief assessment of the current NTD situation in the country shows the following: LF is endemic in 61 out of 82 districts; onchocerciasis is in 67 out of 82 districts; SCH is in 80 out of 82 districts; STH is in 82 out of 82 districts; and so far, trachoma is known to be in 3 out of 82 districts. Fifty-four districts are co-endemic for LF and onchocerciasis, which means only 7 are LF-endemic only and 13 are oncho-endemic only.

  The 10 districts selected for mapping by the Global Trachoma Mapping Project (GTMP) are all located along the border with Burkina Faso and Ghana. Three of the 10 districts are already mapped, with 8%, 16% and 20% prevalence. The other 7 districts are expected to be mapped before the end of October 2015 by GTMP. Clinical reports from district health facilities throughout the country indicate that other districts could be endemic for trachoma. The NTD program is proposing to conduct a situational analysis in the other 72 districts to assess the magnitude of the problem. Mapping will be conducted in selected districts that have strong indications of trachoma, either from conversations with the district health management teams or through records of the district health facilities.

  The NTD program will be supported in FY2016 in conducting good quality MDAs and scaling up MDA to 100% geographic coverage; and conducting DSAs for onchocerciasis (both epidemiological and entomological) to assess the impact of MDA on the onchocerciasis prevalence. FHI 360 will also advocate with the MOH for the designation of an NTD Focal Point, as this will improve coordination. A detailed FY2016 work plan for the Ivory Coast is in attachment 6.

- The END in Africa team will monitor the design and implementation of DSAs to ensure that all approved DSA are soundly executed according to WHO guidelines. The FHI360 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 for the following DSAs:

  - DSA for onchocerciasis in **Togo**: The NTD program in Togo is planning to continue surveys to assess the impact of MDA on onchocerciasis, using skin snip methodology combined with OV16 RDT in FY2016, in 4 regions where onchocerciasis prevalence is still above 5%

in some sentinel sites. For Maritime region, where the onchocerciasis MF prevalence is 0%, the NTD program plans to conduct studies (PCR of the vector and OV16 ELISA) that will provide results that can be used to decide whether to stop MDA in the 4 oncho-endemic districts in this region.

- Desk review of existing trachoma data in Togo: Togo is still included among countries that are endemic for trachoma because available baseline data on TT in Togo indicate an average TT prevalence of 0.3%, or 3 cases per 1000 population. It is proposed that a desk review of the detailed results of the baseline survey be conducted to identify which areas were originally studied and require reassessments. The NTD program will then reassess TT prevalence in those districts and the results will be used to decide the way forward. TT surgery will be conducted in areas with TT prevalence greater than 0.1%. A request will be made for Togo to be taken off the list of trachoma-endemic countries if new studies show that TT prevalence among children 15 years and above is less than 0.1% in all districts studied.

- Verification of oncho-elimination in **Niger**: The NTD program in Niger is planning to conduct surveys (PCR of the vector and OV16 ELISA) to obtain information on disease transmission, which can be used to request that Niger be removed from the list of oncho-endemic countries. Although planned in the submitted FY2016 work plan, the NTD program will need a lot of support from the GSC.

- Support to re-initiate NTD program activities in **Sierra Leone**: An outbreak of Ebola Virus Disease (EVD) in Sierra Leone had dealt a huge blow to the NTD program. All NTD and other public health program activities were suspended in the country for almost a year as the outbreak spread to all 14 districts. Currently, the situation has improved significantly, as the country recorded zero new cases last week for the first time. The NTD program restarted its activities in February 2015, after a successful MDA for Malaria and vaccination campaign were conducted nationwide. The usual preparatory activities for MDAs were conducted between February and May 2015. An integrated MDA for LF and onchocerciasis was conducted in the 12 provincial districts in May-July 2015. The Technical Advisor (TA) of the END in Africa project traveled to Sierra Leone to support the National NTD Program as MDA was restarted. He conducted supervision/monitoring of field activities to determine the feasibility of conducting a successful MDA campaign at this stage. During his visit, the TA was able to discuss activities already conducted and plans for the rest of FY2015. He visited the headquarter districts of 3 provinces (Bombali, Bo and Kenema districts) to verify the feasibility of the MDA with the DMOs and the district NTD FPs. Likewise, he visited several communities to observe the execution of the LF/oncho/STH MDA in Kenema district. The TA will continue to support the NTD program in Sierra Leone so that the effect of the EVD will be minimal.

- In **Ghana** the END in Africa technical team will support the development of survey protocols, training for research teams and supervision of field activities relating to the DSAs that will be conducted in FY2016:
    1. Support development of the SCH/STH survey protocol and survey implementation to obtain data that will be used for revision of treatment strategies for the 2 diseases;

2. Support training of TAS research teams and supervise field activities during TAS for LF, to obtain data that can be used for stopping MDA in 9 HDs;
3. Support implementation of TAS2 (first post-MDA TAS) in 64 HDs;
4. Support implementation of Pre-TAS in 7 HDs to obtain data that can be used to decide if TAS can be conducted.
5. Pre-validation survey for Trachoma: 37 districts in 2 regions (Northern and Upper West Regions) are endemic for trachoma. The trachoma elimination program in Ghana started in 2000 using the WHO-recommended SAFE strategy. By 2008, after all endemic communities had received at least three years of SAFE interventions, studies showed that the prevalence of trachomatous folliculitis (TF) had dropped to below 5% in children aged 1-9 years in all 37 endemic districts. Prevalence of trachomatous trichiasis (TT) also fell significantly in 2008, to about 1%, or 10 cases per 1,000 people.

   With support from NTD partners, the trachoma program has continued to conduct TT surgery in the affected districts since 2009. The results of the surveillance conducted during this period indicate that the TT rate has significantly dropped, and could be below 0.1%, or 1 case per 1,000 people. The NTD program is therefore planning in November 2015, to conduct a district-level, population-based survey to verify elimination of blinding trachoma through measurement of the 2 WHO indicators mentioned above. It is hoped that the results of this pre-validation study will be presented to the WHO Regional Peer Review Group (RPRG) for NTDs in Africa so a decision can be made on whether Ghana has achieved and sustained the required elimination targets for trachoma.

   END in Africa has been involved in the development of the protocol and will provide both technical and financial support for the execution of the survey. If the results are positive, END in Africa will provide the necessary support for preparing the elimination dossier.

- In the **Ivory Coast,** the END in Africa technical team will support development of protocols, training of research teams and supervision of field activities relating to DSAs that will also be conducted in the Ivory Coast in FY2016:
  1. Support development of protocols and implementation of epidemiological and entomological evaluations for onchocerciasis.
  2. Support development of protocols and implementation of situation analyses in 72 districts not yet mapped for trachoma.
  3. Support development of the SCH/STH survey protocol and survey implementation to obtain data that will be used for revision of treatment strategies for the 2 diseases.

- Participate in the review of available data for specific diseases to align treatment strategies to current WHO and internationally acceptable treatment guidelines. Both Ghana and Sierra Leone have conducted up to 5 rounds of SCH treatment and will conduct surveillance surveys for SCH in FY2016. The NTD programs of both countries also plan to bring together a team of

experts (local and international) to analyse the survey data and realign treatment strategies for the 2 NTDs with WHO recommended strategies, based on current prevalence in the endemic HDs.

- Provide TA to MOHs and sub grantees in response to approved country work plans for FY2016. 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 FY2016.

Table 2: List of Technical Assistance Requests in FY2016

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
Burkina Faso	Orientation on DQAs and the National NTD database roll-out	The NTDP has indicated the need to train on the DQAs and the NTD database to help strengthen the national data management system for effective M&E	Expertise on the DQAs and database management	2 weeks	End in Africa	
	Capacity building on project implementation for program managers and other key personnel from selected NTD programs	The MOH needs to improve its ability to effectively manage NTD country programs.	Expertise on project management and mentoring.	2 weeks	END in Africa	
Ivory Coast	Training of NTDP personnel on the TIPAC for strategic planning	The TIPAC has to be introduced to the NTDP in Ivory Coast to strengthen strategic planning skills	Expertise on TIPAC (Deloitte)	2 weeks	End in Africa	
	Capacity building on evidence-based program management -training for program managers and other key personnel from selected NTD programs	The MOH has requested training on evidence-based program management	Expertise in management training/evidence-based program management (to be determined)	1 week	END in Africa	-
	Capacity building on FOG - training for regional accountants	The MOH has requested refresher training on working with FOGs	Expertise on Fixed Obligation Grants (Deloitte)	Two days	END in Africa	-
	Training on the work books	The workbooks are new to NTD program staff at all levels, and both central and regional NTD program staff have to be trained to be able to complete the workbooks for reporting and planning purposes	Expertise on the workbooks	1 week	END in Africa	
	TA during situational analysis to identify districts that have to be mapped for trachoma	The 10 districts being mapped by the GTMP are located along the border with Ghana and Burkina Faso. However, the NTD program is convinced that there are other districts that are also endemic . Since the districts do not have resident ophthalmologists that can provide concrete information on trachoma, teams will have to go to the districts and obtain information on trachoma with district health teams and from treatment facilities.	Expertise on conducting situational analysis and good knowledge of trachoma.	2 weeks	END in Africa	
Ghana	To train 20 laboratory staff on onchocerciasis epidemiological and entomological surveys	The NTDP staff conducting these surveys retired and are currently engaged on a contract basis	Expertise on onchocerciasis epidemiological and entomological surveys including black fly dissection – CSIR	2 weeks	END in Africa	

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
	To provide quality assurance for pre-TAS slide reading	An expert external to the NTPD is required to examine 10% of negative slides and all positive slides as a quality assurance measure	Noguchi Memorial Institute for Medical Research (NMIMR)/CSIR/School of Public Health (SPH)	Based on quantity of slides. In the second quarter	TBD	
	To provide quality assurance during the SCH survey	An expert external to the NTPD is required to observe preparation of slides and examine 10% of slides during the SCH survey to ensure that the survey is well implemented, as slides are not kept after such surveys.	Noguchi Memorial Institute for Medical Research (NMIMR)/CSIR/School of Public Health (SPH)	Based on quantity of slides. In the first quarter	TBD	
	To provide quality assurance for the trachoma pre-validation survey	An expert external to the NTPD is required to be with the survey team for at least 2 weeks when the survey is started to ensure all members of the research team master the procedures. This expert will be needed also at the end to help with data analysis.	Skills for assessing for TF and TT in targeted communities, especially to determine the different stages of trachoma.	4 weeks	TBD	
Niger	TA to update the TIPAC for FY2016. (Strategic Planning)	The NTDP has indicated that it cannot update the tool on its own	Expertise on TIPAC (Deloitte)	1 week, Q1	End in Africa	
	DQA training	Shortcomings in Data collection, quality assessment and processing	DQA expertise	2 weeks, Q4	End in Africa	
	Integrated NTD database (BDIM)	Current NTD program does not have a comprehensive database to store data	Expertise in DB	Five days, Q2	End in Africa	
Sierra Leone	SCH expert committee meeting	To review current treatment strategy for SCH in 7 HDs	Experts to make an informed decision about SCH	2 days	TBD	
	Update the TIPAC for FY2016 and training the NTDP to raise funds locally	The NTDP has indicated that it cannot update the tool on its own. The NTDP will also request Deloitte to help with training to raise funds locally.	Expertise on TIPAC and Fund raising (Deloitte)	2 weeks	End in Africa	
	Orientation on DQAs and WHO joint reporting and joint drug request formats, and the National NTD database and roll-out	The NTDP has indicated the need to train on the DQAs and the WHO Joint Reporting Format to help strengthen the national data management system for effective M&E	Expertise on the DQAs and use of the WHO reporting and request forms and database management	2 weeks	End in Africa	
	Review of the 2011-2015 NTD Master Plan and development of NTD Master Plan for 2016-2020	The current NTD Master plan will expire in 2015 and there is a need to have a new NTD Master Plan	Expertise on PCT NTDs	1 week	WHO	

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Comments
Togo	Capacity building on evidence-based program management -training for program managers and other key personnel from selected NTD programs	The MOH has requested training on evidence-based program management	Expertise in management training/evidence-based program management (to be determined)	2 weeks	END in Africa	-
	Capacity building on developing and implementing an advocacy plan to mobilize resources for the NTD program - training for program managers and other key personnel from selected NTD programs	The MOH wishes to improve advocacy skills and its ability to mobilize resources	Expertise on advocacy and resource mobilization (Deloitte)	1 week	END in Africa	HDI effort in this regard has to be complemented by FHI360
	Training on supply chain management at the district level	Supply chain issues that have arisen have occurred within districts	Expertise on NTD supply chain management	1 week	MSH	
	Review and revision of the Togo Onchocerciasis Program's Five Year Plan for Onchocerciasis Elimination	New WHO guidelines on onchocerciasis control and elimination will be available in June/July 2015; Togo's strategy will need to be updated to align with these new guidelines.	Expertise on onchocerciasis control and elimination and familiarity with the new WHO onchocerciasis guidelines (FHI360)	1 week	TBD	

Supply Chain Management

FHI360 will undertake the following activities to strengthen and institutionalize supply chain and drug management systems and accountability, which are essential for successful MDAs.

- Ensure that MOHs submit their Joint Reporting Form observing the existing deadlines. FHI360 and sub grantees will support the MOHs as needed in completing the forms and will keep USAID updated when forms are submitted.

- Support national NTDPs and implementing partners as they prepare to receive and clear 2016 consignments of praziquantel through customs. FHI360 obtains documentation from IDA (the supplier) when information regarding the shipments becomes available. FHI360 then provides the documentation to the implementing partners via email, who tshare the information with the national programs and coordinate with the consignee. This process helps avoid miscommunication and accumulation of demurrage fees when shipment arrivals are not well-timed in relation to provision of shipping documents.

- Monitor receipt and documentation of praziquantel donations facilitated by FHI360 through delivery to the destination warehouse.

- Assist the country programs in developing high quality FY2017 PZQ forecasts for submission to FHI360. The likely schedule for FY2017 PZQ orders follows:
    - by end of February 2016, country programs submit rough estimates to FHI360 for review;
    - by end of March 2016, final order quantities submitted for review and discussion with country programs;
    - by end of April 2016, final orders submitted to FHI360 to execute procurement.

- Procure PZQ for FY2017 for Sierra Leone, the Ivory Coast, Niger, Burkina Faso and Togo. Currently, contracts have been executed with IDA Foundation[9] to supply PZQ for FY2016. The procurement of PZQ to be used in FY2017 for all END in Africa countries will be fully executed by FHI360 once the projections are completed according to the schedule previously described. Appropriate coordination will be established with WHO in light of the new donation of PZQ from Merck. Only identified gaps will be funded by USAID. Ghana's needs will be fully provided by WHO.

- Coordinate with MSH for the provision of TA on SCM, as identified by the MOHs. A summary of all TA requested by the MOHs, including for SCM, is outlined in Table 2.

- Support the execution of two training events on SCM. One for Sierra Leone and Ghana; and, a second for the Ivory Coast, Niger, Togo and Burkina. The training will based on the pre-validated material developed by MSH on NTD logistics, which was tested in East Africa. MSH will conduct a preliminary round of consultations with the countries to customize the content to the specific needs of the MOHs. One event will be held in Accra and the other in Abidjan.

[9] IDA Foundation was competitively selected by FHI360.

- Continue to support all countries in waste management and reduction of potential environmental impacts from project activities. In this regard, Waste Management Guidelines and CDD tip sheets for waste control will be distributed to all countries in English and French. End in Africa will support distribution and implementation at the different levels. This material will be incorporated into the training sessions for CDDs.

Financial Management

With the increase in country funding for NTDs, efficient implementation and resource utilization will become even more important in building and maintaining the trust of partners. The importance of strong internal controls, improved recording and reporting, and greater transparency and overall accountability and governance cannot be understated. In addition, managing partnerships and existing relationships is also critical to the ongoing success of the NTD programs. We will support countries in these areas through mentoring and technical assistance to ensure that countries build on successes and sustain impact.

In terms of building managerial capacity of the NTDPs across the six countries in FY2016, End in Africa will build on previous efforts and focus on the following goals:

1. Enhancing government performance management, including financial management and the effective use of data and information for planning, programming and decision-making; and,
2. Increasing sustainability planning and advocacy efforts to diversify partnerships and mobilize resources to improve programming efforts.

A summary overview of each country work plan is below.

- **Burkina Faso** has made significant headway in terms of NTD programming. There have been substantial investments in Burkina Faso to advance this progress. While the addition of resources and partners is highly welcome, it also creates new challenges for the NTDP Leadership Team within the Government. Effectively planning and coordinating NTD program activities are critical to ensuring that resources are managed effectively, program needs are met, and investments have an impact.

  In FY2016, the END in Africa project will build upon support provided in previous years to strengthen NTD leadership abilities in using data for planning and performance management, as well as the coordinating function for effectively managing and overseeing multiple NTD initiatives, so that redundancies are minimized and programs are effectively coordinated.

  Ivory Coast – Given that the Ivory Coast is new to the END portfolio, our work will emphasize ramping up its NTD program efforts. We will support the NTDP in developing the budget associated with the NTD Master Plan, establishing FOGs, and helping to implement the TIPAC. We will also work to establish a country coordinating mechanism to support the effective integration, coordination and implementation of the NTD program. As our initial work in the Ivory Coast kicks off, we will reexamine the work plan to specify the activities and timeline of project support.

- **Ghana –** During FY2016, Ghana will build on the significant progress made in improving

performance management, strengthening sustainability and partnership opportunities, and using data for decision-making. We will support annual TIPAC up-dates, as well as integrate data analytics and visualization tools that enable information use. We will also continue to support GHS/NTDP's ability to manage FOGs and advance financial planning and budgeting processes so as to increase participation and inputs from the regional and district levels. Finally, we will work with the GHS to continue implementing Ghana's NTD Finance Strategy, particularly elements related to advocacy, communication and local resource mobilization.

- **Niger –** During FY16, END program activities in Niger will prioritize proactively updating TIPAC and continuing to build program management capacity. These priorities were identified based on collaborative discussions with the program team and through observation during ongoing technical assistance. Focusing on these areas will help improve the ability of the NTDP to increase operational efficiency and evidence-based decision-making and planning; improve partner relationship management; and contribute to financial and operational sustainability. The influx of external funding expected in Niger in the coming year demands additional performance improvement efforts by the country team.

- **Sierra Leone –** Given the break in NTD programming throughout the devastating Ebola crises, the END project will help Sierra Leone ramp up program efforts. In FY2016, we will introduce and strengthen country capacity to implement the TIPAC, and utilize the data for planning and decision-making. The Sierra Leone MOH has requested additional support to learn more about the process of resource mobilization. Given the pause in the NTD program, it is suggested that at this point we conduct a short session with the NTDP team to provide a high-level overview of strategic social partnerships and introduce some basic concepts on mobilizing partners for financial investments. Dependent on the progress made across the NTD program in Sierra Leone, we can consider expanding this platform to help the country establish partnerships.

- **Togo –** In Togo, we will continue to support the NTD program and finance team in planning, drafting and updating financial policies, standard operating procedures and processes for FOG management. As part of this, we will work with the NTDP to enhance capabilities to translate data into information for use in decision-making. In addition, the Togo NTDP is interested in starting to look more closely at sustainability planning. To that end, we will work with the NTDP to develop an NTD finance strategic framework that lays the foundation for a broader sustainability plan. Much of the effort in Togo will be through mentorship, enabling the country team to institutionalize processes and procedures that expand and sustain impact.

Knowledge Management

The End in Africa team will undertake the following main activities related to Knowledge Management in FY2016:

- Collaborate with USAID NTD Senior Communication Advisor in sharing END in Africa articles, success stories and website content for potential use on the USAID NTD website and social media milieu.

- Work with partners, sub grantees and NTDPs to document program successes, best

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

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

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

- Develop, update and maintain an annual publications calendar and tracking tool containing a schedule of topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, augment with photos, videos and/or additional resources, submit to appropriate publishing channels (when appropriate), publish, promote and disseminate as appropriate. The topics and articles on this calendar will cover the scope, breadth and depth of the project's activities in areas relating to MDA activities, impact assessment and capacity building, among others. It will contain formal peer-reviewed publications, technical articles and white papers, as well as informal news items and blog posts. The anticipated list of publications is presented in Table 3.

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

Table 3: Suggested Topics for Publications in FY2016

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
1.	Strategic changes within the END in Africa project as countries move towards LF and trachoma elimination	A brief assessment of the changes in terms of post-MDA surveillance and project continuation beyond 2015.			Yes	Oct 2015	JBK and Kathy. Planned for FY2015 but not written.
2.	Addressing cross border transmission of NTDs in END in Africa implementing countries	This will be an article that will underline the need for strengthening cross border surveillance in light of the recent ebola outbreak			Yes	Nov 2015	JBK and Kathy. Planned for FY2015 but not written.
3.	Oncho situation in Togo: Can Togo be among the first group of countries to eliminate oncho in Africa?[10]	This will be based on the planned study in September 2014			Yes	Dec 2015	JBK and Kathy. Planned for FY2015 but not written.
4.	Review of SCH treatment strategies in Ghana	This will be based on the planned review that will be conducted after the SCH survey in November 2015			Yes	Jan 2016	JBK and Kathy
5.	The way forward for trachoma elimination in Ghana	This will be a discussion of next steps after the pre-validation survey is completed in November-December 2015			Yes	Feb 2016	JBK and Kathy
6.	Moving toward elimination of LF in Ghana	A brief update of progress made in Ghana so far	Yes		Yes	Mar 2016	Kathy and JBK. Planned for FY2015 but not written.
7.	Blog from Deloitte: The Knowledge Management Specialist will collaborate with Deloitte on 2 topics for the year.	To be determined later			Yes	April 2016	Kathy and Deloitte
8.	Witnessing mass drug administration for NTDs in END in Burkina Faso	A report on field visit			Yes	May 2016	JBK and Kathy
9.	Blog from Deloitte: The Knowledge Management Specialist will collaborate with Deloitte on 2 topics for the year.	To be determined later			Yes	June 2016	Kathy and Deloitte
10.	Planning for FY2017 within END in Africa implementing countries	Brief report on the planning			Yes	July 2016	JBK and Kathy

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

No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Comments
			PRP	A	B		
11.	Witnessing mass drug administration for NTDs in Sierra Leone	A report on a field visit			Yes	August 2016	JBK and Kathy
12.	Upscaling MDAs to 100% geographic coverage in the Ivory Coast with USAID support.	A brief review of the changes that will take place in Ivory Coast because of USAID support to the NTD program			Yes	Sept 2016	JBK and Kathy
13.	Witnessing mass drug administration for NTDs in END in the Ivory Coast	A report on a field visit			Yes	Aug 2016	JBK and Kathy
14.	Situational analysis to identify additional districts to be mapped for trachoma in the Ivory Coast.	This will be a brief summary of findings during the visits by the teams that will be set up for this.			Yes	Sept 2016	JBK and Kathy

Collaboration and Coordination

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

The characteristics, nature and level of collaboration and coordination vary by country, following the policies established by the MOHs. For a detailed breakdown of the activities, please refer to the summaries of the country Work Plans in Attachments 1 to 6. In general, sub grantees will support the following overarching and common activities in all countries:

- Developing partnerships and improving coordination of the NTD program.
- Operationalization of national NTD coordination committees with the participation of key local stakeholders.
- Dissemination of the approved work plan to the MOHs at the regional and district levels, and to stakeholders through the Intra Country Coordination Committee (ICCC), 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 FHI360-led consortium will:

- Establish contacts to build partnerships with all the key players[11] to improve collaboration and coordination of NTD activities within the 6 END in Africa implementing countries. In FY2016 the FHI technical team will collaborate with the USAID OR[12] Project to implement the OR previously discussed.

- 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 Headquarter on the 5 targeted NTDs.
    - Meetings organized by AFRO on the 5 targeted NTDs, including the annual regional NTD coordinators meeting and the RPRG.
    - 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:

[11] 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).

[12] The list is illustrative since final selection of proposed OR has not been made yet.

- 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 WHO Headquarters and WHO AFRO by participating in meetings of the expanded WHO NTD Special Technical Advisory Group, annual meetings of NTD program managers organized by AFRO, and meetings of the WHO NTD RPRG.
- Collaborate with the USAID NTD program through regular telephone conferences, exchanges by email, participating in the annual partners meeting organized by the USAID NTD team and also through project reports submitted to the USAID NTD Team.

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

Monitoring and Evaluation (M&E)

End in Africa countries remain on track toward control/elimination of the targeted 5 NTDs. Many HDs have stopped MDA for LF and trachoma and much effort was devoted in the last two years to assessing and re-aligning SCH treatment with WHO guidelines. As we wait for clear WHO guidance on the way forward in supporting Onchocerciasis hypo-endemic districts and conducting assessments to stop MDA for Onchocerciasis, END in Africa continues to support the implementation of Onchocerciasis PCT and assessments.

For LF, all 8 endemic HDs have stopped MDA in Togo (100%); 76 out of 98 HDs have stopped MDA in Ghana (77.6%); and 39 out of 70 HDs have stopped MDA in Burkina Faso (55.7%). More HDs are expected to stop MDA in Burkina Faso and Ghana in FY2016. Sierra Leone and Niger started MDA much later than the 3 countries above. Sierra Leone had expected to conduct TAS in 8 out of 14 HDs in FY2015, but this was postponed to FY2017 (November 2016) due to the Ebola outbreak. In Niger, 8 HDs out of 31 (25.8%) endemic HDs have stopped MDA for LF, and more HDs are expected to stop MDA for LF in the coming years.

For Trachoma, all endemic countries within END in Africa are approaching the end game. In Ghana, all 37 HDs have stopped MDA at the sub-district level and are in the process of conducting a pre-validation survey. In Burkina Faso, the epidemiological situation has changed because of recent WHO guidelines that recommend treatment of districts with TF prevalence 5%-9.9% for at least 1 year. Sixteen HDs that were considered non-endemic under the previous guidelines now require treatment for at least 1 year in FY2016. Twenty-three HDs will thus be treated in FY2016 (5 HDs still above 10% that were considered endemic previously, 2 HDs that stopped treatment but have prevalence above 5%, and 16 that were not considered endemic, but should be treated for at least 1 year per the new guidelines), and impact assessments will be conducted in 10 HDs. In Niger, 21 HDs have stopped MDA, 14 HDs are currently conducting MDAs, and impact assessment will be conducted in 7 of the 14 HDs still being treated to decide whether to stop MDA.

For onchocerciasis, Burkina Faso has stopped MDA in 63 out of 70 districts (90%). Niger has never treated for onchocerciasis because baseline results showed that 5 districts were hypoendemic

and did not require treatment according to previous WHO guidelines. Recent epidemiological evaluation results have shown that mf prevalence is 0% in all study sites. The END in Africa project therefore wants to support Niger in conducting a survey to obtain results that can be used to advocate that the country be removed from the WHO list of oncho-endemic countries. Among the other 4 countries, no districts have attained the criteria for stopping MDA; and treatment continues in 85 HDs in Ghana, 12 HDs in Sierra Leone, 67 HDs in the Ivory Coast and 32 districts for Togo.

The table below summarizes the numbers of currently endemic HDs and the number of 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 FY2015

Country	Number heath districts by NTD					
	LF		Trachoma		Onchocerciasis	
	Endemic current	Stopped MDA	Endemic current	Stopped MDA	Endemic current	Stopped MDA
Burkina Faso	31	39	23	23[13]	7	63
Ghana	22	76	0	37	85	0
Niger	23	8	14	21	5[14]	0
Sierra Leone	14	0[15]	NA	NA	12	0
Togo	0	8	NA	NA	32	0

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

- For LF: Burkina Faso will conduct pre-TAS in 21 HDs, TAS1 in 5 HDs, TA2 in 15 HDs and TAS3 in 11 HDs; Ghana will conduct pre-TAS in 7 HDs, TAS1 in 9 HDs and TAS2 in 64 HDs; Niger will conduct pre-TAS in 8 HDs. Sierra Leone is not conducting any LF surveys in FY2016 because of the Ebola outbreak; and Togo has already successfully completed TAS3. The Ivory Coast will conduct confirmation mapping for LF in 14 HDs based on

[13] Per the new guidelines, in Burkina Faso there are now 46 HDs considered endemic for trachoma, instead of the 30 HDs considered endemic according to previous guidelines.
[14] Although these 5 districts are considered endemic, they have never been treated. The END in Africa project therefore wants to support Niger in conducting a survey to obtain results that will be used to advocate that the country be removed from the WHO list of oncho-endemic countries.
[15] TAS is being conducted in 8 HDs (FY2014). The number of HDs that have stopped MDA may change in FY2016, following the outcome of the ongoing assessment.

recommendations of the last RPRG session in Brazzaville, Republic of Congo.

- For trachoma: Burkina Faso will conduct an impact assessment in 10 HDs; Ghana will conduct a pre-validation survey in 37 HDs; Niger will conduct an impact assessment in 7 HDs. Sierra Leone and Togo are not being treated for trachoma. However, Togo is still on the WHO list of endemic countries because baseline TT prevalence is above 1 per 1000 population. The FY2016 work plan submitted for Togo includes activities that address this issue. The Ivory Coast will conduct a situational analysis in 72 districts as discussed above so that mapping can be finalized in FY2017.
- For onchocerciasis: Burkina Faso will conduct an epidemiological evaluation in 7 HDs, an entomological evaluation in 2 HDs; Ghana will conduct an epidemiological evaluation in 60 sentinel sites in 36 HDs, and an entomological evaluation in 16 sentinel sites in 10 HDs; Niger will conduct a survey for stopping MDA in 4 HDs including PCR of vectors and OV16 ELISA; and Togo will conduct an epidemiological evaluation in 60 sentinel sites in 17 HDs, an entomological evaluation in 5 HDs, and a survey for stopping MDA (PCR of vector and OV16 ELISA) in 7 HDs in 1 region. Sierra Leone is not conducting any oncho-related assessments in FY2016 due to the Ebola outbreak. The Ivory Coast will conduct an entomological evaluation in 10 sentinel sites in 7 HDs.

Table 5: Program impact assessments by country and disease in FY2016

Country *(# HDs stopped District level MDA*)	LF				Oncho [16]	SCH[17]	STH	Trachoma	
	Pre-TAS	TAS1	TAS 2	TAS 3				Health District	Sub-district
Burkina Faso (*LF – 39 Trachoma-23*)	21[18]	5[19]	15[20]	11[21]	13	53	58[22]	10[23]	N/A
Ghana *(LF – 69 Trachoma -37)*	7	9	64	0	46[24]	216[25]	216[26]	37[27]	0
Niger (*LF-3 Trachoma -15*)	11	9[28]	0	0	4[29]	17	17	7	0
Sierra Leone	0	0	0	0	0	12	12	NA	
Togo (*LF-8*)	0	0	0	0	29[30]	0	0	NA	

The END in Africa monitoring and evaluation specialist will work with national NTD programs to improve performance and achieve sound data management through the execution of the following activities:

- Implementation of the DQA tool: Collection and transmission of good quality data from the

[16] OV: Epidemiological evaluation in 7 HDs; Entomological evaluation in 2 HDs, and Coverage survey in 4 HDs. Sightsavers and the WB are supporting all the epidemiological and entomological OV surveys; while END in Africa will support coverage surveys.

[17] SCH—A total of 61 sentinel sites (SS) and control sites (CS) will be surveyed; all SS through END in Africa (19 HD and 19 SS); all CS supported by WB (42 CS in 42 HD).

[18] Pre-TAS—21 HDs will undergo Pre-TAS in FY16 but only 7 (in 14 SS/CS) with END in Africa support. The others will be supported by the World Bank (7 HD (14 SS/CS)) and FPSU-Liverpool (7 HD (14 SS/CS)).

[19] TAS 1—5 HDs will undergo TAS 1 (3 EU). 2 EU (4 HD) supported by END in Africa and 1 EU supported by FPSU-Liverpool.

[20] TAS 2-15 HD will undergo TAS 2 (4 EU). All supported by END in Africa and all will be +STH assessments.

[21] TAS 3-11 HD will undergo TAS 3 (4 EU). All supported by END in Africa and all will be +STH assessments.

[22] STH—SS/SC evaluations for STH in all SS/CS sites for SCH. In addition, all TAS 2 and TAS 3 surveys will be combined with STH. USAID will support the SS surveys in 19 HD (21 SS) and the TAS 2+STH (15 HD) and TAS 3+STH (11 HD). The WB will support the SC evaluations.

[23] TRA—10 HD will undergo impact evaluation; 7 with USAID support and 3 with World Bank support.

[24] Epidemiological evaluation for oncho will be conducted in 60 sentinel sites that are located in 36 oncho-endemic districts in FY2016. Overall there are 183 sentinel sites for the 135 (85 meso- and hyper-endemic plus 50 hypo-endemic) oncho-endemic districts that are evaluated once every 3 years. These 60 out of the 183 sentinel sites will be evaluated in FY2016 while the remaining 120 sites will be evaluated over the next 2 years. Entomology surveys will also be conducted in 16 sites of 10 districts.

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

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

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

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

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

[30] 17 will conduct impact assessment using skin snip and OV16 RDT, 5 will conduct entomology assessment through fly capture and dissection, and 7 will conduct survey (PCR of the vector and OV16 ELISA) for stopping MDA.

community level up to the district and national levels has presented a major challenge in a number of countries where PCT is being implemented. Data received at the national level are often incomplete, not timely or of questionable accuracy. The Data Quality Assessment (DQA) tool was developed as a standard method to verify reported data and assess data management and reporting systems for tuberculosis, malaria, and HIV/AIDS programs. The version of the tool used for NTDs does the same thing. It was developed by ENVISION to address the current challenges with NTD data quality. The DQA tool for NTDs focuses exclusively on (1) verifying the quality of reported data, and (2) assessing the underlying data management and reporting systems for standard program-level output indicators. Implementing DQA is an excellent opportunity to strengthen the NTD data management and reporting system, and improve data quality.

During the FY 2016 DQA implementation will be supported in Burkina Faso and Niger, where data quality and workbooks are still a challenge. The main goal of this DQA will be to assess the quality of the NTD data and the extent to which the local M&E systems that generate those data are technically sound and functional.

- Workbooks: Workbooks are standard forms that were developed to strengthen the ability of national NTD programs to report disease-specific district-level data. So far, 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. There is therefore a need for more training and technical assistance for those NTD programs. The quality of data has greatly improved in Ghana, Sierra Leone and Togo, though training is still required to streamline the quality of data in these countries. More training will be provided in Burkina Faso and Niger, as these countries have shown weak data management skills, compared to the other END in Africa supported countries.

- Clear backlog of FY2013 and FY2014 workbook queries: The workbook review team still has comments/queries that have to be addressed for FY2013 and FY2014 workbooks from Burkina and Niger. The project will work with the MOH and sub grantees to address all pending items and ensure that the workbooks meet the expected standard for approval.

The table below provides the number of HDs to be treated with USAID funds by country and NTD, FY2016.

Table 6: Projected number of people and health districts to be treated in FY2016 with USAID funds.

Country	LF		Oncho		SCH		STH		Trachoma	
	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population	# HDs	Target population
Burkina Faso	26[31]	4,721,201	4[32]	144,250	26	4,562,097	38	5,092,500	23	5,716,036
Ghana	22	1,461,756	85	11,064,176	216	7,903,723	216	7,903,723	0	0
Ivory Coast	61	13,437,505	67	11, 809,646	27	2,966,830	28	1640593	10	760,000
Niger	23	8,143,708	0	0	18	2,793,229	33	7,647,553	14	5,763,925
Sierra Leone	14	5,834,037	12	3,434,534	7	1,282,075	14	5,834,037	0	0
Togo	0	0	32	3,064,494	33	2,433,363	35	2,230,732	0	0
Total	**146**	**33,598,207**	**200**	**17,707,454**	**327**	**21,941,317**	**364**	**30,349,138**	**47**	**12,239,961**

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

- FHI360 will monitor that the occurrence of SAEs during MDA campaigns is reported to USAID and WHO.

M&E Country-specific Needs

Overall, FHI360 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 (CB) are the key pillars in this program. The following country-specific M&E activities will be undertaken to support national NTD programs and enhance collaboration:

- **Burkina Faso**
  - Workbook training, with emphasis on the common errors encountered in Burkina Faso and how to cross-check data.
  - Clear backlog of observations on FY2013, FY2014 and FY2015 workbooks.
  - Ensure that the new workbooks capture any changes in the SCH treatment strategy.

- **Ghana**
  - Follow up on the NTD database and results of the DQA.
  - Follow-up on the trachoma survey that Ghana will implement in FY2016, as the results of that survey will be presented to the NTD-RPRG for review and a decision to verify elimination of trachoma in Ghana will be made.
  - As part of improving M&E for NTDs, the Program update the National Database

[31] 4 HDs (not included here) will be treated solely with CNTD Liverpool support. Among the 26 HDs mentioned here, 5 HDs will be treated with support from both USAID and CNTD Liverpool and the remaining 21 HDs will be treated with support from USAID.
[32] 2 (not included here) HDs will be treated through Sightsavers.

Template for Ghana with all available historical data.

- **Niger**
  - Training on the implementation of the DQA.
  - Clear backlog of observations on FY2013, FY2014 and FY2015 workbooks.
  - TA for strengthening the national program's ability to complete WHO joint forms.
  - A capacity building workshop on the preparation and use of the workbooks.

- **Sierra Leone**
  - Orientation on DQA implementation and NTD database.
  - TA for strengthening the national program's ability to complete WHO joint forms.

Staffing

End in Africa will incorporate three additional staff to provide support to the Ivory Coast MOH NTD Program. Candidates have been selected based on a competitive process and are collaborating in the inception of the project:

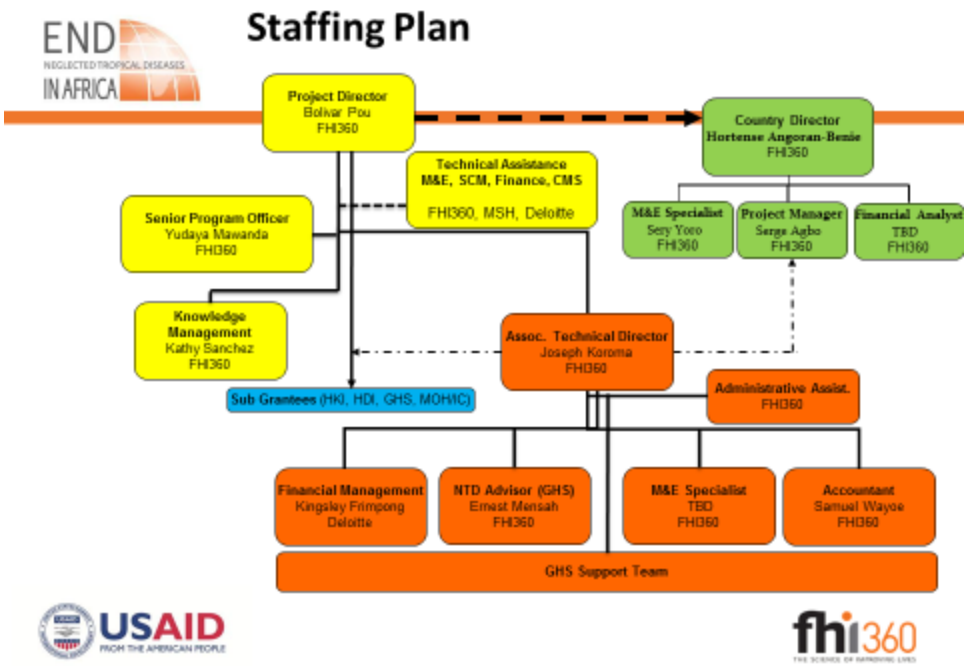
1. NTD Senior Program Officer – Serge Agbo, MD, MPH
2. M&E Specialist – Seri Yoro, Epidemiologist
3. Financial Analyst – TBD

- Dr. Joseph Koroma is being promoted to Associate Technical Director based on the increased responsibilities and performance on the job.

- A new M&E Specialist is been recruited to replace Dr. Joseph Uchudi who resigned.

- Yudaya Mawanda will replace Nosheen Ahmad as Senior Program Officer.

The revised project structure for supporting the implementation of End in Africa is shown below:


END
NEGLECTED TROPICAL DISEASES
IN AFRICA
Staffing Plan
Project Director
Bolivar Pou
FHI360
Country Director
Hortense Angoran-Benie
FHI360
Technical Assistance
M&E, SCM, Finance, CMS
FHI360, MSH, Deloitte
Senior Program Officer
Yudaya Mawanda
FHI360
M&E Specialist
Sery Yoro
FHI360
Project Manager
Serge Agbo
FHI360
Financial Analyst
TBD
FHI360
Knowledge Management
Kathy Sanchez
FHI360
Assoc. Technical Director
Joseph Koroma
FHI360
Sub Grantees (HKI, HDI, GHS, MOHIC)
Administrative Assist.
FHI360
Financial Management
Kingsley Frimpong
Deloitte
NTD Advisor (GHS)
Ernest Mensah
FHI360
M&E Specialist
TBD
FHI360
Accountant
Samuel Wayoe
FHI360
GHS Support Team
USAID
FROM THE AMERICAN PEOPLE
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Level of Effort

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

Long Term Positions

Position	Affiliation	Location
Project Director	FHI360	USA
Senior Program Officer	FHI360	USA
Knowledge Management Specialist (20%)	FHI360	USA
Assoc. Technical Director	FHI360	Ghana
M&E Specialist	FHI360	Ghana
Financial Management Specialist	Deloitte	Ghana
Accountant	FHI360	Ghana
NTD Senior Program Officer (GHS)	FHI360	Ghana
NTD M&E Specialist (GHS)	FHI360	Ghana
Grants Manager (GHS)	FHI360	Ghana
Communication Specialist (GHS)	FHI360	Ghana
NTD Senior Program Officer	FHI360	Ivory Coast
NTD M&E Specialist	FHI360	Ivory Coast
Financial Analyst	FHI360	Ivory Coast

Short Term Positions

Position	LOE (days)[33]
US Based Technical Support	
• Program and grants management (FHI360)	50
• Financial management (FHI360/Deloitte)	50
• Knowledge management (FHI360)	30
ST Consultants Ex-pat[34]	
• Project Management specialists	60
• Financial Management/FOG	100

[33] LOE represents multiple positions. LOE does not include management/administration support staff.
[34] Short term consultants are only hired as necessary by FHI360 or through the existing sub agreement with Deloitte.

Travel Plans

Table 7: Travel Plans for FY2016

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana Ivory C	6	1 week each	May June July	FY2017 Country work planning sessions with key stakeholders.
Joseph Uchudi, M&E Specialist	Ghana	Burkina Niger Togo SLeone Ivory C	5	1 week	May June July	Participate as NTD M&E technical resource in the development of country work plans.
Joseph Koroma Assoc. Technical Director	Ghana	Burkina Niger Togo SLeone Ivory C	5	1 week	May June July	Participate as NTD technical resource in the development of country work plans.
Bolivar Pou, Project Director	W/DC	Ghana	2	1 week	April	Semi-annual review.
Bolivar Pou Project Director	W/DC	Ivory C Ghana Burkina	3	1 week each	TBD	Field trip for monitoring project implementation.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	August	End in Africa Work plan 2017
Joseph Uchudi, M&E Specialist	Ghana	Burkina Niger Ivory C	3	1 week	TBD	Capacity building on DQA tool and workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.
Justin Tine Costing/Project Management Specialist Deloitte	Senegal	BurkinaTogo Niger Ivory C	2 3 3 2	1 week in each country	TBD	Continue support for TIPAC. Mentoring on Project Management. Work Planning Resources mobilization.
Kingsley Frimpong Financial Management Deloitte	Ghana	S Leone	2	2 weeks	TBD	Continue support for TIPAC implementation and yearly update. Resources mobilization.
Kimberly Switlick-Prose Resources Mobilization Deloitte	W/DC	Ghana	1	1 week in each country	TBD	Continue capacity building on Resources Mobilization in Ghana.
Joseph Koroma Assoc. Technical Director	Ghana	W/DC WHO Niger Burkina Togo SLeone	15	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.

Traveler	From	To	# Trips	Duration	Month	Purpose
		Ivory C				
MOH NTD Focal Points TBD	Ghana Burkina Niger Togo S Leone Ivory C	TBD	12	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be request for each trip.
US-based short-term technical assistance (STTA) provider	W/DC	Togo Niger Burkina Niger S Leone	5	TBD	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip.

Reporting

The project will deliver the following reports to USAID:

Reports	Due
End in Africa Semiannual Progress Report A report summarizing the main activities executed during the previous semester organized according to the scope of work of the sub agreement between USAID and FHI360.	October 2015 March 2016
Sub grantees Annual Environmental Management and Monitoring Report Sub grantees reports on compliance with countries SIEE	November 2015
Quarterly financial reports Copy of the SF425 report will be shared with the AOR.	December 2015 March 2016 June 2016 September 2016
FY2017 End in Africa Annual Work Plan A document outlining the project activities envisioned for FY2017.	September 2016

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 FY2016 work plans	X	X	X	X	X	X	X	X	X	X	X	X
Execute three sub agreements modifications with HKI and one with HDI	X	X	x									
Execute FOGs with GHS and Ministry of Health (MOH) of Ivory Coast								X	X			
Support the MOH-led process for developing Annual Work Plans for FY2017		X		X	X	X	X	X	X	X	X	
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	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 that the NTDP Secretariat in Ghana and Ivory Coast receives all administrative support for the effective implementation of the NTDP					X	x					X	X
Terminate the existing sub agreements with John Snow International (JSI) and Liverpool Associates in Tropical Health (LATH)	X											
Monitor compliance with the environmental management and mitigation plan (EMMP)	X	X	X	X	X	X	X	X	X	X	X	X
Support USAID needs in term of cost analysis of project components such as MDAs, TAS, and Pre-TAS		X	X	X	X	X	X	X	X	X	X	X
Technical Assistance and Capacity Building												
Supervision of at least one MDA campaign in each of the 6 END in Africa implementing countries	X	X	X	X	X	X	X	X	X	X	X	X
Support the MOHs in developing Operational Research proposals and protocols	X	X	X	X	X	X	X	X	X	X	X	X
Monitor that 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 RPRG				X	X			X	X		X	X
Support the inception of the END in Africa project in **Ivory Coast**	X	X	X			X						
Monitor the design and implementation of DSAs					X	X	X					
Participate in the review of available data for specific diseases to align treatment strategies to current WHO and internationally acceptable treatment guidelines					X	X	X					
Provide TA to MOH and sub grantees in response to approved country work plans for FY2016			X	X		x	x				X	X
Monitor that MOHs submit theirs Joint Reporting Form observing the existing deadlines				X	X	X						

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Support national NTDPs and implementing partners as they prepare to receive and clear 2016 consignments of praziquantel through customs			X	X	X	X	X	X	X	X	X	X
Monitor receipt and documentation of praziquantel donations				X	X	X	X					
Assist the country programs in developing high quality FY2017 PZQ forecasts				X	X	X						
Procure PZQ for FY2017 for Sierra Leone, Ivory Coast, Niger, Burkina Faso and Togo						X	X					
Coordinate with MSH for the provision of TA on SCM as identified by the MOHs				X	X	X	X	X	X	X	X	
Support he execution of two training events on SCM.		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	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	X	X	X	X
Work with sub grantees and NTDP to document program successes, best practices and lessons learned	X	X	X	X	X	X	X	X	X	X	X	X
Write, edit, produce and update fact sheets and other printed materials (as needed) showcasing the End in Africa program	X	X	X	X	X	X	X	X	X	X	X	X
Update, maintain and administer the End in Africa contact database	X	x	x	x	x	x	x	x	x	x	x	x
Develop, update and maintain an annual publications calendar and tracking tool to schedule topics and articles that the End in Africa team (and its partners, when appropriate) will research, write, edit, produce, publish and disseminate.	X	X				X					X	
Promote the End in Africa project via social media and online	X	X	X	X	X	X	X	X	X	X	X	X
Monitoring and Evaluation												
Implementation of the DQA tool				X	X	X	X		x	x	x	
Continuous improvement of the workbooks		X			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	X	X	X
Collect formal reports from any assessment conducted during the fiscal year.					X	X						X
Monitor the occurrence of SAEs during MDA campaigns and report all SAEs to USAID	X	X	X	X	X	X	X	X	X	X	X	X
Clear backlog of workbooks queries.	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support on M&E addressing countries' specific needs	X	X	X	X	X	X	X	X	X	X	X	X
Collaboration and Coordination												
Build partnerships with agencies and organizations working on NTDs	X	X	X	X	X	X	X	X	X	X	X	X

Main Activities	O	N	D	J	F	M	A	M	J	J	A	S
Strengthen coordination and partnerships for NTD control by participating in meetings of NTD committees at the national level	X	X	X	X	X	X	X	X	X	X	X	X
Attend regional scientific meetings, scientific panels and discussions with local institutions, multilateral agencies, government counterparts, and implementing partners	X	X	X	X	X	X	X	X	X	X	X	X
Participate in international NTD working groups and committees at the international and national levels	X		X		X		X		X		X	
Participate in the Manu River Union (MRU) annual workshop to discuss and harmonize MDA across borders in Sierra Leone, Liberia and the Ivory Coast											X	
Participate in appropriate local and international M&E meetings/workshops upon USAID approval				X	X				X	X		
Strengthen coordination with APOC for the management and technical direction of the onchocerciasis control/elimination program in End in Africa countries	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen coordination with Sightsavers, CNTD Liverpool and other international NGDOs	X	X	X	X	X	X	X	X	X	X	X	X
Engage key stakeholders to address cross-border issues and coordination with government agencies			X	X	X	X	X					

Budget for FY2016

Oct. 2015 – Sept. 2016

Attachments

Attachment 1 – FHI360 FY2016 Work Plan for Ghana

COUNTRY OVERVIEW

General background information on country structure

Ghana lies on the West Coast of Africa between latitudes 5° and 11° North of the Equator and between longitudes 1° East and 3° West of the zero meridian. The country is bordered by the Atlantic Ocean (Gulf of Guinea) on the South, Togo on the East, Cote d'Ivoire on the West and Burkina Faso on the North. The country has an area of 238,537 square kilometers with 550 kilometers of coastline. Ghana has a typical tropical climate with average temperatures ranging between 21 and 32 degrees Celsius. There are three clear geographic zones: dry northern savannah; the humid middle rain forest zone; and the coastal savannah and mangroves. There are six major rivers with several tributaries, some of which are fast flowing. One of the rivers, River Volta covering about 3% of the country has been dammed for hydroelectric power generation creating the Volta Lake.

Yaws and buruli ulcer are prevalent in the humid forest zone while the rivers and lakes predispose to onchocerciasis along the fast flowing tributaries and schistosomiasis (SCH) is prevalent in the areas with more stagnant waters. The coastal and dry northern zones are found to be more prevalent with lymphatic filariasis (LF).

Ghana is divided into 10 administrative regions and 216 administrative districts[35]. Each region is headed by a political administrator (Regional Minister) while the districts are headed by District Chief Executives. All districts have been subdivided into sub-districts with each covering a defined geographic area of 20,000-30,000 people. The implementation unit of health programs is the district level.

Almost 80% of control activities for neglected tropical diseases (NTD) managed through preventive chemotherapy (PC) in Ghana are supported by the United States Agency for International Development (USAID). The Neglected Tropical Disease Program (NTDP) receives some support from other partners: the Liverpool Centre for Neglected Tropical Diseases (CNTD) supports some NTD activities including mass drug administration (MDA) and disease specific assessments (DSAs) in the Greater Accra Region (GAR) while Sightsavers-Ghana and the World Health Organization (WHO) African Program for Onchocerciasis Control (APOC) supports the second round MDA and DSA activities for onchocerciasis. However with APOC mandate coming to an end in December 2015 the NTDP will have further funding gap that must be covered by other partners. The Volta River Authority (VRA), a government owned company that runs the Akosombo Hydroelectric Plant, supports activities for SCH control along the Volta Lake as part of its corporate social responsibilities as SCH is highly prevalent in this area due to the creation of the power plant. Partnership for Child Development (PCD) supports MDA for soil transmitted helminthiasis (STH) control usually in districts where USAID is not supporting STH treatment

[35] There were 170 districts but a re-demarcation was done in 2012 as some of the previous 170 districts were considered too large in terms of population and were divided resulting in a total of 216 districts presently in the 10 regions.

through MDA for LF (LF treatment includes albendazole which is effective against STH) or MDA for SCH (the NTDP usually conducts an integrated SCH and STH MDA in primary schools). However, PCD indicated at the Annual NTDP Work Planning Session to develop the FY2016 work plan that they are not in the position to support the NTDP financially in the 2016 program cycle. The WHO Country Office in Ghana generally serves as consignee for NTDP logistics including drugs, DSA equipment and supplies, provides technical support and funds some NTD activities. Presently WHO has provided funds for the NTDP to complete the identification of communities with at risk adults that need treatment for SCH. The United States Centers for Diseases Prevention and Control (CDC) has been providing in the past 12 months technical and financial support for passive surveillance of LF in Ghana. The Ministry of Health (MoH) provides storage space for NTDP drugs and other logistics in the central medical stores (CMS) at the national level and the regional medical stores (RMS) located across the 10 regions of the country.

FY2016 Activities Summary

USAID funded activities:

- To conduct integrated LF, onchocerciasis and STH MDA in 105 districts targeting an at-risk population of 5,799,252.
- To conduct school-based MDA for SCH in 216 districts and STH in 194 districts.
- To conduct community-based SCH treatment for adults in selected high-risk communities of 47 districts.
- To conduct pre-transmission assessment survey (Pre-TAS) in 7 districts.
- To conduct transmission assessment survey (TAS) in 73 districts involving 30 EUs (TAS1 for stopping MDA in 9 districts; and TAS2 or 1st post-MDA TAS in 64 districts).
- To conduct cascaded refresher training for health workers, school health education program staff, teachers and community drug distributors (CDDs) at all levels from national to the sub-district level for all MDAs.
- To train 30 laboratory and program officers from the regional level to support onchocerciasis DSA activities.
- To conduct monitoring and supervision of NTDP activities (MDAs, DSAs) at the regional and districts levels.
- To organize meeting of NTDP partners, researchers and MoH to disseminate findings of trachoma pre-validation survey.
- To put together a dossier on trachoma elimination in Ghana for submission to WHO.
- To revise and update the advocacy and resource mobilization document of the NTDP
- To update the TIPAC tool with 2016 data.
- To improve knowledge and awareness of the 5 PC NTDs and their control/elimination strategies within at-risk communities and enhance NTDP visibility through interaction with existing and potential partners, publications, and use of flip charts, and information, education and communication (IEC) materials.

PLANNED ACTIVITIES

School enrollment for boys and girls are almost equal (with variations in the different regions) and treatment figures are evenly spread among males and females. However, the proportion of female CDDs is relatively low (<21%). The END in Africa project will continue to support the NTDP to report treatment figures that are disaggregated by gender. Communities will be encouraged to give opportunity for females to work as CDDs when there is the need to replace old CDDs or select new once.

Strategic Planning

The End Neglected Tropical Diseases in Africa (END in Africa) project is managed by a consortium led by Family Health International (FHI360) that includes Deloitte Consulting LLP (responsible for financial management), Liverpool Associate for Tropical Health (LATH) (responsible for M&E) and John Snow Incorporated (JSI) that is responsible for supply chain management. FHI360 directly implements the project in Ghana through its country office in Accra and the regional hub of the project that is based in the FHI360 office in Accra. The regional hub of the project has FHI360 personnel (an NTD Technical Advisor, an M&E Advisor, a Finance Officer, and an Executive Assistant); and a Deloitte Technical Advisor on financial management and capacity building. To fill the critical human resource capacity gaps identified by and within the NTDP, FHI360 employed since November 2013 the following staff that are based in the NTDP office and work directly with the NTDP: a Technical Advisor who provides technical support to the NTDP Manager and his team on a day-to-day basis; a Communication Specialist providing support for advocacy and social mobilization for the NTDP; an M&E officer who manages data generated within the NTDP and acts as liaison on all M&E issues within the NTDP and between the NTDP and other NTD stakeholders; and 2 Finance Officers, who are responsible for all financial management issues and liaise between the NTDP, FHI360 Ghana Country Office and the GHS Finance Department. Two staff, the Communication specialist and one finance officer resigned in the last quarter of FY2015. Subsequently the need for these technical staff has been reviewed in consultation with the NTDP in line with NTDP needs. The Communication Specialist position has been annulled and replaced with technical assistance that will be provided through procuring consultancy for up to three months. One finance officer position has been replaced with Admin/Finance officer at the same grade. The FHI360 support team are based in the NTDP office and so provides direct support for all activities implemented by the NTDP including planning, implementation of MDAs and DSAs, and supervision of all activities relating to MDAs.

Currently the END in Africa project has no vehicle within the FHI360 office. With the current increase in activities and staff of other projects that had originally purchased the existing vehicles, it is becoming increasingly necessary for the END in Africa to be renting vehicles even for movements within Accra. Two Vehicles will be procured to support the END in Africa team working with GHS at a rate of $50,000 each.

Update TIPAC for FY2016

The NTDP was supported by the END in Africa project (under the supervision of the Deloitte Technical Advisor for financial management and capacity building) to update the Tool for Integrated Planning and Costing (TIPAC) in April 2015. This meeting included not only the 5 PC

NTDs but also programme representatives for the intensive diseases management (IDM) NTDs such as buruli ulcer, yaws and leprosy that are also captured in the Ghana NTD Master Plan. The tool provided funding and resource gaps that will be used during advocacy and resource mobilization efforts of the various NTD programmes. In FY16 USAID through the END in Africa project will support the NTDP in a five day workshop to update the TIPAC with current programme data. The workshop will be under the supervision of the Deloitte Technical Advisor on financial management and capacity building.

Support to review and update the Ghana five-year Master plan (budget tab Advocacy and IEC Materials)

The NTDP in Ghana is implementing annual operational plans that are based on the 2013-2017 NTD Master Plan. The NTD Program Unit of the WHO Regional Office for Africa (AFRO) organized a meeting in Lusaka, Zambia, in July/August 2014 for the National NTDPs to review progress and achievements made with the Master Plans and also to update or develop another master plan for 2015-2020. USAID provided funding for review of the Ghana NTDP Master Plan. This review is currently ongoing. In FY16 USAID will provide funding for the NTDP to print 100 copies of the updated Ghana NTDP Master Plan 2015-2020.

Planning and Technical Meetings (budget tab Meetings and Trainings, FOG 1)

1. **Annual NTDP Activity Implementation Planning Meeting:** The NTDP in Ghana conducts several activities including MDAs, various DSAs, capacity building, advocacy and engagement with partners. Almost all NTDP activities are implemented with decentralized regional and district health administrations who have to implement multiple public health interventions including immunization campaigns, malaria, TB, HIV/AIDS, infant and child nutrition, maternal and reproductive health interventions among a host of others. Therefore getting the full attention of districts and regional health administrations over a specific period to implement NTD interventions requires a lot of meticulous planning to synchronize activities. There is therefore the need to plan NTDP activities and coordinate it with the many competing public health interventions at the regional and district levels. The absence of a well-structured plan synchronized with other GHS activities has often adversely affected effective implementation of NTDP activities. To address this challenge it is proposed that the NTDP undertakes a 2 day NTDP Activity Implementation Planning Meeting in the last quarter of the year (first quarter of FY2016) to produce an annual activity schedule. This will be shared with the regional and district health administrations to assist them plan ahead for NTDP interventions. Additionally this tool can be used to request the Policy, Panning and Monitoring and Evaluation (PPME) Division of the GHS Headquarter (HQ) to block specific periods for NTDP to carry out major nationwide activities such as MDAs. Participants in this meeting include NTDP staff, PPME, regional and districts health administration staff and partners.
2. **Quarterly NTDP Technical Review Meeting:** The NTDP conducts several activities over a one year programme cycle. Often times the programme is unable to conduct a technical review of its activities or take a critical look at challenges that come with the year to address them effectively within a programme cycle. This means that some challenges are carried through the year and only reviewed for the next annual activity cycle. There are

a lot of activities in NTD control that are still being refined by the global public health community. The NTDP needs to review and strategize on how to implement new guidelines and findings into the program. The Ghana NTDP is advanced in several NTD intervention areas compared to several endemic countries. However, the programme has often not been able to share its experiences in peer reviewed journals to contribute to knowledge. The quarterly 2-day technical meeting is proposed as a platform to help address technical implementation challenges that come up in the course of the year, plan adaptation and adoption of new guidelines, analyse NTDP activity results, complete reports, and serve as a platform to develop peer reviewed papers. It is expected that in FY16 the NTDP through this forum will develop and submit 2 articles for publication in peer reviewed journals.

3. **Annual NTDP Portfolio Review Meeting:** every year the NTDP must put together a work plan with corresponding budget to share with the multiple partners for their input and financial support. This is a key activity that will determine which activities the program conducts in the ensuing year. The work plan must take into consideration all guidelines for specific disease interventions and DSAs. The NTDP proposes to conduct a 5 day portfolio review and budgeting meeting to review activities and propose needed activities for the ensuing year with corresponding budgets. This activity document and budget will serve as the base document for the work planning meeting with partners.

Intra-Country Coordinating Committee Meetings (budget tab Meetings and Trainings, FOG 1)
The END in Africa project will support the NTD Secretariat to conduct quarterly Intra-Country Coordinating Committee (ICCC) meetings. The ICCC body was set up by the Minister of Health to advise and coordinate activities for NTD control in Ghana. It has membership from the GHS, academia, program managers of all NTD Programs, representatives of NTDP partners including the GES and WHO. It advices both the NTD Programs and the Minister of Health on how to achieve NTD control targets in Ghana. The three subcommittees ICCC will also be supported to conduct two meetings each in a quarter. There are three sub-committees of the ICCC – the Technical Subcommittee, the Advocacy Subcommittee and Resource Mobilization Subcommittee. Each subcommittee meets twice in a quarter. The subcommittees may co-opt experts outside the ICCC to support their activities.

NTD Secretariat (Office Expenses & Planning Budget)
The END in Africa project will support the NTDP secretariat with Office Sundry Expenses (Courier, photocopying, and Printing), Equipment maintenance and repairs (A/C repairs, Printers), Communications expenses (telephone, internet, electronic transmittal services) Generator Running expenses (Fuel + maintenance) Office Stationery and IT maintenance services by outsourced service providers. Other support captured under the ODC line item includes vehicle maintenance.

National Annual Review Meeting (budget tab Meetings and Training, FOG 1)
The END in Africa project will support the NTD Secretariat to conduct one annual review meeting. The meeting will be attended by all representatives of all 10 regions to review NTDP activities for the calendar year across the country and address challenges at the regional and districts levels.

The review will look at both community based and school based MDAs conducted over the year, and DSA activities and their results for the year.

Advocacy (budget tab Advocacy and IEC Materials)

Improving Social Mobilization

- The NTDP has identified poor social mobilization as one of the key challenges for MDA. It has also identified absence of tools for CDD education and for use by CDDs and teachers to educate community members and pupils. The NTDP proposes to develop simplified laminated pictorial flip charts to be used by GHS and GES to conduct CDD and teacher trainings respectively and social mobilization. Flip charts will be developed for all 216 districts, 10 regions and the national level for educating CDDs on MDAs, Adverse Events following MDA (AE-f-MDA), community enumeration, use of register, etc. Community education flip charts will be developed and produced for CDDs to use in community education. A similar flip chart will be developed for use in schools by teachers to educate pupils on school-based MDAs. Due to the large number of schools in Ghana the NTDP intends to produce copies for half of the basic schools (about 18,000 schools) in the country in FY16 and the other half in FY17.
- CDD apathy has been identified as a challenge to the success of NTD-related MDAs in Ghana. To address this the NTDP intends to equip CDDs with basic tools to improve their identification/recognition, facilitate their work, provide safety for drugs as well as motivate them. This will include branded Polo-shirt for easy identification of CDDs. The Regional Health Administrations will be supported with funds to produce new measuring poles for CDDs. The above package is expected to motivate CDDs to give off their best.
- AE-f—MDA Cue Cards – These cue cards that guides teachers on how to manage mild AE-f-MDA and referral processes will be produced for all basic schools (about 36,000) in the country.
- Other IEC materials that are routinely used for MDA such as in-school posters (25,000 copies), community posters (25,000) and parent notification forms (2,000,000) will be produced. Twenty thousand each of the posters were produced in FY15, so the 25,000 of each poster will complement the amounts produced in FY15 while the number of notification forms reflects the estimated number of SAC.

Improving Advocacy (budget tab Advocacy and IEC Materials)

- The NTDP will conduct a national launch of the integrated LF, onchocerciasis and STH MDA. This launch is conducted by the Minister of health or Director General of the GHS with dignitaries from the MoH, GES, partners, community leaders and the media to officially announce the MDA cycle. It provides the media attention needed to start the MDA.
- The NTDP has identified that NTDs and the current PC strategy for their control is not known and understood by most health personnel including public health leaders and medical practitioners who are leaders in the health sector. The NTDP will mount an exhibition at the 3-day Annual Health Summit, where all leaders and partners in the health sector in the country meet to deliberate on key health strategies and progress

made, to improve visibility of NTDs and NTDP interventions among leaders in the health sector.

- The NTDP is working in consultation with Deloitte Consulting LLP to review the advocacy and resource mobilization document of the NTDP in FY15. In FY16, 100 copies of the revised strategy document will be produced and shared with partners, and the GHS in all regions and districts.
- The NTDP plans to produce and print 400 copies of the 2015 annual report for distribution to all 10 divisions/directorates of the GHS HQ, the 10 RHDs, 216 DHMTs, NTDP Partners, and Public Health Programs of the GHS, GES and SHEP. This will enhance visibility of the NTDP, its activities, partners' support and successes at all levels of the health system.
- **Active engagement of NTD Ambassador:** The NTD Ambassador will be engaged actively to support advocacy activities within the MOH towards encouraging the MoH to increase funds allocated by the GoG to the NTDP; and also to improve awareness of the NTDP among private companies so they can support NTDP as part of their corporate social responsibility. The Ambassador will visit project beneficiaries, make statements at major NTD events and on selected television and radios stations, support networking and collaboration with potential donors, private companies and government agencies for more support to the NTDP.
- **Media Engagement:** Media plays an important role in advocacy and generating discourse on public health issues. A 1-day media briefing will be organized to educate and orient media personnel on NTD reporting. Field visit in areas where NTD activities are ongoing will be facilitated for media personnel (print, radio and television) to collate information and news stories for broadcast through the various media outlets.

Capacity Building/Training (budget tab Meetings and Trainings, FOG 2, 3, 4)
The NTDP has identified the need to continue refresher training of all category of staff that are involved in MDAs each year to maintain quality of the service they provide and also to motivate them to carry on providing this service. Trainings will be held at all levels in a cascaded manner to ensure that all persons involved in the MDA have received some training relevant to the MDA for the year. The trainings will focus on three cadres of staff. These are health (GHS) and education (GES) staffs at the regional, district and sub-district/circuit levels; teachers at the district level; and community volunteers at the community level.

Training will focus on the following specific areas: endemicity status of the 5 PC NTDs, social mobilization for MDA, MDA implementation, MDA supervision and monitoring, SCM and SOPs for MDA drug management, management of AE-f-MDA, and record keeping and reporting after MDA.

The NTDP started capacity building to replace the laboratory staff that are retiring in FY2014. New laboratory technicians were trained on TAS in February 2014. Twenty laboratory staff that will be trained for LF, SCH and STH surveys are considered adequate to manage DSAs for these diseases. However, for onchocerciasis the plan is to train 60 laboratory staff over a period of 3 years starting FY2015. Therefore a further 20 laboratory staff will be trained in FY2016 to support

epidemiological and entomological survey for onchocerciasis. Table 3 below shows the numbers and types of trainings/refresher trainings that will be conducted in FY2016. The VRA which supports school deworming for SCH will support training in selected districts where they provide funding support.

Table 3: Training targets

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresher	Total trainees			
Central Level	Onchocerciasis Entomological survey techniques, Epidemiological survey techniques	30	0	30	14	Centre for Scientific and Industrial Research lab (CSIR)	None
Central Level	National NTD database	15	0	15	3	National level	
GHS/GES 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	0	98	98	4	National level	PCD, VRA
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 /District Health Directorate	
Drug distributors	- SCM and SOP for MDA drug management - Record keeping and reporting after MDA	0	13,000	13,000	1	Sub district Health Center	

Mapping

The Ghana NTDP has no baseline mapping gaps. However as the NTDP transitions from onchocerciasis control to elimination there is the need in 2016 to remap/reassess 50 districts identified as hypoendemic during the 2009 REMO to guide intervention in these districts. These districts have not received treatment since 2009 in accordance with APOC guidelines at the time of the REMO. The way forward on these districts will be guided by WHO guidelines that are expected soon.

MDA

Integrated LF, Onchocerciasis and STH MDA (budget tab MDA 1, FOG 5)

One integrated round of MDA for LF, Onchocerciasis and STH in 105 districts will be conducted in February/March 2016. This is made up of 20 districts endemic for LF only, 83 districts endemic for onchocerciasis only and 2 districts which are co-endemic for LF and onchocerciasis. The integrated MDA will be community-based using the door-to-door delivery method. IVM and ALB will be administered in 22 districts that are either endemic for LF only or co-endemic for LF and onchocerciasis. A further 83 districts endemic for LF only will receive IVM only. The use of ALB in the 22 districts endemic for LF ensures treatment of STH in these districts leaving 191 districts to be targeted for STH treatment under the school-based MDA. The integrated LF, onchocerciasis and STH MDA will be funded by USAID. A second round of MDA for 44 onchocerciasis endemic districts (29 hyperendemic and 15 mesoendemic) funded by Sightsavers International will be conducted in September 2016 using IVM only. Details of populations covered is shown in table 4 below.

MDA for SCH/STH (budget tab MDA 2, FOG 6)

All 216 districts in Ghana are endemic for SCH. There are 47 category A (high-risk) districts, 38 category B (moderate-risk) districts and 133 category C (low-risk districts). All SAC in the 216 districts are expected to be treated for STH at least once a year according to the MoH policy based on the high risk of re-infection rate among SAC in the country. Ghana will be conducting a country-wide SCH/STH survey in September 2015 after 4 rounds of treatment. Results of the survey will serve as the baseline for SCH and STH treatment from FY16. This means that all SAC children will receive treatment for SCH and STH in FY16. Due to high school enrolment rate in Ghana school-based strategy will be used for the SCH/STH MDA. High risk adults in selected high risk communities in the categories A and B districts will also be treated according to WHO guidelines[36]. USAID will provide funding for SCH/STH MDA in FY16 with some support from VRA that provides some financial support for SCH treatment in a few districts.

Trachoma (budget tab Trachoma, FOG 1)

Trachoma MDA ended in 2014 with the last treatment of communities that were detected to have TF prevalence of 5.00%-9.99% among children 1-9 years old. The NTDP with technical and financial support from partners will be conducting a trachoma pre-validation survey in September 2015. For planning purposes, it is assumed that about 4 communities may be identified by the pre-validation survey to have TF prevalence among children 1-9 years between 5% and 9.99% and will therefore require treatment for 3 years starting FY16.

[36] WHO 2013. Schistosomiasis: progress report 2001 - 2011, strategic plan 2012 – 2020

Table 4: USAID-supported districts and estimated target populations for MDA in FY16

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually (add additional rows for different treatment frequencies)	Distribution platform(s)	Number of districts to be treated in FY16	Total # of eligible people targeted in FY16
Lymphatic filariasis	Entire population ≥ 5 years	1	Community MDA	22	1,461,756
Onchocerciasis	Entire population ≥ 5 years	2	Community MDA	44	2,207,212
		1	Community MDA	41	1,918,522
Schistosomiasis	SAC and High risk adults	1	School-Based MDA	216	8,103,723
Soil-transmitted helminths	SAC	1	School-Based MDA	216	7,903,723
Trachoma	-	-	-	-	-

Short-Term Technical Assistance

- Technical assistance in training of laboratory staff on onchocerciasis epidemiological and entomological survey including black fly dissection.
- Technical assistance in pre-TAS slide reading to identify and quantify microfilaria
- Technical assistance for development of communication and IEC materials – i.e. flip charts for CDDs, teachers, regions and DHDs

Table 6: Technical Assistance request from PROJECT

Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, RTI/HQ, etc.))	Number of Days required and anticipated quarter
To train 20 laboratory staff on onchocerciasis epidemiological and entomological survey	The NTDP staff conducting these surveys have retired and currently engaged on contract basis	Expertise on onchocerciasis epidemiological and entomological survey including black fly dissection – CSIR	14 days in the second quarter
To provide quality assurance for pre-TAS slide reading	An expert external to the NTPD is required to examine 10% of negative slides and all positive slides as quality assurance measure	Noguchi Memorial Institute for Medical Research (NMIMR)/CSIR/School of Public Health (SPH)	Based on quantity of slides. In the second quarter
To develop flip charts for CDDs, teachers, region and DHDs	The permanent communication specialist positon has been replaced with 3 months technical assistance	Expertise in developing and pre-testing IEC materials and advising on translating communication strategy	Up to three months

The NTDP conducts epidemiological surveys and entomological surveys annually to assess impact of MDA in onchocerciasis endemic communities. The program has lost its laboratory staff for these activities through retirement. There is an ongoing 3 year strategy starting in 2015 to train 60 laboratory story across the country to conduct these onchocerciasis survey. Twenty will be trained each year. The NTDP will conduct Pre-TAS in 7 districts in 2016. An expert outside of the NTDP will be needed to provide quality control for examination of the slides prepared from samples collected. This expert will re-examine all positive slides and 10% of negative slides randomly selected for purposes of quality assurance to assess the level of accuracy of the laboratory staff examining the samples.

M&E (budget tab Pre-TAS, TAS, FOG 1)

Plans for Reporting Project Data

In FY16, MDA data will be reported through the Diseases and Program Workbooks semi-annually. The program intends to monitor the improvement in data quality and reporting time following the introduction of the integrated reporting tools developed by the FHI360 M&E Officer working directly with the Ghana NTDP. The NTDP will also conduct field visits to districts that have stopped MDA for LF to start putting together historical records and data needed for the preparation of the dossier that will be submitted to WHO in the near future for verification of LF elimination in Ghana.

Table 7: Planned Disease-specific Assessments for FY16 by Disease

Disease	No. of endemic districts	No. of districts planned for DSA	Type of assessment	Diagnostic method (Indicator: Mf, ICT, hematuria, etc.)
Lymphatic filariasis	98	7	Pre-TAS	NBS
	98	73*	TAS	FTS/ICT cards
LF + onchocerciasis	111	23	Coverage survey	Proportion of persons receiving treatment
Onchocerciasis	85	36 (60** sites)	Epidemiological survey	Mf prevalence
	85	10 (16** sites)	Entomological survey	Proportion of infected flies

**TAS 2 will be conducted in 64 of the 73 districts while additional 9 districts which conducted and passed Pre-TAS in 2015.*

***From NTDP Multi-year Onchocerciasis Surveillance Plan 2011-2015.*

Details of DSA activities

Lymphatic Filariasis: Pre-TAS will be conducted in 7 districts which failed pre-TAS in 2013 and have subsequently received 2 rounds of MDA. TAS 2 will be conducted in 64 districts that passed TAS 1 in 2014. Slide examination is ongoing for 15 districts that conducted pre-TAS in FY15. Districts which pass will conduct TAS in FY16. This means that the number of TAS conducted may increase above 64 after all results of the FY15 pre-TAS is available. The NTDP plans to develop a protocol to guide ongoing PTS. It is expected that the protocol will be implemented in at least 5 districts in FY16.

Onchocerciasis: The NTDP has a 5-year strategic onchocerciasis surveillance plan which was implemented from 2011-2015. There is a need to review the plan to align with current state of endemicity of onchocerciasis. This review will be done in the first quarterly technical review meetings to decide on the way forward for DSA of onchocerciasis. It is also expected that WHO will publish new guidelines for onchocerciasis DSA in July 2015 which can be used to guide the DSA review process. However, re-starting the surveillance plan will mean that epidemiological survey will be conducted in 60 sites and entomological survey (black fly dissection) conducted in 16 sites. These surveys will be supported by Sightsavers.

Coverage survey: Coverage survey will be conducted in all 22 onchocerciasis and LF endemic districts in FY16. Though 30 LF districts reported epidemiological coverage outside the expected in FY2014 as shown in table 5 above only 22 remain to conduct MDA in FY16 and only one district reported less than the expected epidemiological coverage for onchocerciasis MDA from table 5 above.

SCH/STH: Coverage survey will be conducted in 44 districts out of the 216 districts that did not achieve the expected treatment coverage as indicated in table 5.

Planned FOGs to local organizations and/or governments

- Table 8 below shows the anticipated number of FOGs, by type of recipient, and proposed activities supported under FOGs.

Table 8: Planned FOG recipients

FOG recipient (split by type of organization)	Number of FOGs	Activities
GHS(NTDP)	6	FOG 1 o ICCC Meeting o Annual NTDP Review Meeting o PTS Review and Protocol Development Meeting o PTS Protocol Review - Stakeholders Meeting o Training of Trainers- Community Based MDAs for Schisto o Supervision and Monitoring o Meeting to develop Post Validation Surveillance strategy o Workshop to documentation of validation (validation dossier) o Plan for possible post survey treatment for Hotspot o Treatment for 4 communities o Pre TAS o Carry out TAS in 30 EUs (79 districts) o Production of Measuring poles FOG 2 o Training of Trainers- LF, Oncho, STH MDAs o Community Based MDA FOR SCHISTO FOG 3 o Training of Trainers- School-Based MDAs FOG 4 o Training of Trainers- School-Based MDAs FOG 5 o Conduct one integrated round of community-based MDA for LF, Oncho and STH in 105 districts FOG 6 o Conduct one round of school based MDA for SCH in 216 districts

Attachment 2 – HKI FY2016 Work Plan for Niger

COUNTRY OVERVIEW

The NTD program has a number of partners and donors that support its program activities. These partners are detailed below in Table 1.

Table 1: NTD partners working in country, donor support and summarized activities

Partner	Location (Regions/States)	Activities	Is USAID providing direct financial support to this partner? *(Do not include FOG recipients)*	Other donors supporting these partners/ activities?
Government of Niger	Central level and all 8 regions	• Administrative organization and institutional support to the NTD Program • Human resources • Clearing medications from customs • Salaries for NTD Program staff • Meeting space and space to store drug • Logistical support • Capacity building • School health	No	None
WHO	Central level	• Technical and institutional support • Capacity-building • Assistance with drug donation (Mectizan® and Albendazole for the PNDO/EFL)	No	Several
Helen Keller International (HKI)	National level and all regions	• Overall technical and financial support to the national integrated NTDP, including advocacy, BCC, work planning, implementation, supervision, M&E, and data management and reporting	Yes	No
	Central level and the regions of Diffa, Dosso, Maradi, Tahoua, Zinder and Tillabéri	• Support the PNSO for trichiasis surgery • IEC activities for trachoma (sensitization via community radio stations) • - Support to the School Health Office to teach about trachoma in schools	No	Conrad N. Hilton Foundation
	National level and all regions	• Provide technical support for the National Vaccination Days (JNV) and National Micronutrient Days (JNM), including deworming of the under 5 year children	No	Department of Foreign Affairs, Trade and Development (DFATD)
The Carter Center	Central level, and the regions of Diffa, Tahoua, Maradi, Tillabéri and Zinder	• Support to the PNSO in trachoma MDA with the purchase of tetracycline eye ointment 1% • IEC activities for trachoma (sensitization via community radio stations) • Sanitation (latrine construction, support to Community-Led Total Sanitation • Support to the School Health Office to teach about trachoma in schools	No	Conrad N. Hilton Foundation, Lions Clubs International Foundation
SCI/ RISEAL	Central level and the regions of Dosso, Niamey and Tillabéri	• Support to the PNLBG for surveys • "SCORE" study with the objective of defining a better elimination strategy for schistosomiasis • Support to the PNDO/EFL in organizing hydrocele surgery camps in endemic districts in Dosso, Niamey and Tillabéri	No	Department for International Development (DFID), Bill & Melinda Gates Foundation (BMGF)
UNICEF	Central and regional levels	• Support to the PNLBG to organize deworming campaigns for children <5	Yes	Several

		years of age combined with National Vaccination Days (JNV) and National Micronutrient Days (JNM) with a donation of mebendazole and albendazole		
Sightsavers	Central level	• Support to the PNDO/EFL in epidemiological and entomological surveillance for onchocerciasis	No	Several
APOC*	Central level	• Support to the PNDO/EFL in epidemiological and entomological surveillance for onchocerciasis	No	Several
Lions Clubs of Niger	Central level	• Support to the PNSO for complete eye health (including capacity building for health agents)	No	Several
CBM	Central level and the regions of Dosso, Niamey and Tillabéri	• Support to the PNSO for complete eye health (including capacity building for health agents)	No	Several
Hossana Institut du Sahel	Central level and the regions of Dosso, Niamey and Tillabéri	• Support to the PNLBG with a donation of Nitezole (Mebendazole + Tinidazole) and operational costs to distribute the drug	No	Several

*APOC will close at the end of December 2015.

Note: Niger is one of three countries (also, Mali and Burkina Faso) that will receive World Bank funding for NTDs and malaria. However, at the time of this workplanning, it was not clear exactly what the World Bank would fund for NTDs. The intervention will cover border districts in Niger. Workplanning should begin in the first USG fiscal year quarter. Because of the lack of clarity on eligible activities or timing when the funds would be available, the Niger NTDP determined that all activities it was planning for FY16 will be inscribed in the END in Africa workplan submitted to USAID.

PLANNED ACTIVITIES

Project assistance

There are no activities that are specifically gender-focused. However, MDA activities at the operational level are conducted largely by women due to cultural reasons that enable women to enter any household and treat all household members, whereas if men were conducting the distribution, they would not be permitted to enter certain households, which would likely result in a lower treatment coverage. For the same reasons, personnel used in lymphatic filariasis evaluations are also primarily female, as they are allowed to touch both the females and males in the households to take blood samples, and priority is given to the selection of female griots (traditional singers/entertainers) used to inform populations prior to MDA, since they, too, may go into each household.

Strategic Planning (ODC, FOG)

MoPH annual workplan workshop (Once a year) **[FOG]**

This meeting will precede the annual program review and planning workshop for the activities of the MoPH. Objectives of this meeting include developing an evaluation document for the 2015 activities and an action plan for 2016. This meeting will be held just prior to the annual review of activities for the MoPH. This annual Ministry workplanning will be accompanied by a plan of action budgeted based on the NTD Strategic Plan 2012-2016. Participants in this meeting will

include authorities within the MoPH, the national NTD focal point, NTD Program Coordinators and staff, the National Office of Pharmaceutical and Chemical Products (ONPPC), the DPHL, regional NTD staff, representatives from the national educational sector, and other partners working in NTDS (HKI, Hossana Institut du Sahel, World Vision, CBM, Lions Clubs of Niger, APOC, Sightsavers, UNICEF, WHO, RISEAL, The Carter Center). The annual plan will be shared with regional and district partners. A small committee lead by the National NTD Coordinator will be in charge of ensuring this action plan is carried out. The expected results of this meeting are the development of an MOH NTD Program budgeted annual action plan.

Annual post-MDA review meetings at the National, Regional, and District Levels (Once a year) [FOG, ODC]

An evaluation and planning meeting is held at the end of the mass distribution campaign each year to capitalize on the lessons learned from the NTD program. The workshop brings together all key stakeholders (health, education and partners) to share the results of the campaign by HDs, to identify areas of strength, areas for improvement, the lessons learned, and to make recommendations to improve future campaigns. To prepare for this national meeting, each region holds a regional assessment meeting that brings together the Governor, the administrative authorities, traditional leaders, DRSPs, Regional Department of National Education, District Head Doctors (DHDs), and the NTD focal points for education and health. A similar assessment meeting is also held at the district level with the CIH heads, education sector heads and the administrative authorities and traditional leaders. The NTD programs also present their main activities for the coming year at these meetings for feedback from the partners. The expected results of this meeting are the sharing of the overall results of the NTD campaign as well as development of recommendations to improve future campaigns.

Annual microplanning meetings (Once a year) [FOG, ODC]

Microplanning meetings for the next year's MDA will be held during the annual workplanning and budgeting process for the U.S. Government fiscal year. The main goal of the meetings will be to develop a base budget for all of the activities included in MDA with full involvement of all stakeholders that will then be included in the budget HKI submits to USAID for the next fiscal year. The micro-planning meetings will be held in each region with the participation of the central level (national NTDP and Health Education Office coordinators and agents) and HKI. The recommendations made at these meetings will be reviewed and used to create a working document. The expected results of this meeting are budgets and targets for the next fiscal year's MDA. The budgets and targets developed will roll-up into the NTDP's global budget for activities in 2016 (the NTDP operates on a calendar year basis).

Cross-border meeting between Niger and Burkina Faso (Once a year) [ODC]

This meeting between Niger and Burkina Faso will primarily focus on discussing program activities and follow-up along the new borders that were drawn between Niger and Burkina Faso in 2015 (an area of Niger of approximately 786 km^2, consisting of 14 villages will now become part of Burkina Faso; in addition, an area of Burkina Faso of 277 km^2, consisting of 4 villages, will now become a part of Niger. Since the districts along these borders are at different stages of program implementation (for example, the districts on the Niger side of the border are in the surveillance

stage for LF, while one of the bordering districts in Burkina Faso is still implementing MDA), it is important the two countries determine which program will implement in these villages; the goal of the meeting is to have a concrete plan for program implementation in these villages. From each of the two countries, the different NTD coordinators and disease focal points, other Ministry of Health representatives, administrative and traditional leaders in these areas, and HKI will attend these meetings.

Support to the new NTD strategic plan (Once) [FOG]
In 2016, the current NTD strategic plan for the period of 2012-2016 will expire. Unfortunately, a mid-term evaluation of this plan was not carried out; to date, the NTDP has also not expressed a need to conduct a final evaluation of the progress against the objectives set forth in this plan. In May 2015, the WHO organized a workshop in Ouagadougou to assist countries to revise their strategic plans. The principal recommendation from this meeting is that local partners of NTD programs should assist the National Programs to revise their NTD strategic plans. The new strategic plan for the period of 2016-2020 will concern NTDs targeted through preventive chemotherapy (PCT NTDs) (SCH, STH, LF, trachoma, and OV) as well as others that need case management (leprosy, rabies, leishmaniosis, human African trypanosomiasis, and Guinea worm). The WHO envisions engaging the different countries in a dynamic process of development of the new strategic plans beginning in 2016. HKI, in collaboration with the WHO and other partners, will assist the National NTD Program to develop its new strategic plan through technical and financial support, with the expected result of a new 2016-2020 Master Plan. In addition, if the National Program determines that it wants evaluate its current plan, HKI will provide technical and financial assistance in this process.

Meetings with the Regional Governors (Once a year) [ODC]
Regional meetings with the governors from the different regions to sign the Fixed Obligation Grants (FOGs) will be held, with the objective of advocating with the Minister of Health and the Governors for facilitation in signing the FOGs in order to carry out the MDA as planned in FY16. Participants include authorities from the MSP, NTD Program and HKI. Prior to the meetings with the Governors, the NTD Program will ask the Minister of Health to approach his counterpart in the Ministry of the Interior about the importance of signing these FOGs. This first step is necessary, since the Governors' hierarchy is within the Ministry of the Interior, while the contracts are for the Ministry of Public Health to conduct activities. In Niger, the FOGs must be signed by the Governor, rather than the regional health authority, as there is a decree that states that any contract that involves more than one district must be signed by the Governor, regardless of the type of contract or the Ministry implicated. In the past, difficulties with receiving signatures have arisen because this sensitization had not occurred. The expected results of these meetings are to sensitize the Governors to the NTD Program, the purpose of the FOG contracts, and to obtain signatures on the FOGs. The NTDP and HKI will carry out these meetings together.

NTD coordination meetings (Each quarter, four times a year) [ODC]Quarterly meetings will be held between the National NTD Program (the National NTD Focal Point and the Coordinators of the disease programs) and partners that support the National Program, including HKI, WHO, The Carter Center, the World Bank, UNICEF, and RISEAL/SCI. These meetings will be organized every

three months to monitor and plan activities and to find solutions to urgent issues that come up during activity implementation. These meetings will also provide an opportunity to develop contingency plans when faced with potential changes in programming. In FY16, particular attention will be paid to the planning for the MDA during each of these meetings. The expected results of these meetings are to ensure that information is shared among partners, resulting in concrete actions to solve issues as they arise.

TIPAC Review and Update Meeting (Once a year) [TA: not budgeted]
Training for the Tool for Integrated Planning and Costing (TIPAC) took place during FY15 and Niger would like to undertake a review and update in FY16. By the end of FY15, the data entry and analysis of the different reports should be completed. In the context of the new strategic plan which will be developed in FY16, this tool will enable the NTD Program to generate the new document through downloading the needed data from the TIPAC.

For efficiency and efficacy, the TIPAC tool will be maintained at the national level; however, the national coordination will require a computer with higher capacity. In the eight regions, the Health Information Programming Service (or Service Programmation de l'Information Sanitaire (SPIS)) will assist in providing the data necessary to enter into the tool. In addition, during the TIPAC training in 2015, it was noted that certain aspects of the tool were not adapted to Niger; therefore, a revision will be required to update this tool to the Niger context Please note that this activity is not specifically budgeted, as per usual for technical assistance (see Technical Assistance section, page 33).

NTD Secretariat

Support to the NTD Focal Point, PNLBG, PNDOEFL (Every month or quarter in the year) [ODC]
The new national NTD Focal Point has been appointed and will need support for her work. This support will primarily be for office and computer supplies, an internet key, and fuel. HKI will provide the NTD Focal Point with a proportion of her needs; the other proportion will be supplied by the Government. This support may be reviewed, once World Bank funding is available. She will also receive support in terms of program management training (see Capacity Building/Training section below).

Similar support will be provided to the PNLBG and PNDO/EFL programs, with funds provided to pay internet and telephone bills and office and computer supplies. The PNSO receives this support from HKI via funding from the Conrad N. Hilton Foundation.

Support to the MoPH's Direction of Pharmacies and Laboratories (Every month or quarter in the year) [ODC]
The MoPH Pharmacy and Laboratory Directorate (DPHL), is the structure responsible for managing medications for national health programs and other NGOs throughout Niger. Through working within this structure, the Ministry will begin to fully participate in the management of NTD drugs. The DPHL will provide a focal point to work with the ONPPC, the different NTD Coordinators, and HKI to coordinate all activities related to the management of NTD drugs before,

during and after the campaigns. This will include storage, packaging, shipping, delivery, reporting, post-MDA physical inventory, as well as other supply chain management activities. This support that will be provided to the DPHL will be in the form of computer, office and computer supplies, purchase of an internet key and fuel.

Advocacy

National launch of the mass distribution campaign (Once a year) [FOG, ODC]
Each year, the MDA officially begins with an official launching ceremony. The launch, which provides the program with an official seal of approval and improves the program's visibility, will be sponsored by the MoPH. It will bring together all stakeholders involved in the control and elimination of NTDs, including high authorities within the MoPH and other ministries, administrative, local and traditional authorities, associations and non-governmental organizations (NGOs), and all other relevant entities to support the efforts of the NTD program. This year, the NTD Program would like for the launch to take place in a region outside of Niamey, preferably in an area with persistent or high prevalence of one or more NTDs targeted by the campaign. The reason for this is to bring more local attention to these diseases to try to increase coverage.

Organization of Task Force Meetings (Twice yearly) [FOG, ODC]
This is an intersectoral steering committee (representatives delegated by the Prime Minister's Office, National Assembly, the Ministries of Health, Education, Finance, Water, the Environment, Population, the Promotion of Women and Protection of Children, the Interior and Communication) will advocate for the integration of activities and will be responsible for validating the major strategic direction and finding additional funding for activities, if required. The committee will act as a pressure and advocacy group for the NTD program with the high authorities of the MoPH and other partners. The program will call on the committee for the organization of MDA planning meetings, advocacy, and social mobilization. Meetings will take place every six months.

Advocacy meetings at the health district level (Once a year) [FOG]
These are preparatory meetings in each district that will undergo MDA prior to the start of the MDA. The meetings assemble district prefects, city mayors, chiefs of cantons, religious leaders, associations, NGOs, health and educational representatives, and any other NTD partners. The main objective of these meetings is to mobilize these partners to contribute to the MDAs, by contributing towards motivation for CDDs and supervisors, and providing transport (motorcycles, fuel, etc.), which aim to mobilize all partners at the local level for their full participation in the running of the campaign. They will bring together the prefect, the mayor, religious leaders, representatives of heads of cantons, associations, NGOs and officials of health and education.

The activities planned for FY16 arose from discussions held at post-MDA evaluations, which noted that much of the difficulty for the NTD program over the past years in years past has been due to insufficient involvement and sensitization of administrative, local, traditional and religious authorities at all levels. The activities that are being proposed above will help to address the lack

of involvement by these leaders by providing an opportunities to make the NTDP more visible and enabling these leaders to prioritize support to the NTDP. The target populations, in turn, when they see the involvement of their leaders in the NTD activities, will also be more likely to participate in MDA.

Several ways that we can determine whether our advocacy activities have been successful include informal surveys to target populations (during independent monitoring of MDA or other opportunities that bring us to the field) to determine whether they were aware of (or attended) activities such as the national MDA launch, or whether they have heard their leaders have urged them to participate in NTD activities. Likewise, following advocacy meetings with leaders, we will follow-up to determine what steps they have taken to advocate for increased participation by the communities they lead. Finally, where contributions (monetary or in-kind) have been pledged to assist the NTDP, we will determine whether these contributions were actually given and the level of contribution. Prior to this follow-up, we will determine a valuation scale to apply to in-kind donations (for example, donations of the usage of motorcycles, boats, or animals) to determine the overall contributions contributed by communities and leaders targeted by these advocacy efforts. This valuation of contributions can then be used in future advocacy campaigns, to try to increase the level of support, as well as to ensure that those who did contribute can be properly recognized for their efforts.

Social Mobilization

The main social mobilization activities that the NTDP will implement are the following:
Development of TV & Radio Spots [ODC]
The revision, reproduction and distribution of NTD messages: existing messages will be revised and improved. After reproduction, the messages will be given to all health centers involved in MDA.

Community Mobilization before MDA at the National [ODC] and Community [FOG] Level
Contracts will be signed with community radio stations will diffuse the messages to a large audience before, during and after the MDA to insure that all social levels are informed of the distribution. Radio stations will be supervised during the campaign to ensure that messages are being broadcast according to the terms in the contract. In addition, people in the areas targeted by MDA will be polled to determine whether they are receiving the information broadcast. This supervision will be introduced in the supervisory checklist that will be revised for the FY16 MDA. Female community “relais” (akin to community health workers) and public criers will be used to sensitize populations about NTDs. Previous experience has shown that using female relais has been beneficial to the NTD Program, according to evaluations of this practice. In certain areas, MDA coverage increased after the NTD Program began using them. This practice will be continued and strengthened, particularly in the areas of Niger when men may not be granted access to households in the absence of the male head of household.

Awareness-Raising Caravans at the Community Level [FOG]

- Organization of sensitization caravans to certain populations on NTDs: the two districts with the lowest coverage will be identified and targeted. The caravan will consist of

sensitization sessions held in the evening, where videos will be projected onto screens talking about the successes in NTDs and the advantages of taking the medications. Following the projection of these videos, question and answer sessions will be held with the population and the national program team. In order to determine whether or not the caravans were successful, questions will be added to supervision checklist for the FY15 MDA.

In general, Niger has a low literacy rate, around 25% of the population, and therefore has developed communication strategies adapted to this context. In order to overcome difficulties related to the low level of literacy, the National Program emphasizes using images, particularly those that depict the population and environment of Niger. All posters and fliers are designed using only images. In addition, since much of the population only speaks one or more local languages (and not French), messages broadcast via radio and television also use local languages, particularly Hausa, Djerma, Peulh, Kanouri and Gourmantché. The specific languages used are different region by region to reflect the populations in each area.

Capacity Building/Training

Training of laboratory technicians and healthcare workers, LF Surveillance [FOG]
Prior to implementing the LF surveillance protocol that the PNDO/EFL will develop, a training of heads of CSI, and laboratory technicians in each district that has stopped treatment will need to be held. At least one laboratory technician and one epidemiologist per district and all the heads of CSI of the districts that need surveillance, need to be trained. The training will focus on strengthening the surveillance network and will include taking blood samples, handling/conserving them, and the interpretation of results. The head nurses in health centers will provide blood samples to be sent to the laboratory of the district like indicated in our passive surveillance network. Some of these blood samples will be sent to the national laboratory for confirmation and expertise.

For OV evaluations, the laboratory training will be focused on OV surveillance, including skin snip and blood samples for OV16. Fifteen persons will be trained in each of the 4 districts (Téra, Say, Boboye, and Kollo). To ensure quality control of the samples taken during the training, a sample will be sent to the national laboratory to confirm findings prior to letting these persons work independently.

Onchocerciasis capturer training for entomological evaluation [FOG]
In order to conduct the OV evaluations to determine whether elimination has been reached, capture zones will be updated. Therefore a training for the new capturers is necessary in areas where there are no persons trained; in areas with capturers that were previously trained with APOC and Sightsavers' support, a refresher training will be provided. A total of 70 persons in four districts will need to be trained. This activity is budgeted in the budget for the onchocerciasis surveys.

Training of PNDO/EFL technicians on ELISA technique (by CDC Atlanta or another source) [Sightsavers International: Not budgeted]

The ELISA test will be used to confirm results from rapid tests (RDT OV16 and ICT) which are recommended by the WHO to demonstrate that transmission of OV has stopped and to confirm its elimination. The PNDO/EFL has a laboratory, constructed with funds from the Government of Niger, which is currently being equipped. This laboratory will receive and test samples which will be gathered from the surveillance network for OV and LF in the districts which have stopped treatment for LF. Capacity-building for laboratory staff will ensure that staff will be able to test samples from Niger and also to receive samples from other countries as a quality control measure for their laboratories. In order to ensure quality control, a sample of the tests will be sent to another laboratory (such as in Accra).

Cascade Training/Refresher training for MDAs [FOG]

In order to ensure capacity building for all involved at each level, Niger's NTD program will conduct training/refresher training at the national level (central MoPH directors, program and health education agents); at the regional level (DRSP, Regional Directorate of National Education, regional NTD health and education focal points and education inspectors); at the district level (DHDs, educational counselors, district NTD health and education focal points and the heads of epidemiological monitoring); and at the village level (health center heads, teachers, and CDDs). This training/retraining of health staff at all levels will take place before the MDA campaign. The MoPH Directors and the NTD coordination will attend a training of trainers and will then be responsible for training regional staff who will then train district staff in MDA and monitoring. In turn, the district staff will be responsible for training health center staff who then will train CDDs and teachers. In FY16, cascade training for MDA will again be conducted using the revised module which emphasizes the information and logistics management system (ILMS), a system brought to Niger through technical assistance (TA) from John Snow Inc. (JSI) through previous technical assistance. Supervision will be provided during the MDA to evaluate the performance of the health agents at different levels and the CDDs. A supervisory checklist will be developed to ensure standardized and complete supervision.

Independent Monitoring Training [ODC]

Independent monitoring of MDA is an activity implemented for the first time in FY14 and served as a valuable tool which helps to monitor district MDA coverage and to identify areas where additional supervision or support may be necessary. This activity is planned to be implemented in FY16 and will begin with a training of 12 persons independent to the NTDP to ensure they are unbiased when collecting data. Monitoring allows both the supervision of MDA activities and then to identify possible shortcomings in the implementation of MDA and propose appropriate solutions.

Capacity building of the National NTD Focal Point [TA: Not budgeted]

This training aims to strengthen the capacity of the National NTD Focal Point in health program management and leadership, in order to enable her to fulfil her role in coordinating the NTD program. HKI will work with the National NTD focal point and Deloitte to identify the specific areas where the NTD focal point needs additional training. This training may be through Deloitte

or through a private school in Niamey that offers evening courses on program management to professionals.

Table 3: Training targets

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresher	Total trainees			
Health agents from districts and health centers that stopped treatment for LF during last TAS 1 (20 heads of health centers and an NTD focal point per each of the following HD: Guidan Roumdji, Dakoro, Madaoua, Boboye and Tillabéri)	LF post-MDA surveillance	120		120	2 per district	Districts of Guidan Roumdji, Dakoro, Madaoua, Boboye and Tillabéri	None
Laboratory technicians from districts that passed TAS 1 (Guidan Roumdji, Dakoro, Madaoua, Boboye and Tillabéri)	LF post-MDA surveillance	15	3	18	3 per district	Districts of Guidan Roumdji, Dakoro, Madaoua, Boboye and Tillabéri	None
Health workers in the region, HD, and health centers in the HD of Téra, Say, Kollo, and Boboye	Onchocerciasis epidemiological assessment	60	0	60	3	Districts of Téra, Say, Kollo, Boboye	Sightsavers
Training of village black fly capturers (5 new sites in Boboye and Téra and 10 new sites in Say and Kollo) ; 2 capturers per site	Onchocerciasis entomological assessment	70	0	70	3	Districts of Téra, Say, Kollo, Boboye	Sightsavers
Training of PNDO/EFL technicians on ELISA technique (by CDC Atlanta or another source)	To confirm results from rapid tests (RDT OV16 and ICT) which are recommended by the WHO to demonstrate that transmission of LF and onchocerciasis	4	0	4	10	Niamey	None
Training of trainers and supervisors at the central level (5 persons per program and 5 MOH staff) for MDA	Data collection, management of side effects/SAEs, disease facts, treatment dosages, reporting and leftover drugs	TBD	TBD	20	1	Niamey	None

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresher	Total trainees			
Training of trainers at the regional level (health : 4 persons/region for a total of 32 persons ; education : 3 persons/region for a total of 24 persons) Training of trainers at the district level (health: 3 persons/district for a total of 90 persons; education: 2 persons/district for a total of 60 persons)	Data collection, management of side effects and SAEs, disease facts, treatment dosages, how to report data and leftover drugs	TBD	TBD	206	1 day for each training	All 8 regions	None
Training of heads of health centers (605) and education sector heads (246)	Data collection, management of side effects and SAEs, disease facts, treatment dosages, how to report data and leftover drugs	TBD	TBD	851	1	Districts	None
Training of CDDs (40,647) and teachers (10,068)	Data collection, management of side effects and SAEs, disease facts, treatment dosages, how to report data and leftover drugs	TBD	TBD	50,715	1	Health Centers and teaching centers	None
Training of independent monitors	Data collection, port data and leftover drug	12	0	12	3	Niamey	None
Capacity building of the National Focal Point MTN	Health program management	0	1	1	TBD	Niamey	None

Note: the number of new vs. returning trainees for the cascade MDAs cannot be determined beforehand, since it depends on a number of factors, such as the number of persons who are still in their posts next year and the number of CDDs who choose to continue.

Mapping
Niger is completely mapped for all five NTDs targeted by this project; no mapping is required in FY16.

MDA Distribution [FOGs, ODC]
The existing MDA gap is the lack of funds for treatment of severe adverse events, should any occur, as well as albendazole for at-risk adults during treatment for STH outside of the LF or SCH MDA (see Looking Ahead section).

Two MDAs are planned for FY16:

- The first will be conducted in November 2015 and will concern all of the targeted HDs across the country where MDA is required for each disease. The November 2015 MDA will target 18 HDs for SCH (PZQ only or PZQ+ALB); 9 HDs for trachoma (azithromycin + tetracycline 1% eye ointment, which is purchased by The Carter Center); and 23 HDs for LF-STH (IVM+ALB). Thirty-two districts will be treated for STH either through SCH or LF MDA. Two strategies will be used for MDA: the community-based, door-to-door strategy carried out by CDDs and the school-based distribution strategy carried out by teachers.

- As per the new SCH strategy validated in FY15, the frequency of treatment will vary based on endemicity and will be treated on once yearly, twice yearly or every other year basis. In addition, it should be noted that the Schistosomiasis Consortium for Operational Research and Elimination (SCORE) study will conclude at the end of December 2015; these districts will henceforth receive support from USAID for MDA. Four of these districts, which will begin a twice yearly treatment schedule, will not receive treatment in the November 2015 MDA but will need to be treated in April-May 2016 to ensure that they can be treated in their second round in November 2016 (Say, Kollo, Téra and Tillabéri).

In FY15, the World Bank announced that it would provide support for NTDs, which is likely to include support for MDAs in certain districts. However, it is unknown when the funding will be available, exactly what support for MDAs will be provided, or which districts will be affected. Therefore, the NTDP has planned that its FY16 MDA will be fully supported through END in Africa.

Table 4: USAID-supported districts and estimated target populations for MDA in FY16

Column definitions correspond to those found in the workbooks

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually (add additional rows for different treatment frequencies)	Distribution platform(s)	Number of districts to be treated in FY16	Total # of eligible people targeted in FY16
Lymphatic filariasis	Persons > 5 years of age	1	Door-to-door in the community ; school distribution ; fixed point distribution, particularly in desert areas	23	8 143 708[1]
Onchocerciasis	No MDA specific to oncho[2]	N/A	N/A	N/A	N/A
Schistosomiasis	School-aged children and adults at-risk	Once per year (12 HD) Twice per year (4 HD) Once every two years (25 HD) (see Appendix 9)	Door-to-door in the community ; school distribution ; fixed point distribution, particularly in desert areas	18	2 793 229[3]
Soil-transmitted helminths	School-aged children and adults at-risk	1 with USAID support	Door-to-door in the community ; school distribution ; fixed point distribution, particularly in desert areas	32	7 647 553[3]
Trachoma	The whole population	1	Door-to-door in the community ; fixed point at schools	9	3 349 749[4]

1. The population used by the PNDO/EFL is the 2012 census; this does not match the workbooks, as they are currently using the 2001 census projected to 2016.
2. 5 districts are endemic for OV and all have been treated as part of MDA for LF; however, 4/5 (Boboye, Téra, Say and Kollo) have now stopped MDA for LF. Gaya is still being treated for LF; Gaya will undergo pre-TAS in FY16 and if it passes, TAS 1 in FY17 and stop MDA as of FY18.
3. The PNLBG uses the National Institute of Statistics population data from 2013 projected to 2016.
4. The PNSO also uses the 2012 census data to set their objectives.

Short-Term Technical Assistance (Not specifically budgeted)

Updating the TIPAC

The TIPAC is a tool for NTD programs planning and budgeting at country level. It helps to identify financing gaps and gives the opportunity to MoPH to develop resource mobilization strategy to fund not yet covered needs and optimize resource allocation. While TIPAC training and data entry was conducted in FY15, in FY16, the drug module will be updated with the leftover stock from the previous MDA. Those that will take part in this update include officers from the MoPH, the MoPH national NTD Focal Point, the NTD programs and technical and financial partners supporting NTD. The expected results will enable the MoH to develop a new strategic plan 2016-2020.

DQA training

The data quality assessment (DQA) can help to identify where the greatest problems of data reporting lay and therefore enable the NTDP, along with those involved with reporting data from different levels. This training will concern the officers from the MoPH, the MoH national NTD Focal Point, the NTD programs officers and HKI. This training and subsequent exercise will be very useful for the PNSO and PNDO/EFL as they will soon be compiling their elimination dossiers, in which data validation is a performance measure. During the training on conducting the DQA, the NTDP would like to ensure that they are provided with assistance to determine the most appropriate sampling strategies and sites for the DQA.

Integrated NTD database

The Integrated NTD Database is a tool that can be used by national NTD programs to facilitate data entry, analysis, storage, reporting and feedback for national NTD program needs. The generic database can be tailored to each country's context and data management requirements. The training will concern the officers from the MoPH, the MoH national NTD Focal Point, the NTD programs officers and HKI. The data compiled in the integrated database will assist the PNSO and PNDO/EFL to compile their elimination dossiers once they are ready to do so.

M&E (FOGs, ODC)

Table 7: Planned Disease-specific Assessments for FY16 by Disease

Disease	No. of endemic districts	No. of districts planned for DSA	Type of assessment	Diagnostic method (Indicator: Mf, ICT, hematuria, etc)
Lymphatic Filariasis	31	9 districts : Matamèye, Magaria, Mirriah, Tanout, Gouré, Zinder, Diffa, Mainé Soroa, N'Guigmi	TAS 1	ICT/FTS cards
Lymphatic Filariasis	31	11 districts : Gaya, Aguié, Madarounfa, Mayahi, Tessaoua, Birnin'Konni, Bouza, Illéla, Keita, Tahoua, Tchintabaraden	Pré TAS	Night blood survey and Microscopy
Onchocerciasis	5	4 districts: Say, Téra, Kollo, Boboye	Epidemiological and entomological evaluations	PCR of OV vector and OV16 ELISA.
Schistosomiasis and Soil-transmitted helminthes	42	17 sentinel sites in 17 HD : Filingué, Say, Kollo, Téra, Ouallam, Tessaoua, Dakoro, Madarounfa, Mirriah, Zinder Commune, Tchintabaraden, Madaoua, Gaya, Boboye Maine Soroa, Tchirozérine, Niamey 1	Prevalence survey	Urine filtration and Kato Katz
Trachoma	35	7: Gouré, Aguié, Matameye, Magaria, Zinder Commune, Bilma and Tchirozérine	Impact assessments	Physical examination of the eyelid
Trachoma	35	7: Boboye, Dosso, Kollo, Say, Ouallam, Filingué and Illéla	Surveillance surveys	Physical examination of the eyelid

Planned FOGs to local organizations and/or governments

Table 8: Planned FOG recipients

FOG recipient (split by type of organization)	Number of FOGs	Activities
Central level (National NTD Focal Point)	1	▪ MDA microplanning meeting ▪ Central level MDA supervision ▪ MDA training of trainers workshop ▪ Support to the MoPH's annual workplanning meeting ▪ Support MOH in the development of a new NTD strategic plan ▪ National Launch of the MDA ▪ Annual Post-MDA Review Meeting at National Level
PNSO	1	▪ Trachoma impact surveys ▪ Trachoma surveillance surveys
PNDO/EFL	1	▪ Pre-TAS ▪ TAS 1 ▪ LF surveillance training ▪ OV Epidemiological survey ▪ OV entomological survey
PNLBG	1	▪ SCH/STH survey in sentinels sites ▪ Update endemic villages list
ONPPC	1	▪ Drug storage, repackaging and transport
Regions (Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillabéri, and Zinder	8	▪ Transport of Materials and Drugs for MDA from district to Distribution sites ▪ MDA Supervision ▪ Drug Distribution by CDDs ▪ MDA training of Trainers and Cascade Trainings for Health Regions, Districts & Health Center Staff and for CDDs ▪ Social Mobilization for MDA ▪ Information Sessions at District Level ▪ Post-MDA Review Meetings at District Level ▪ Post-MDA Review Meetings at Regional Level

Attachment 3 – HDI FY2016 Work Plan for Togo

COUNTRY OVERVIEW

Government and health structure of Togo

Togo is a small West African country with an area of 56,600 km^2, located between Benin (to the east), Ghana (to the west), Burkina Faso (to the north) and the Atlantic Ocean (to the south). Its population was 6 191 155 inhabitants in 2010, according to the national census, with a growth rate of 2.84% per year and 51.4% women and 48.6% men[37].

There are two main climatic zones in Togo: an equatorial climate in the southern half of the country, with two dry seasons and two rainy seasons, and a humid tropical climate in the north characterized by a single rainy season and a single dry season.

The country is divided into six regions containing a total of 40 districts, of which 35 are outside the capital, Lomé. Togo has a decentralized health system, with regional and district offices, and the 40 districts are in turn served by more than 681 peripheral health units (PHUs). Each PHU typically serves between one and ten villages. This health system structure is important for understanding the door-to-door community-based distribution platform used for the integrated mass drug administrations (MDAs) for neglected tropical diseases (NTDs). The implementation unit for distribution of preventive chemotherapy varies according to the target disease; implementation occurs at the district level for soil-transmitted helminths (STH), at the PHU level for schistosomiasis, and at the village level for onchocerciasis.

Other NTD partners in country

Fiscal year (FY) 2016 is the seventh year of integrated NTD control in Togo with United States Agency for International Development (USAID) funding through Health & Development International (HDI) and the fifth year through assistance from Family Health International (FHI360). Led by the Togo Ministry of Health (MOH), many partners and programs have contributed to the success of Togo's Integrated Program for the Control of NTDs. In addition to USAID, major NTD donors include (in alphabetical order): African Programme for Onchocerciasis Control (APOC), Bill & Melinda Gates Foundation, Emory University, Mectizan Donation Program, MOH Togo, NTD Support Center (Atlanta), PATH, Sightsavers, The Task Force for Global Health, and United Nations International Children's Emergency Fund (UNICEF).

The World Health Organization (WHO) office in Togo has provided important logistical support. Other organizations that have partnered with the NTD Program in the past, or are likely to partner with the NTD program in the near future, include IMA World Health, Croix Rouge, Handicap International, the United States Centers for Disease Control and Prevention (CDC) and Plan-Togo.

[37] Report of the 4th general population census of Togo, 2010.

Table 1: NTD partners working in country, donor support and summarized activities (donors active in Togo from May 2015 through September 2016)

Partner	Location (Regions/States)	Activities	Is USAID providing direct financial support to this partner? *(Do not include FOG recipients)*	Other donors supporting these partners/ activities?
Sightsavers	*15 districts with onchocerciasis prevalence >5%*	*Supports a second round of ivermectin distribution in 11 districts*	*No*	*None*
APOC	*Districts endemic for onchocerciasis*	*Provides continuing support for epidemiological and entomological surveillance for onchocerciasis (APOC ends Dec. 31, 2015)*	*No*	*Sightsavers, PATH*
Bill & Melinda Gates Foundation	*Nationwide*	*Provides support for identification of individuals with trichiasis or hydrocele; supports surgeries for individuals with trichiasis/hydrocele*	*No*	*Christoffel Blinden Mission (trichiasis)*
Mectizan Donation Program	*32 districts*	*Facilitates provision of ivermectin for MDA for onchocerciasis*	*No*	*None*
PATH	*Nationwide*	*Supports surveillance for onchocerciasis through donated supplies*	*No*	*APOC, Sightsavers*
Sightsavers	*32 districts*	*Supports epidemiological and entomological surveillance, cross-border meetings, program reviews and trainings for onchocerciasis*	*No*	*APOC, PATH*
UNICEF	*Nationwide*	*Provides and distributes albendazole and Vitamin A for preschool children*	*No*	*None*

PLANNED ACTIVITIES

Project assistance

Project assistance planned for FY 2016[38] is as follows:

- HDI will support two rounds of integrated MDA in Togo. The second round of treatment for calendar year 2015 occurs in October 2015, and is called the "second" round because it is the second (and smaller) treatment round for the calendar year, although it actually occurs at the beginning of the US government (USG) fiscal year. The *first* round of treatment refers to April of calendar year 2016, and is a nationwide MDA, although this "first" round occurs second in the USG fiscal year.
- Togo will implement integrated nationwide MDA for onchocerciasis, schistosomiasis and STH in April 2016 (the "first" round of treatment in calendar year 2016, but the second round of treatment in FY 2016; see also Table 4). Targets are:
    - Onchocerciasis – 3,064,494 people/32 districts;
    - Schistosomiasis[39] – 2,433,363 people/29 districts;

[38] FY 2016 = U.S. government fiscal year 2016, which runs from October 1, 2015 to September 30, 2016.
[39] These figures will be updated according to the results of the integrated disease assessment conducted in early 2015, once the results become available; results are expected by the end of July 2015.

    - STH[5] – 2,330,732 school-age children/35 districts;
    - 100% geographic coverage of at-risk areas.
- A second round of integrated MDA for calendar year 2015 will be conducted for onchocerciasis (15 districts, funded by USAID and Sightsavers) and STH (four districts, funded by USAID) in high prevalence areas in October 2015. All of these districts are also targeted during the larger April 2016 MDA. Targets are:
    - Onchocerciasis – 1,593,054 people/15 districts;
    - STH[5] – 211,726 SAC/4 districts.
- HDI will assist Togo in preparing a dossier for submission to the WHO for the verification of elimination of LF.
- LF morbidity management: Hydrocele surgery will be provided for affected individuals identified during the 2015 June MDA using funding from the Bill & Melinda Gates Foundation. Lymphedema morbidity management will continue if external funding can be secured.
- HDI will provide technical and logistical assistance and will help with coordination of partners and activities aimed at advancing the OCP's transition from control to elimination of onchocerciasis in Togo. This will include support of quarterly meetings of an Onchocerciasis Elimination Committee, which will be comprised of onchocerciasis experts and stakeholders both within and outside Togo.
- Epidemiological assessments for onchocerciasis will be conducted in 60 villages (17 districts) (USAID, through HDI, will at least partially finance all assessments, with the entire assessment being covered by USAID in 24 villages). HDI will now be providing support for those activities previously supported by APOC. Sightsavers and the Christoffel Blinden Mission (CBM) also provide support for some of these epidemiological assessments. These partners will purchase certain supplies for the epidemiological surveys; specific components of the work that are supported by Sightsavers can be found on the budget tabs "epi 13v" and "epi 12v", and the contributions of CBM can be found on budget tab "epi 11v".
- HDI will also support entomological surveillance previously supported by APOC.
- Surveys to support stopping MDA will be conducted in the 7 districts of Maritime region in the south, as the next step towards onchocerciasis elimination.
- HDI will assist with the review and revision of Togo's Five Year Plan for Onchocerciasis Elimination, to align the strategy with the new WHO guidelines on onchocerciasis control and elimination, expected later in 2015.
- The NTD Program will continue to collaborate with WASH by disseminating IEC materials and BCC messages during the MDA for NTDs.

Strategic Planning (Onchocerciasis meeting, Secretariat, Work plan meeting tabs)

- Togo has a five-year strategic plan for the integrated control of NTDs (2012-2016) in place. HDI will work with the MOH to develop a new five-year strategic plan, 2016-2020. This new five-year strategic plan will include updated goals and strategies for onchocerciasis elimination, updated strategies for onchocerciasis surveillance, a timeline

for applying for certification of LF elimination (which may be affected by progress with onchocerciasis elimination), and plans for the long-term management of STH and schistosomiasis. This meeting will include 19 people and will last for three days.

- Togo's OCP has committed to elimination of onchocerciasis, and has developed a five-year strategic plan for onchocerciasis elimination. HDI will help coordinate and will participate in collaborative efforts with multiple partners (Togo MOH, USAID, FHI360, The Task Force for Global Health, Centers for Disease Control and Prevention, Sightsavers, and other collaborators/scientific researchers) to conduct epidemiological and entomological surveys for making decisions on stopping MDA and for post-MDA surveillance. HDI will provide support to quarterly meetings of an Onchocerciasis Elimination Committee, which will be comprised of onchocerciasis experts within and outside Togo, including representatives from USAID, FHI360, and other partners (up to 40 persons for 3 days). These meetings will provide a format for Togo's OCP to plan and review elimination activities as well as to coordinate partners' contributions and solicit external expert input into strategic planning. International partners will have to provide their own funds for attending these meetings.
- HDI will also support two M&E cross-border meetings. These meetings will include NTD partners within Togo, representatives from neighboring countries, and external experts, to develop effective and sustainable M&E strategies for Togo in anticipation of a transition away from external funding in the future. These meetings will include up to 20 people for 3 days and will discuss cross-border issues (e.g. meetings, synchronized treatments).
- As in past years, HDI will support one work planning meeting to assemble USAID, FHI360, HDI and in-country partners to develop the annual work plan for integrated NTD control activities that are supported by funding from USAID.

NTD Secretariat (Microplanning, Secretariat tabs)

HDI supports several NTD secretariat activities:

- One annual program review of the Integrated NTD Program/microplanning meeting per year, to consolidate stakeholder support for integrated NTD activities; inform participants about the objectives, targets, and process of the MDA; outline a general action plan for the MDA; review and refine the budget based on contributions from all partners; and identify synergistic activities or additional opportunities for integration of programs. Attendees will include the Secretary General for health, the coordinator of each NTD program, the focal point for the Integrated NTD program, the regional director for all six health regions in Togo, district directors, the head of the Division of Sanitation and Environmental Health, representatives from the WASH Program, the Nutrition Program, the Malaria Program, the Ministry of Education (MOE), the Ministry of Social Action, and other partners (e.g. Sightsavers, etc.). This meeting will also include a program review, including analysis of the results, successes and challenges associated with MDAs, coverage surveys, DSAs, and/or evaluation of progress against annual and longer-term strategic goals.
- Four meetings (one per quarter) of the NTD secretariat for planning and coordinating NTD activities.

Advocacy (No associated budget)

The MOH is requesting technical assistance in developing an advocacy plan. HDI will continue to advocate for additional NTD funding within the MOH during stakeholder meetings and other meetings with MOH and governmental leadership.

Social Mobilization (FOG #2, Printing tabs)

Social mobilization prior to the MDA will continue to utilize town criers and local radio spots, which have been highly effective for publicizing the MDA. The 2012 coverage survey found that town criers were the most common source of information about the MDA, with nearly half of respondents having heard about the MDA from a town crier. Radio announcements were the third most common source of information about the MDA, after town criers and the community drug distributors (CDDs) themselves. Town criers will communicate social mobilization messages in the village's local language during the FY 2016 MDA, and are supervised by the nurses. Radio announcements are in French and regionally appropriate languages.

IEC materials (flip charts) used during the MDA will be updated in 2016, and 6,000 copies will be produced to create the full complement of copies needed for the 2016 MDA.

Capacity Building/Training (FOG #1-4 MDA)

In FY 2016, HDI will place increased emphasis on developing the Togo MOH's capacity to independently prepare for and implement all activities, as well as their ability to interpret and respond to data and information from the MDAs, the coverage survey, surveillance activities, and DSAs to improve the NTD program. The MOH will lead activities, and HDI will ensure that its own role is primarily supportive. Training in FY 2016 will pertain to implementation of the MDA and onchocerciasis epidemiological and entomological assessments (Table 3).

More CDDs were implementing the MDA than have been identified in previous budgets. In order to ensure that all CDDs are receiving appropriate training, materials, and supervision, we have increased the number of CDDs to better reflect the number of CDDs implementing the MDA.

HDI personnel will continue to support training for MOH personnel to refine MOH skills in assessing and improving data quality, drug forecasting, developing the complex line-list of localities that constitutes Togo's treatment guide, and supply chain management (SCM).

The Togo MOH has specifically requested training for key MOH personnel on the collection, interpretation, and use of data to improve program performance (evidence-based program management). This is in line with the focus on capacity building in the Togo MOH management in FY 2016, and short-term technical assistance will be requested to assist with this.

Table 3: Training targets

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner
		New	Refresher	Total trainees			
MOH/MOE at Central Level	Supervision skills; how to train trainers, SCM skills	0	18	18	2	Lomé	None
Trainers	Supervision skills; how to train trainers, SCM skills	15	105	120	3	Regional headquarters	None
Supervisors / PHU nurses	MDA procedures; training of CDDs, SCM skills	0	632	632	3	District HQ	COGES*
CDDs	IEC and drug distribution procedures for NTDs, and IEC for WASH	902	9,750	10,652	2	PHUs	COGES*
Field workers for entomological surveillance for onchocerciasis	All aspects of field implementation: field navigation, informed consent, laboratory techniques and safe handling of samples, data recording	12	12	24	2	Kara	None
Field workers for epidemiological surveillance for onchocerciasis	All aspects of field implementation: field navigation, informed consent, laboratory techniques and safe handling of samples, data recording	15	25	40	2	Kara	Sightsavers**
Training on logistics/supply chain management (district level chiefs)	Capacity building on logistics and supply chain management	42	0	42	5	(to be determined)	None
NTD program coordinators from selected NTD programs and key staff (central level)	Capacity building on collecting, interpreting and applying data to improve program performance	17	0	17	3	Kpalimé	None
Accountants (central and regional level)	Refresher training to reinforce management of Fixed Obligation Grants (FOG)	0	8	8	2	*Lomé*	None

**COGES=Comité du gestion des formation sanitaires (Committee for the management of peripheral health units).*

***Sightsavers will provide funding for some of the per diems for field workers and some of the supplies for epidemiological surveillance in 25 villages (see attached budget, Appendix 7). HDI*

will be supporting the Ov16-related work in these villages, both through per diems for Ov16 field technicians and provision of supplies.

Mapping (Additional trachoma assessment)
Existing data on trachoma in Togo will be reviewed and appropriate follow-up assessment will be conducted, in preparation for Togo to demonstrate elimination of trachoma.

MDA (Supervisor training, HDI MDA, FOG #1-4, Drug delivery, Data collection, Printing)

In 2011, Togo reached 100% geographic coverage of areas requiring MDA for all diseases targeted and has maintained 100% geographic coverage since then (see coverage map at end of work plan).

Two rounds of treatment are conducted each year. The first distribution of the calendar year is considered the first round (although it occurs second in the USG fiscal year) and occurs in April or May. This round of treatment is nationwide and includes treatment for all endemic NTDs targeted with MDA; in Togo, these are onchocerciasis, schistosomiasis, and STH. The second round of treatment typically occurs six months after the first round of treatment, usually in October or November, and targets only those districts with high baseline prevalence of onchocerciasis (15 districts) or STH (4 districts, one of which is also targeted for treatment for onchocerciasis).

The drug delivery platform is community-based, door-to-door distribution. The implementation unit (IU) for STH is the district, the IU for schistosomiasis is the PHU, and the IU for onchocerciasis is the village. The geographic areas and populations targeted for all three diseases may be amended (either expanded or reduced) depending on the results of planned and completed (but not yet fully analyzed) DSAs.

For schistosomiasis, the baseline mapping was conducted at the PHU level, so accurate prevalence data are available for every PHU outside of Lomé. Due to the focal nature of schistosomiasis transmission, the PHU was selected as the implementation unit to better align treatment strategies with the populations at risk, and to reduce over- or under-treatment of populations that would occur through district-wide treatment strategies. In high prevalence PHUs (≥50% prevalence) all persons age 5 years and older are treated every year (in accordance with WHO recommendations, see also Appendix 9). In moderate prevalence PHUs (10-49% prevalence), all SAC and adult women are treated every other year (in even years in the north and in odd years in the south). Adult women are at high risk due to their daily household activities that put them in contact with water. Treatment for these at-risk women began in FY 2014. The policy of Togo's NTD program is to treat all SAC with praziquantel every two years in areas where schistosomiasis is present but prevalence is <10%; this treatment occurs concurrently with treatment of moderate prevalence areas, namely, in the north in even years and in the south in odd years.

The Onchocerciasis Control Program has drafted and approved its Five-Year Plan for Onchocerciasis Elimination. Historically, only villages with population ≤2000 have been treated through MDA because individuals in those villages were determined to be at high risk of blindness. Given the shift to elimination, this practice is under review and the treatment plan, including target populations and frequency of treatments, will be amended according to the results of planned epidemiological surveys. Table 4 currently reflects the onchocerciasis target population based on the historical approach of only treating villages with population ≤2000.

Treatment for STH is being expanded to all children living in districts with STH, including those districts where the prevalence of STH is less than 20%, in line with Togo's updated NTD strategic plan. Women of childbearing age (WCBA) will also be treated in moderate and high prevalence areas using the USAID-funded distribution platform if funding can be found to procure the albendazole for WCBA.

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

Table 4: USAID-supported districts and estimated target populations for MDA in FY16 (according to information available in May 2015)

Column definitions correspond to those found in the workbooks

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated in FY16†	Total # of eligible people targeted in FY16†
Lymphatic filariasis	--	*0*	--	*0*	*0*
Onchocerciasis	All persons age 5 years and older	1 round	Community MDA, door-to-door	17 endemic districts	1,671,943
Onchocerciasis	All persons age 5 years and older	2 rounds	Community MDA, door-to-door	11 previously SIZ§ districts and 4 districts with prevalence >5%	1,392,551
Schistosomiasis	School-age children in low prevalence areas (prevalence 1-9%)	1 round every two years	Community MDA, door-to-door	149 PHUs from 15 districts	67,664
Schistosomiasis	School-age children and high-risk adults (HRA) in moderate prevalence areas (prevalence 10-49%)	1 round every two years	Community MDA, door-to-door	256 PHUs from 16 districts	772,053
Schistosomiasis	All persons age 5 years and older in high prevalence areas (prevalence ≥50%)	1 round annually	Community MDA, door-to-door	162 PHUs from 27 districts	1,593,646
Soil-transmitted helminths	School-age children in low (1-19%) and moderate (20-49%) prevalence areas*	1 round	Community MDA, door-to-door	31**	1,982,357
Soil-transmitted helminths	School-age children in high prevalence areas (≥50% prevalence)*	2 rounds	Community MDA, door-to-door	4	248,375
Trachoma	--	0	--	0	0

*Women of childbearing age (WCBA) will also be treated in moderate and high prevalence areas using the USAID-funded distribution platform if funding can be found to procure the albendazole for WCBA.

**Treatment for STH is being expanded to all children living in districts with STH, including those districts where the prevalence of STH is less than 20%, in line with Togo's updated NTD strategic plan. The only exception is treatment in Lomé, which will not begin in 2016 but may begin in 2017.

†The numbers of districts, PHUs, or people targeted for treatment will be updated once the results of the disease-specific assessment conducted in early 2015 are available (results expected by the end of July).

§SIZ=Special Intervention Zones, those areas targeted by the former Onchocerciasis Control Program in West Africa to focus ivermectin treatments in areas of higher transmission.

Supervision (HDI MDA, Data collection tabs)

As in past years, HDI staff will support the NTD program in conducting supervision by being present at the training of supervisors and actively participating in supervision in the field during the MDA in FY 2016. Primary responsibility for supervision lies with the districts. The PHU nurse is responsible for assuring effective rollout of the MDA in their PHU. The district supervisors (three per district) visit PHU dispensaries, receive feedback from PHU nurses, visit any problem areas identified by a PHU nurse, and select a subset of CDDs to follow and assess. The regional supervisors visit any problem areas identified by district supervisors and make additional supervisory visits as necessary. HDI and national level supervisors (including those from the Division of Pharmacy, Laboratory, and Technical Equipment, as well as representatives from each of the NTD programs) make spot checks and visit problem areas as needed.

Drug shortages are communicated from CDDs to PHU nurses to district level supervisors. Issues or bottlenecks that arise in terms of drugs or other supplies are addressed within the PHU, if possible (for example, drug shortage for one CDD can be resolved by drawing surplus drugs from another CDD in the same PHU). Larger scale issues can be resolved by having the PHU nurse contact the district supervisor to arrange for inter-PHU movement of drugs or other supplies within the district, but to date there have not been supply issues above the level of the PHU. Technical assistance will be requested to provide training on supply chain management at the district level.

At the end of the MDA, a team of supervisors travels to each district and collects the treatment reporting forms and all unused drugs after validating quantity of stock remaining against the amount recorded on inventory records. They review forms for consistency and accuracy while in each district and ensure that any errors or omissions are corrected before forwarding the forms to the next higher level. The supervisory team brings copies of the PHU-level forms to Lomé.

After data have been entered and analyzed, the supervisors review reported geographic, epidemiological and programmatic coverage and investigate any unusual findings. HDI ensures that WHO distribution guidelines are adhered to by carefully reviewing the drug distribution guide (showing how many tablets should be delivered to each PHU) and by reviewing the MDA

data to make sure that the correct populations were treated with the correct drugs in each village and PHU. Any areas where treatment guidelines were not followed will be contacted through the supervisory chain and, if needed, drug distributors will revisit those areas and correct treatments will be given. Any errors in the distribution will be specifically addressed in the training for the next year's MDA.

Short-Term Technical Assistance (No associated budget)

The MOH requests technical assistance for capacity building for program coordinators and other key personnel at the central level on evidence-based program management. They would also like assistance with building capacity on developing and implementing an advocacy plan to help mobilize resources for the program. They also request refresher FOG training for accountants at the central and regional level, and supply chain managers at the district level (the level at which supply chain issues are most likely to arise). The TA is requested from Deloitte (for FOG training and advocacy planning) and from MSH for supply chain management. The partner has yet to be determined for providing TA on evidence-based program management. TA for surveys to decide about stopping MDA for onchocerciasis in Maritime region will be requested from CDC or Task Force for Global Health.

Table 6: Technical Assistance request from END in Africa

Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, RTI/HQ, etc))	Number of Days required and anticipated quarter
Capacity building on evidence-based program management -training of program managers and other key personnel from selected NTD programs	MOH has requested training on evidence-based program management	Expertise in management training/evidence-based program management (to be determined)	One week, Q2
Capacity building on developing and implementing an advocacy plan to mobilize resources for the NTD program - training of program managers and other key personnel from selected NTD programs	The MOH wishes to improve their advocacy skills and their ability to mobilize resources	Expertise on advocacy and resource mobilization (Deloitte)	Two days, Q1
Capacity building on FOG - training for accountants	MOH has requested refresher training on working with FOGs	Expertise on Fixed Obligation Grants (Deloitte)	Two days, Q1
Training on supply chain management at the district level (Supply chain management, capacity building)	Supply chain issues that have arisen have occurred within districts*	Expertise on supply chain management (MSH)	1 week, Q1
Review and revision of Togo's Onchocerciasis Program's Five Year Plan for Onchocerciasis Elimination, in conjunction with Togo's new Onchocerciasis Elimination Committee	New WHO guidelines on onchocerciasis elimination will be available in June/July 2015; Togo's strategy will need to be updated to align with these new guidelines.	Expertise on onchocerciasis control and elimination and familiarity with the new WHO onchocerciasis guidelines (CDC, FHI360/USAID)	1 week, Q1
Consultation on design of survey to stop MDA for onchocerciasis in Maritime region	Epidemiological and entomological surveys to stop MDA must be properly designed and implemented according to the local onchocerciasis situation and such that WHO requirements for such surveys are met.	Expertise on onchocerciasis study design for assessing whether MDA with IVM can be stopped (CDC or Task Force for Global Health)	Remote consultation (Q1) and 1 week, Q2

* Specific problems noted include: 1) significant amounts of damaged medications, 2) issues with proper accounting of inventory, 3) sub-optimal management and storage of medications made available to the program.

M&E (Onchocerciasis tab)

The major components of M&E for FY 2016 are:

- Conduct data quality assessments (DQA) using the DQA tool developed by RTI International's ENVISION project to assure the availability of reliable and meaningful data to inform programmatic decisions;
- Conduct epidemiological assessments for onchocerciasis in 17 districts (60 villages) as part of the sentinel site surveillance that is part of Togo's Five Year Plan for Onchocerciasis Elimination;
- Conduct epidemiological and entomological surveys for onchocerciasis in the seven districts of Maritime region in the south, where results of epidemiological surveillance have been excellent, to evaluate the possibility of stopping MDA with ivermectin in this region as the next step in moving to onchocerciasis elimination;
- Conduct entomological assessments for onchocerciasis previously funded by APOC as part of the ongoing surveillance for onchocerciasis and as preparation for the move to elimination.
- Review and revise onchocerciasis surveillance activities as warranted, through the new onchocerciasis elimination committee meetings, to ensure that there is a comprehensive surveillance system in place in areas where MDA will be stopped.

Disease-specific assessments in FY 2016

Epidemiological surveillance for onchocerciasis will be conducted in 20 districts (60 villages) to provide the preliminary information necessary to determine whether MDA can be stopped. Additionally, conduct assessments in the seven districts in Maritime region to evaluate the possibility of stopping MDA with ivermectin in this region. Further review of existing data will be conducted to determine the exact locations and schedule of these assessments. The onchocerciasis elimination committee will assist in this process.

Table 7: Planned Disease-specific Assessments for FY16 by Disease

Disease	No. of endemic districts	No. of districts planned for DSA	Type of assessment	Diagnostic method (Indicator: Mf, ICT, hematuria, etc)
Onchocerciasis	*32*	*17*	*Epidemiological surveillance*	*Skin snips, Ov16 rapid test*
		7	*Epidemiological assessment, to determine whether MDA can be stopped*	*Skin snips, Ov16 ELISA*
		5	*Entomological assessment*	*Fly capture and dissection and Poolscreen PCR*

Post-treatment surveillance in 2016

No USAID-funded post-treatment surveillance is planned for Togo in FY2016. The final TAS for LF was completed in January 2015 and there is no evidence of LF transmission in Togo. Togo plans to submit a dossier to WHO for validation of LF elimination in Togo; in FY 2016 HDI will provide assistance to Togo in preparing the dossier.

Data quality assessments

Togo strives to assure the quality of its data in a number of ways. Data collection for the MDA utilizes the established community registers that are familiar to the CDDs. Treatment and drug inventories from the CDDs are compiled by PHU nurses into PHU-level treatment and drug reporting forms. PHU-level data forms are double-entered into a database created by the Division d'Informations Statistiques, Etudes et Recherche (DISER) in the MOH.

Considerable effort is exerted to ensure the quality of the data, so that reliable conclusions and trends about program performance can be drawn. Data quality is determined by assessment of data uniqueness, accuracy, internal consistency, and completeness. Spot check of data from randomly selected sites is conducted in which the original data sheets are compared with the data files. Data are screened for outliers; outliers are inspected manually and a decision on how to handle each outlier is made individually, using outside data sources if needed. This activity will be supported by the HDI-HQ technical lead.

In FY 2016, as in previous years, the population data from the current MDA are compared with population data from the previous year. If there are dramatic differences in the enumerated populations the differences are investigated to determine whether there has been a significant population movement or whether one of the years was inaccurately enumerated. The names and populations of all PHUs are updated yearly after the MDA population enumeration.

Results from the 2015 MDA will be used to 1) identify areas where there were drug inventory imbalances, either shortages or surpluses, 2) identify any areas where drug distribution was not in accordance with population targets, and 3) amend training in 2016 to improve any issues identified in #1 and #2. In addition, inconsistencies between drug inventories and treatment records will be investigated by the MOH in collaboration with HDI personnel and supply chain issues will be addressed before the next MDA. Irregularities or gaps in treatment algorithms are examined by a joint MOH/HDI team and problem areas are specifically addressed during training prior to subsequent MDAs. Areas of poor coverage will be investigated; the current year's coverage will be compared with past years to see if an area is consistently underperforming. Poorly performing areas will be brought to the attention of those who supervise and/or implement drug distribution in those areas.

In 2016, Togo will utilize the DQA Tool developed by RTI's Envision project to assess data quality of Togo's Integrated NTD Program. HDI will support the MOH in this work.

M&E challenges

Past challenges relating to the calculation of the population at risk, the population requiring PCT, and the target population for MDA have been resolved. Togo now consistently uses the following definitions in its disease workbooks.

- Population at risk: the total population in areas where the NTD is considered endemic, regardless of whether the persons are eligible to receive PCT.
    - For onchocerciasis, treatment is currently implemented in villages with fewer than 2000 people in those districts that were found to be endemic for onchocerciasis according to baseline mapping. The population at risk is all persons living in those villages that are targeted for treatment with ivermectin.
    - For schistosomiasis the implementation unit is the PHU and the population at risk is all persons living in PHUs with prevalence of schistosomiasis >0%.
    - For STH, the implementation unit is the district, and the population at risk is all persons living in a district with prevalence of STH >0%.
- Population requiring PCT: the proportion of the at-risk population that should be targeted with treatment according to WHO guidelines
    - For onchocerciasis, the population requiring PCT is all persons aged 5 years or older in the population at risk, which is the same as all persons aged 5 years or older living in villages with <2000 people in districts found to be endemic for onchocerciasis at the time of baseline mapping.
    - For schistosomiasis, the population requiring PCT is those persons living in a PHU with a prevalence of schistosomiasis >0% who would ever be targeted for treatment with praziquantel according to WHO guidelines. The terminology "who would ever be targeted for treatment" is used because people who are targeted every other year should always be included in the population requiring preventive chemotherapy even though they may not be targeted in the current year.
    - For STH, the population requiring PCT is those persons who should be treated with albendazole according to WHO guidelines plus all children living in districts with prevalence of ALB>0%. Pre-school age children and women of child bearing age are therefore included in the population requiring PCT with ALB although Togo has not always been able to acquire ALB for women of child bearing age. UNICEF treats the pre-school age children with ALB.
- Population targeted for treatment: the proportion of the population requiring PCT that should receive treatment that year or that treatment round according to WHO guidelines.

The denominators for these calculations will be based on the population enumerated during the MDA, and the populations for each district will be updated once per year, after the nationwide MDA in April-May.

Other M&E activities

A convenience survey/rapid evaluation is conducted by supervisors immediately following the MDA while supervisors are still in the field to assess any specific successes or failures of implementation. Findings are used to immediately correct any identified distribution errors and to improve training and implementation in subsequent treatment rounds.

Planned FOGs to local organizations and/or governments

Table 8 lists the four fixed obligation grants (FOGs) to the Togo MOH that are planned for FY 2016.

Table 8: Planned FOG recipients

FOG recipient	Number of FOGs	Activities
Togo MOH	4	• Social mobilization activities and training of nurses and CDDs in advance of the April MDA • Planning and implementation of the April MDA, including the development of a detailed distribution plan, and submission of a final report of the MDA. • October MDA in highest prevalence areas • Convenience survey/rapid evaluation during MDA

Attachment 4 – HKI FY2016 Work Plan for Burkina Faso

COUNTRY OVERVIEW

General background information on country structure

Located in the heart of West Africa, Burkina Faso is a continental country covering 274,200 square kilometers. It is bordered on the north and west by Mali, the east by Niger and the south by Benin, Togo, Ghana and Côte d'Ivoire. Burkina Faso has a tropical climate and two main seasons, a dry season and a rainy season. The country has three rivers: the Mouhoun, the Nazinon and the Nakambé. The Atlantic Ocean is 500 kilometers away at its closest point. According to the 2006 census, Burkina Faso's population totaled 14,017,262, with population density of approximately 51.8 inhabitants per square kilometer. Annual average population growth is 3.1%. For 2016, the population is estimated to be 19,034,397.[40] For administrative purposes, Burkina Faso is divided into 13 regions, 45 provinces, 350 departments, 351 communes (49 urban and 302 rural) and 8,228 villages. There are 13 regional health directorates, 70 functional health districts (seven new health districts became functional in 2015) and approximately 1,643 Centers for Health and Social Promotion (Centre de Santé et de Promotion Sociale or CSPS).[41]

In addition to the United States Agency for International Development (USAID), the following donors/partners are active in efforts to combat neglected topical diseases (NTDs) in Burkina Faso:

- **Burkinabé government:** support to implement activities to control and combat NTDs (including mass drug administration (MDA) for lymphatic filariasis (LF), LF morbidity management, LF impact assessments, MDA for soil-transmitted helminthes (STH), and supplies of 1% tetracycline eye ointment (TEO) for the trachoma MDA. The government also contributes significantly in terms of vehicles to conduct the MDAs and impact assessments.
- **Sightsavers:** financial and technical support for efforts to combat trachoma morbidity and implement community-directed treatment with ivermectin (CDTI), cross-border meetings and monitoring-evaluation efforts to eliminate onchocerciasis and trachoma in the Cascades region. A trachomatous trichiasis (TT) surgery support project will be implemented in the Nord region in 2016.
- **DFID via FPSU/LSTM:** financial and technical support for implementation of LF elimination activities: sentinel site (SS)/control site (CS) evaluations, Transmission Assessment Surveys (TAS) surveys, post-MDA monitoring, and MDA support. The Sud-Ouest, Centre-Sud, and Centre-Est (Zabré health district (HD)) regions receive support.
- **FHI 360 via CARE:** support for WASHplus activities in Manni HD.
- **2IE:** support for Information, Education and Communication (IEC) and research activities in the regions of Centre-Est (Koupéla HD), Nord (Ouahigouya HD) and Hauts-Bassins (Dafra HD) as part of efforts to control and combat schistosomiasis.
- Health center management committees (COGES): financial support to incentivize community drug distributors (CDDs) during the MDAs.
- **World Bank:** As part of the support provided to control and combat NTDs, a sub-regional project validation is underway with World Bank funding. All the activities under this project will be validated and the World Bank support is scheduled to begin in January 2016. This project

[40] 2011-2020 National Program for Health Development (PNDS)

[41] 2014 Statistics directory

aims to reinforce NTD control for NTDs targeted through preventive chemotherapy (PC NTDs)and seasonal malaria treatment among children ages 3-59 months of age. The project encompasses three countries: Burkina Faso, Niger and Mali. In Burkina Faso, the priority activities are MDA and surveillance in the districts bordering Niger and Mali: Est (Diapaga, Gayeri, Fada, Bogandé) Sahel (Sebba, Dori, Gorom Gorom et Djibo), Nord (Titao, Ouahiyouya, Thiou), Boucle du Mouhoun (Tougan,Toma, Deédougou, Nouna, Solenzo), Hauts Bassins (Dandé, Do, Orodora, N'dorola), Casacdes (Sindou, Banfora).

Table 1: NTD partners working in country, donor support and summarized activities

Partner	**Locations (Regions/States)**	**Activities**	**Does USAID provide direct financial aid to this partner?** *(Do not include FOG recipients)*	**Do other donors support these partners/activities?**
HKI	13 Burkina Faso health regions	Technical and financial support to implement MDA	Yes	Embassy of Taiwan
		Technical and financial support to conduct monitoring and evaluation (M&E) activities		
		Support to coordinate and provide technical assistance for capacity building		
		Technical and financial support to conduct specific studies		
		Technical and financial support for NTD IEC/behaviour change communication (BCC) activities		
	Est: Fada and Gayeri HD	School Health		
	Centre-Nord	Treatment of LF and TT cases		
Filarial Program Support Unit-Liverpool School of Tropical Medicine (FPSU-L)	Sud-Ouest, Centre-Sud regions; Zabré HD	Technical and financial support to operate and conduct M&E activities	No	DFID
		Technical and financial support to conduct LF IEC/ BCC activities		
		Technical and financial support to implement MDA		
		Treatment of LF cases		
		Research		
Sightsavers	Cascades	Technical and financial support to implement MDA through the CDTI method	No	DFID
		Technical and financial support for cross-border meetings and to conduct M&E activities		
		Financial support for the NTD coordination		
		Technical and financial support for onchocerciasis and trachoma IEC/BCC activities		
		Support for trichiasis surgery		
	Nord	Support for trichiasis surgery		
CARE	Est (Manni HD)	Support for Washplus activities	Yes	None

Partner	Locations (Regions/States)	Activities	Does USAID provide direct financial aid to this partner? *(Do not include FOG recipients)*	Do other donors support these partners/activities?
2IE	Koupéla, Ouahigouya and Dafra HDs	Support for IEC and research activities as part of efforts to combat schistosomiasis	No	None
World Bank	70 HDs	Technical and financial support to implement MDA	No	None
		Technical and financial support to conduct M&E activities		
		Support to coordinate and provide technical assistance for capacity building		
		Technical and financial support to conduct specific studies		
		Technical and financial support for NTD IEC/BCC activities		
		Support for morbidity management and capacity-building activities		

PLANNED ACTIVITIES

Project assistance

The following activities are scheduled for 2016 with USAID funding. All will be covered under an agreement with the central and regional levels of health, pursuant to the FOG process.

- Train trainers, supervisors, supply chain actors and community drug distributors (CDDs) that are involved in implementing NTD MDA activities at all levels of the health system to ensure high coverage during the MDA, accurate reporting of data, and correct doses given to the target population.
- MDA SCH in 59 HDs (all with END in Africa support)
- MDA LF in 31 HDs (5 uniquely with FPSU-L support and 5 with one round with USAID support and one round with FPSU-L support)
- MDA Oncho in 6 HDs (2 with Sightsavers support)
- MDA Trachoma in 23 HDs (all with END in Africa support)
- MDA STH in 64 HDs (5 with FPSU-L support only and 5 with 1 round with USAID support and the second round with FPSU-L support)
- Pre-TAS in 21 HDs (7 with USAID support ; 7 with World Bank support ; 7 with FPSU-L support)
- TAS 1 in 5 HDs (1 with FPSU-L support)
- TAS 2+ STH in 15 HDs (all with USAID support)
- TAS 3+STH in 11 HDs (all with USAID support)
- Trachoma impact assessments in 10 HDs (3 with World Bank support)
- Surveys in 21 SS in 19 HDs (END in Africa support) and 42 CS (World Bank support) for SCH/STH
- Supply the health facilities (Regional Health Directorate (Direction Régionale de la Santé or DRS-HD-CSPS) with drugs and data collection and IEC materials.
- Supervise actors during implementation of MDA campaigns at all levels.
- Administer drugs to the target populations (by the distributors) during MDA campaigns.
- Reproduce the data collection tools for managing and reporting information during MDAs.
- Collect data from NTD MDA campaigns at all levels.
- Hold integrated review meetings for MDA campaigns at the regional level.

- Conduct management audits of NTD drugs.
- Conduct M&E for all 5 targeted NTDs.
- Conduct communications and social mobilization activities at all levels of the health system.

There are no specific activities for gender equality and female empowerment in the following annual work plan. However, during MDA, many of the messages are specifically targeted towards women, either because they may be more at risk of a disease (trachoma) or because they are the primary caretakers of children, and the principal population at-risk for other diseases (SCH and STH). In addition, the program plans to prioritize women in selecting additional trainers, supervisors, and community distributors.

Strategic Planning (Location in Budget: ODC)
The FY2016 activities of the NTDP are determined according to the program needs informed by disease prevalence and results of impact assessments (where available) at the end of the FY2015 implementation period, as well as new recommendations from the WHO. For example, in 2015, the WHO issued new standard operating procedures for trachoma, in which elimination is now achieved at the district level instead of the sub-district level and districts where TF between 5-9.9% among children ages one to nine years now warrant one year of MDA to be followed by impact assessment. These changes to operating procedures have necessitated changes to Burkina Faso's trachoma elimination plans. In addition, the NTDP held an LF strategy review meeting in August 2015. Updates to the FY16 operational work plan may be necessary following the review of the LF elimination strategy and following the development of the NTD program's 2016-2020 strategic plan.

In January 2014, the main NTDP and HKI personnel received TIPAC training. There were problems with the 2015 TIPAC update and, as a result, not all of the 2015 activities could be entered in the planning and budget forecasting software during the period concerned. After two successive years of attempting to utilize the tool and encountering difficulties in doing so, the NTD program determined that it would suspend its usage in FY16.

The NTDP action plan calls for revising the 2012-2016 strategic plan in 2015 to cover the period 2016-2020. The first strategic plan will end in 2016 and an evaluation of this plan will be required. The evaluation will examine the level of execution of the planned activities, the principal results, and the strategies used. For the new planning process, the WHO has given some guidance which will need to be incorporated into the new plan. USAID funding will be sought to develop and validate this plan.

Pursuant to the standard planning process, a workshop to develop the FY17 annual work plan will be held during the period May-June 2016. All stakeholders will then validate it.

In 2015, the NTDP established a technical committee and steering committee (see Appendices 10 and 11). Pursuant to the decrees that created these two bodies, the national steering committee will meet biannually and the technical committee will meet quarterly. The average length of each meeting will be two days.

These committees are responsible for, among other tasks, determining the major directions for joint implementation of the activities and providing technical opinions on proposals from the NTDP coordination by referring to national and international recommendations on controlling and combatting NTDs in Burkina Faso. These committees require technical and financial support from the END NTDs in Africa project to operate.

NTD Secretariat (Location in Budget: ODC)
Burkina Faso's NTD Coordination will seek operating support from USAID in 2016 through the following:

- two laptop computers for the NTD coordination, as the number of M&E personnel has increased from one to four persons and not all personnel currently have computers;
- one overhead projector, as the NTDP's current overhead projector is no longer in a useable condition;
- support for communications and Internet access;
- twenty-five cameras to supplement the NTDP's current cameras, since program activities have increased and it is important to document the implementation of these activities; and,
- Office supplies and consumables, such as printer paper, folders, ink and other consumables necessary for printing.

Advocacy (Location in Budget: FOG, ODC)
Advocacy activities will be implemented by different levels within the health system.
At the central level, health officials from the central directorate, as well as the WHO and partners of the NTDP, will travel to the field for the launch of the MDAs. This field visit will receive considerable media coverage, thus helping to:

- Ensure the campaigns' visibility;
- Inform the public about the importance of efforts to control NTDs;
- Ensure that top Ministry of Health officials and regional and local officials are mobilized during the campaigns;
- Reassure the populations as to the effectiveness and safety of the drugs used during the campaigns; and,
- Encourage the CDDs in their efforts to implement the campaigns.

At the regional level, an advocacy day targeting the administrative, traditional and religious authorities will be held in all regions implementing MDA before the first MDA begins to ensure their participation in and commitment to NTD control activities. A total of 12 advocacy days will be organized in 2016.

At the HD level, an information and public awareness day will be held for the political, administrative, traditional and religious authorities during each MDA.

The site chosen for the field visit to launch the MDA campaigns will be a site where either prevalence is still high after multiple rounds of MDA and where evaluations indicate that MDA must continue, or where treatment coverage is lowest.

To achieve the expected results, financial resources to implement the communications activities will be available at the central level at least three months before the MDA campaigns begin. Materials can thus be reproduced and delivered to the regions at least three weeks before the start of each campaign. The IEC activities should begin at least two weeks prior to implementation of each MDA at the intermediary and peripheral levels.

Social Mobilization (Location in Budget: FOG)
At the central level, the needs and activities to be implemented for the public awareness campaigns are as follows:

- Develop, reproduce and distribute, to the regions, health districts and health facilities, brochures and posters on the NTDs that are the focus of control efforts. A total of 11,475 brochures will be reproduced as follows: (i) LF = 2,050; (ii) Oncho = 1,500; (iii) SCH = 4,550 and (iv) Trachoma = 3,375. In addition, 15,129 posters will be reproduced, broken down by disease: LF = 3,545; Oncho = 1,698; SCH = 7,500; and Trachoma = 2,386;
- Produce three TV spots (LF, SCH, trachoma);
- Produce three radio spots (LF, SCH, trachoma);
- Broadcast the spots 36 times (12 per NTD);
- Broadcast the radio spots 60 times (20 by disease) on national channels;
- Broadcast two films on LF on the national channel;
- Broadcast one film on oncho on the national channel. The national channel was selected since the two regions endemic for Oncho do not have their own channels;
- Produce two TV and radio sketches on SCH and trachoma;
- Broadcast two TV sketches (SCH and trachoma) and two radio sketches on the national channels; and,
- Make 20 DVD copies of the oncho film.

At the regional level, the public awareness campaign needs are as follows:

- Produce a French-language radio broadcast during each MDA conducted in the region; and,
- Produce one French-language spot and three spots in the region's top two or three local languages on the NTDs covered by the MDA campaign. For example, in the Centre region, the languages will be Mooré, Dioula, and Fulfuldé; in the Ouest region, Bobo, Dioula, and Fulfuldé; in the Est region, Gourma, Mooré, and Fulfuldé; in the Sahel, Fulfuldé and Mooré; and in the Centre Est region, Bissa, Mooré, and Fulfuldé.

At the HD level, the following activities will be carried out as part of the public awareness campaigns:

- Produce and broadcast a program in the leading language in each HD during the MDA;
- Broadcast the spots produced by the DRS 20 times for each MDA;
- Broadcast the radio program produced by the DRS once for each MDA; and,
- Hold two screenings of the LF video and two screenings of the oncho video in the low-coverage (<75% epidemiological coverage) villages in 30 HDs for LF and six HDs for oncho.

At the health center level, communications plans will be developed and incorporate the following activities:

- Inform and raise awareness among local political, traditional religious and administrative authorities during each MDA;
- Raise public awareness of the dates and the importance of the MDA with the help of public criers.

At the community level, information and grassroots public awareness activities will be carried out with the help of the community organizers and CDDs. These types of activities include household visits and visits to mosques and churches to ensure that the population is aware of the MDA.

Implementation of the communications and public awareness activities will incorporate the outcomes of the previous MDAs:

The materials described above (brochures, posters, etc.) will be reproduced again in FY16. These materials have a significant impact on the population's participation in the MDAs. The materials will be used again this year to support advocacy and communications activities.

Development of the messages incorporated the successes and problems encountered during prior campaigns. For example, the messages will give information about minor secondary effects, as well as other facts on the importance of MDA to counteract other reasons given for refusing to participate in the MDA. The messages will also make mention of successes, such as high participation will lead to elimination of diseases (in the cases of LF, oncho, and trachoma).

Radio and television programs will be broadcast and will provide information on the disease and the problems encountered during the prior campaigns, such as information to help counteract reasons given for refusal. For example, the programs will provide information on minor secondary effects to try to decrease the number of persons refusing to take part in the MDA. The film screenings had a positive impact on treatment coverages in previous years; they will be held again in 2016 in the areas that recorded low coverage during the prior MDAs.

The radio and TV spots at the central level will use four languages. French is the official language of Burkina Faso and the three national languages are Mooré, Dioula and Fulfulde. However, the radio and TV magazine programs will use other local languages in addition to those four, based on the location and audience targeted. French and a given district's three most common local languages will be used at the intermediary and peripheral levels.

The methods used to measure the public awareness efforts include:

- Surveys of the population's Knowledge, Attitudes and Practices (KAP) regarding NTDs, which are combined with treatment coverage surveys. The surveys include questions that provide information on how most people are obtaining information about the MDA and whether the social mobilization methods influenced decisions to participate in MDA. Suggestions are also gathered during these surveys to improve communications for future campaigns.
- Community self-monitoring (CSM) conducted after the MDA for oncho helps to assess the population's knowledge of the disease and public participation in oncho elimination actions. CSM is the process by which the community itself monitors the progress of MDA through holding community meetings and asking for feedback on the way in which the MDA was conducted and what can be done to improve the MDA.
- In addition to combining the KAP surveys with the coverage and CSM surveys, specific IEC/BCC data collection tools will be developed. They will be used to monitor the activities during the MDA and document successes and tools in need of improvement.

To address rural residents' low literacy levels when using posters and brochures, these materials will be designed to ensure that images alone transmit the messages. A pre-test of the materials with the beneficiaries will be conducted before validating the final document. If the pre-test of these materials indicates that the messages are not being understood, the materials will be revised.

Capacity Building/Training (Location in Budget: FOG)
Several training and capacity-building sessions were identified as necessary for the 2016 action plan. They include:

- **National level:** Hold a training session for **56** trainers on MDA campaign implementation. Trainees will include personnel from the 12 regions implementing MDA and staff from the NTDP

team. Topics will include MDA monitoring and supervision; supply chain management (SCM) and SOPs for NTD MDAs; managing side effects; community mobilization; and completing reporting forms following MDA implementation.

- **Regional level:** Hold training/refresher sessions for **229** regional and HD personnel on MDA campaign implementation. Topics will include MDA monitoring and supervision; SCM and SOPs for NTD MDAs; managing side effects; community mobilization for MDAs; and completing reporting forms following MDA implementation.
- **District level:** Organize training/refresher sessions for **1,593** head nurses (ICPs) on conducting the planned MDA campaigns. Topics will include MDA monitoring and supervision; SCM and SOPs for NTD MDAs; managing side effects; community mobilization for MDAs; and completing reports following MDA implementation.
- **CSPS level:** Hold a training/refresher session for **27,098** CDDs (LF: 17,664, including 934 urban distributors (UD) in urban areas; SCH: 4,212 for the first round and 567 for the HDs with a second round; trachoma: 1,863; oncho: 1,858) on implementing the planned MDA campaigns. The topics to be addressed will include SCM and SOPs for NTD MDAs; managing side effects; community mobilization; completing community/village registers and tally sheets during MDAs.

The following training sessions will be held as part of M&E activities:

- Training/refresher sessions for 13 ophthalmic assistants over two 3-day sessions on the trachoma impact assessment methodology in 10 HDs (Po, Nanoro, Léo, Réo, Tenado, Houndé, Nongrmassom, Sindou, Tougan and Dédougou).
- Train 1,901 health workers and CDDs at the regional, district, health center and village level of the Sud-Ouest HD on CSM to empower communities to help monitor the MDA and provide solutions for problems that occur during MDA.
- Training on data quality assessment (DQA) for 102 NTDP and Center for Health Information and Epidemiological Surveillance (CISSE) members in the regions. The CISSE are responsible for analyzing MDA data prior to sending them to the NTDP. This training will enable them to conduct evaluations of the data that are transmitted so that they better understand where potential data errors occur. The training will be led by two trainers of trainers (members of the NTDP who were trained in a WHO-led training in FY15).

Supervision will be provided at all levels to ensure that the actors trained maintain their skills. For example, to ensure that the MDA training was carried out well, the NTD coordination will lead supervisory visits to the field during each MDA campaign. Supervisors will use supervisory checklists to ensure that consistent data are collected and that a comprehensive supervision was completed. The data collected will be discussed during the MDA evaluation meetings. This type of supervision will be carried out in a cascade fashion, with the central level supervising the region level, the region supervising the district, etc.

To ensure that training for the ophthalmic assistants for the trachoma impact assessments was carried out correctly, supervisory teams will follow the WHO SOPs and check a sample of cases deemed positive by the graders to ensure that graders are correctly identifying TF and TT.

Table 3: Training targets

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresher	Total trainees			
Integrated training of central-level trainers on conducting MDAs	- MDA/CDTI implementation - MDA/CDTI monitoring and supervision - SCM and SOP for MDA/CDTI drugs - Management of side effects - Social mobilization - Filling out MDA data collection tools	0	56	56	2	Ouagadougou	
Integrated training of DRS- and district-level trainers on conducting MDAs		0	229	229	2	DRS	
Integrated training for ICPs on conducting MDAs		0	1593	1593	2	Districts' administrative centers	
Training for CDDs and health workers for **LF**	- Using measuring poles - Giving drug - Recognizing side effects - Social mobilization - Filling out MDA data collection tools	0	17664	LF: CDDs= 16730 UD=934	2	CSPS	FPSU-L will support 4,206 CDDs 197 UD
Training for CDDs and health workers for **SCH**		0	4779	SCH: 1st round 4212 2nd round 567	2	CSPS	The World Bank will support 1,800
Training for CDDs and health workers for **TRACHOMA**		0	1863	Trachoma: 1863	2	CSPS	The World Bank will support 1,700
Training for CDDs and health workers for **oncho**		0	1858	Oncho : 1858 on CDTI	2	CSPS	Sightsavers will support 596
Training in community self-monitoring	- CDTI strategy - CSM techniques - IEC/BCC Data collection tools	0	1901	1901	4	Sud-Ouest region	

Training/refresher sessions on conducting surveys for ophthalmic assistants	- Survey methodology - Filling out data collection tools - WHO trachoma coding	0	13	13	3	DRS	
DQA training	- DQA concept - DQA objectives - DQA methodology Applying DQA protocol	102	0	102	5	DRS	

Mapping (Location in Budget: not budgeted)
Mapping has already been conducted at national scale for schistosomiasis, LF, trachoma and onchocerciasis.

MDA (Location in Budget: FOG)
In 2016, MDA take place in 12 health regions (64 HDs) targeted by the NTD program for MDA. For each disease the following number of HDs will be targeted for MDA (the number of HDs listed reflects the new districting scheme of 70 HDs, versus the 63 HDs in previous workplans): (i) LF=31; (ii) SCH=59; (iii) STH=64; (iv) trachoma=23; and (v) oncho=6.

MDA will cover 100% of the HDs targeted for LF, oncho, SCH, and trachoma. Certain HDs will not receive SCH or STH MDA in FY2015 as explained in the table notes under Table 2, as, according to the National NTDP strategy, deworming only occurs in HDs targeted for LF or SCH MDA and not as a separate activity.

The drug distribution strategies for the target populations are as follows:

Distribution of IVM + ALB: One round of MDA will be conducted in 26 HD with END in Africa support and 5 HDs will be treated uniquely with FPSU-L support. In addition, since 2009, the 4 HDs in Sud-Ouest region (Batié, Dano, Diébougou and Gaoua) have conducted twice yearly MDA for LF due to persistent high microfilaremia prevalence (≥1%) as recommended by the Global Alliance for Elimination of LF (GAELF). The first of these rounds is financially supported by the END in Africa project; and the second by FPSU-L. These 4 HDs are counted among the 26 with USAID support. The total target population is 4,769,285.

Community-based distribution is conducted annually, using community volunteers (community health workers or other community resource people). Two distributors are used at each distribution site over at least six days. This period may be extended if the expected coverage is not achieved. Tablets are administered to the populations door-to-door in villages, sectors, health centers, military barracks, schools and field-to-field in farming hamlets. Specific treatments for populations at gold mining sites or specific gathering sites will be provided to improve treatment coverage. To increase drug acceptance among urban populations, health workers will carry out the distributions in those areas. This reduces considerably the number of individuals who may refuse/be reluctant to take drugs during the MDA campaigns.

Distribution of PZQ tablets: For SCH, the NTDP held a review meeting of experts in November 2013 in Ouagadougou. The SCH treatment strategy was aligned to WHO recommendations following a review of the baseline survey data and data from other follow-up studies on SCH. This resulted in a treatment strategy where 7 HDs receive treatment twice per year; 10 HDs receive annual treatment; and 53 HDs receive treatment once every other year. A total of 59 HDs are targeted for MDA in FY16 with a total target population of 10,402.460 (note that 2,444,852 SAC are targeted for two annual rounds). All MDA for SCH in FY16 will take place with support from the END in Africa project.

Health workers distribute these tablets in villages/sectors. These health workers/drug distributors generally do not live at the sites. They are thus always accompanied by community volunteers or community health workers, who do live in the areas targeted for treatment. The latter are considered guides and organizers, helping to reach the greatest number of people targeted for treatment. After many adverse side effects were noted at the start of the program, the decision was made to assign health workers to distribute praziquantel, as the use of health workers in distributing the drug better ensures that minor and severe adverse events will be recognized and managed correctly. This also better ensures population compliance with the MDA. Drugs are distributed door-to-door within the communities, agencies and schools and field-to-field in farming hamlets.

Distribution of azithromycin + 1% tetracycline eye ointment: For trachoma, 23 HDs warrant MDA in FY2016 with a total target population of 5,716,036. This is primarily due to the new standard operating procedures validated by the RPRG in 2015. These new standard operating procedures state that districts with a prevalence of TF between 5-9.9% may be treated for one round of MDA to be followed by impact assessments. Only one HD currently under a current three year treatment plan will warrant MDA in FY16 (Po). All MDA support for trachoma will be through END in Africa. To note, the TEO 1% has historically been purchased by the Government of Burkina Faso. However, in FY15, the government budget was reduced, including the NTD program line. Therefore, the NTDP was unable to purchase the TEO as needed for the MDA and solicits an exception by USAID on the drug-purchasing regulation that will enable the NTDP to purchase TEO through the END in Africa project.

As in the MDA for SCH with praziquantel, health workers distribute these tablets, suspension, and eye ointment at each village/sector. These health workers/drug distributors generally do not live at the sites and are accompanied by community volunteers or community health workers, who live in the areas targeted for treatment. The latter are considered guides and organizers, helping to reach the greatest number of people targeted for treatment.

Distribution of IVM for OV in the Cascades and IVM+ALB for LF and OV in the Sud-Ouest:
For Oncho, 6 HDs currently require MDA with a target population of 297,340. Of these, 4 HDs in the Sud-Ouest region (Batié, Dano, Diébougou, and Gaoua) are treated with financial support from the END in Africa project; the remaining 2 HDs in the Cascades region (Mangodara and Banfora) are treated with funding from Sightsavers.

Distribution is conducted twice annually in six HDs in two regions (Cascades and Sud-Ouest) using the CDTI platform. IVM is distributed in the Cascades while IVM+ALB are distributed in the Sud-Ouest region. The MDA will continue in these two regions in 2016. A door-to-door distribution strategy is used for households in each endemic village/hamlet. Each CDD has an oncho treatment register that lists individuals' identity by household. The MDA in the Cascades region will be conducted with financial support from Sightsavers. USAID/HKI will support the distribution in the Sud-Ouest region. CSM will be

used in 2016 in the six HDs that conduct MDA for oncho to improve treatment coverage and will allow the communities concerned to take ownership of the treatment.

Distribution of IVM+ALB or PZQ+ALB for STH: For STH, all 70 HDs are endemic and are on treatment schedules either through LF (IVM+ALB) or SCH (PZQ+ALB) MDA. In FY2016, 64 of these HDs will receive MDA; 59 with financial support from the END in Africa project and five through FPSU-L. The four HDs in the Centre-Sud region (Kombissiri, Manga, Po, and Saponé) and Zabré HD in the Centre-Est will be supported by FPSU-L.

The principal partners for MDA, after USAID through the END in Africa project, include:

Sightsavers: Support to Oncho MDA in 2 HDs in the Cascades region

DFID via FPSU-L: Financial and technical support to carry out LF MDA in the Sud-Ouest (4 HDs), Centre-Sud (4 HDs) and Centre-Est (Zabré HD).

World Bank: Financial support to implement efforts to combat NTDs (in addition to some funds for MDA training, additional incentives for the CDDs and communications and supervision activities) in the MDA districts, with support being prioritized in districts bordering Niger and Mali.

Social mobilization efforts for MDA are described above in the "Social Mobilization" section.

Table 4: USAID-supported districts and estimated target populations for MDA in FY16

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually (add additional rows for different treatment frequencies)	Distribution platform(s)	Number of districts to be treated in FY16	Total # of eligible people targeted in FY16
Lymphatic filariasis	Entire population >5 years	1	Community-based distribution	26	4,721,201
Onchocerciasis	Entire population >5 years	2	Community but CDTI	4	144,250
Schistosomiasis	Children between 5-14 years and high-risk adults	1	Distribution by health workers	24	5,605,653
	Children between 5-14 years and high-risk adults	2	Distribution by health workers	7	2,444,852
	Children between 5-14 years	1	Distribution by health workers	28	2,351,955
Soil-transmitted helminths	Children between 5-14 years	1	Community-based distribution and health workers	64 (STH/ FL/=31; STH/ SCH=33)	5,092,500 (STH/ FL/=2,485 806; STH/SCH=2,606,694)
Trachoma	0-6 months	1	Distribution by health workers	23	114,321
	6-59 months				1,028,886
	Over 5 years				4,572,829

Drug and Commodity Supply Management and Procurement (Location in Budget: FOG, ODC)
The national NTD control program coordination is responsible for quantifying the country's NTD drug needs. This is done based on:

- The NTD program's annual objectives;
- The projected number of people to be treated/year;
- The drug supplies in the country at the time of the order (supplies remaining from prior campaigns through a physical inventory conducted at each level following the MDA); and,
- The planned product delivery time (the drugs need to be ordered at minimum six to eight months prior to the planned MDA dates).

In order to quantify the amount of drug to order, the central level is notified of the regions' needs and consolidates that information to determine the country's overall needs. The method for determining drug quantification methods for each NTD is determined by the eligible population (which differs by disease; for example, for trachoma, 100% of the population is eligible for MDA but 2% of the population are estimated to need TEO, 18% to need the Zithromax syrup, and 80% for Zithromax tablets). In addition, the amount of drug currently in country is subtracted from the overall need to arrive at the drug needed to order.

In 2014, the program received technical assistance from JSI, which helped to strengthen the skills of 120 pharmaceutical logistics workers in the area of NTD drug supply management. This training, which covered all 11 logistics components, included methods to improve quantification.

Joint requests
Joint requests for NTD products are submitted six to eight months prior to product delivery. The WHO joint form is used to obtain Mectizan and albendazole, the USAID form is used for praziquantel and the ITI form is used for Zithromax. For the next PZQ order, the joint request form will also incorporate the request for PZQ. In the past, TEO for trachoma has been purchased through the NTD budget line in the Government of Burkina Faso's budget; however, in FY15, following the forced resignation of then President Blaise Campaoré, the NTD budget line was reduced and administrative procedures changed, making it very difficult to access the NTD funds. Therefore, for FY16, the NTDP requests funds from USAID to fund the TEO.

Transport
The program receives financial support from END in Africa to transport drugs from the central level to the regional directorates for all PC NTDs and from the regions to the HDs.
The shipping, transport and delivery of NTD drugs to the distribution sites follow the steps below:

- MDA drug supplies are inventoried at all levels (CSPS, district, region);
- Drug distribution schedules are drawn up prior to providing the supplies;
- Regions are supplied by the NTD program coordination;
- The regional pharmacies supplies the HDs with drug and other supplies, such as dosing poles; and,
- The health centers are supplied by the districts' pharmacy service.

Warehousing and storage in the country
The guidelines for NTD product storage that apply to district, regional and central warehouses are identical to those for the storage of other health products. NTD product storage instructions are as follows:

- Avoid exposing the drugs to sun and heat;
- Protect the drugs against high temperatures during transport in a truck or heavy goods vehicle;
- Protect the drugs from water and rain;
- Find temporary storage space close to the location where the MDA will be carried out;
- Drugs are kept in secure warehouses that are locked and guarded

From 16 April – 8 May 2015, the program received technical assistance from JSI, with post-training evaluation visits. This process revealed that 75% of the facilities visited – from the central level to the operational level – have limited storage capacity. It also highlighted that the drug logistics managers (primarily pharmacists and pharmacist assistants) need to strengthen their capacity to deal with congestion and reorganization to optimize the use of storage space (see Short Term Technical Assistance section).

Management of unused or expired drugs
Drugs are managed within the program based on lot number and expiration date, in accordance with the guidelines in the procedure manual for managing drugs and other supplies for NTD control efforts. The program has not registered any expired drugs over the last three years. However, tools were created through the NTDP to manage damaged, unusable or expired products in compliance with national guidelines. Any such products are destroyed during post-MDA logistics audits.

Products that require refrigeration infrastructure
The program receives heat-sensitive products and consumables each year, most importantly the ICT cards, which must be stored between 2-8° C. In prior years, the program always asked another Ministry of Health department to store these reagents. In recent years, there has been increasingly less space available for the other programs, which explains the need to acquire cold chain equipment. However, for FY16, the NTDP will be able to access cold storage within the vaccination program's cold storage areas.

No technical assistance is planned for 2016 in managing adverse events and serious adverse events (SAE). However, the NTDP will revise its guidelines for SAE management based on the new WHO guidelines.

Supervision (Location in Budget: FOGs, ODC)
Supervision is conducted at all levels of the health system for each activity related to NTD control efforts (MDAs, monitoring/evaluation). Each health facility (central level, regional level, health districts and CSPS) receives funding in accordance with the budget line adopted in the FOG award. These resources include per diems for the supervising health workers and fuel for travel. Based on recommendations from MDA evaluation meetings, vehicle rentals will be provided to the central level to ensure that they can visit the field to supervise MDA. In addition, the technical and financial partners will participate in supervising the actors during the MDA campaigns. The main objective of these supervision visits is to ensure the quality of the campaigns' organization and implementation. Information is thus collected according to the supervisory guides and checklists developed. MDA evaluation meetings following each MDA provide an opportunity to discuss performance achievements and shortcomings and make recommendations to improve the next MDA.

The following activities are planned and will help to identify and address any problems and bottlenecks:

- Supervision will help to assess the actors' performance in carrying out the MDAs and resolving problems identified at all levels;

- Periodic data monitoring during MDA implementation will help to identify bottlenecks and take corrective action;
- A supervision debriefing meeting during the campaign provides an opportunity to make decisions on corrective measures; and,
- The outcomes and experiences of earlier supervision activities will be used to anticipate solutions to problems during the campaigns.

The following actions are planned to ensure that data are collected and recorded based on pre-established protocols and procedures:

- Data collection tools will be provided in accordance with national procedures and WHO protocols at all levels;
- Supervision, which is carried out in cascade formation from the central level down to the CSPS level, will help to ensure that the implementation directives and instructions on completing the data collection tools are available and implemented at all levels during the MDA;
- The instructions for completing the data collection tools will be presented at the MDA training sessions held for all personnel involved at the different levels (regions, HDs, CSPS, CDDs) ;
- Support provided by the NDTP coordination teams to the training sessions will help to ensure that the content of the training provided is consistent with NTDP guidelines; and,
- Participation by HKI teams in the training sessions and activity monitoring will provide an opportunity to emphasize the partners' data collection requirements for completing the workbooks.

Short-Term Technical Assistance (Location in Budget: Not specifically budgeted)

Table 6: Technical Assistance request from END in Africa

Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, RTI/HQ, etc.))	Number of Days required and anticipated quarter
Support to review the STH control strategy	Identify strategies appropriate and specific to intestinal worm control efforts in connection with WHO standards	Expertise in intestinal worm control efforts	3days January-March 2016
Support to carry out the TAS surveys with the FTS	Availability of a new FTS test that is more reliable than the ICT card. This test will be used going forward for the TAS1 surveys, which begin in 2016	Expertise in the use of the FTS: NTD Support Center Atlanta	7 days January-March 2016
Skills-building support for two biomedical technicians	New personnel assigned to the program, unfamiliar with NTD-related laboratory procedures and techniques	NMIR in Accra	7 days September - November
Support for training in addressing congestion and reorganization to optimize storage space	Problems associated with limited storage capacity, from the central to the operational level	Pharmaceutical logistics facility or resource person	5 days January-March 2016
Support to conduct DQA	Ensure the quality of data reporting	Expertise in conducting DQA on NTDs (WHO, RTI, NTD Support Center, HKI)	10 days (after the 2nd 2016 MDA)
Support to updating the Workbook databases for the END in Africa project	Quality assurance for the data in the workbooks	FHI 360	5 days (1st quarter FY16)

and capacity-building in managing the database			
Support to implementing a sustainable mechanism for mobilizing resources	Ensure sustainable financing for the NTD Program activities	Deloitte	Two phases of 3 days each in the 2nd Quarter FY16

The NTDP coordination is requesting the following specialized TA from NTD partners or the USAID NTD Program:

- An expert review of the STH control strategy: In Burkina Faso, only 31/70 HDs will continue MDA for LF in FY16 and all HDs are expected to meet stop MDA criteria by the end of FY17. As STH is treated first through LF (IVM+ALB), the NTDP needs to determine its strategy moving forward, until the NTDP objectives can be achieved.
- Support to carry out the TAS surveys with the FTS: Burkina Faso has carried out a number of TAS 1, TAS 2 and TAS 3 surveys to date, but all using the ICT cards. As Burkina will be making the switch to FTS in certain HDs in FY16, it is important that the LF unit is capable of correctly using the new test strips to ensure valid results.
- Skills-building support for two biomedical technicians: the NTDP has new laboratory technicians unfamiliar with LF and SCH/STH laboratory techniques.
- Support for training in addressing congestion and reorganization to optimize storage space: the NTDP has repeatedly expressed the issue of storage for the NTD drug. Therefore, TA is requested on optimizing available space in lieu of requesting funds for building new warehouses or paying for additional storage.
- Support to conduct DQA: the NTDP would like to conduct a DQA in FY17; therefore, in FY16, the National Program would like to receive training in order to be capable of carrying this out.
- Support to updating the Workbook databases for the END in Africa project and capacity-building in managing the database: issues in correctly filling out the workbooks have been noted over the years, and with changes in the HKI staff whose role it is to keep them up to date, complete and comprehensive training has not always occurred during handover. Therefore, in order to ensure that the database is correct and up to date, TA is requested from END in Africa.
- Support to implementing a sustainable mechanism for mobilizing resources: the NTDP does not have experience or knowledge of approaching donors for funding outside of partner NGOs. However, resources are available in-country and USAID funding is only extended through FY18; therefore, the NTDP has expressed a need to learn how to mobilize resources itself.

M&E (Location in Budget: FOG, ODC)

Data Quality and Integrated Database

There were several problems in collecting and transmitting reports from the earlier MDAs. They include:

- Delayed transmission of the reports (promptness), particularly from the district to the regional level and the regional level to the central level;
- Incomplete reports transmitted, particularly from the regional level; and,
- Missing reports (failure to transmit the number of reports expected).

To resolve these problems, the MDA implementation training will give particular attention to completing the data collection tools. A quality control procedure will be implemented at all levels to assess the MDA data quality and consistency and the M&E activities. Two sessions will be held to validate the MDA data

provided by the districts and CSPS. These sessions will help to standardize the data and identify why data differs across levels.

In 2016, the NTDP will conduct post-MDA coverage surveys in four HDs that conduct at least two MDAs during FY16. These evaluations will be conducted within three weeks after the second MDA. The results of these evaluations will help to determine whether reported coverage is in line with actual coverage. Corrective measures will be devised in case any problems are detected. They will be conducted by HKI with support from independent actors with funding from END in Africa.

The integrated NTD database developed by the WHO and RTI/ENVISION and the joint reporting forms will continue to be used in 2016. The 2014 NTD data are already stored there. The plan to deploy the integrated NTD database (IDB) in Burkina Faso includes training in 2015 for the national actors and the regional statistics and epidemiological surveillance managers on using the integrated NTD database. Starting in 2016, the integrated NTD database will thus be used at the national and DRS level.

Lymphatic Filariasis

For LF, certain TAS surveys will incorporate the STH assessments in accordance with RPRG recommendations. In 2016, the application of this recommendation will take effect with combining STH evaluations with TAS 2 in 15 HDs (4 evaluation units) and with TAS 3 in 11 HDs.

Pre-TAS: assessment of night blood microfilaraemia at sentinel/control sites

In accordance with WHO recommendations on the elimination of LF, 21 HDs will undergo pre-TAS surveys, which will be conducted in 42 sentinel/control sites in 2016. Of these 42 sites, 14 (divided among 7 HDs) will receive financial support from the END in Africa project. They are located within the following health regions: Centre-Est (Tenkodogo HD: 3 sites; Koupela HD: 2 sites; Pouytenga DS: 2 sites); Centre (Bogodogo DS: 3 sites; Boulmiougou HD: 2 sites; Nongr Massom: 1 site; Signoghin: 1 site).

The World Bank project and the government will support the pre-TAS surveys in another 14 sites in 7 HDs. They are located within the following health regions: Est (Fada HD: 3 sites; Gayéri HD: 2 sites; Diapaga HD: 2 sites; Bogandé HD: 2 sites; Manni: 2 sites; Pama: 1site); and Sahel (Sebba: 2 sites). FPSU-L will support pre-TAS surveys in the final 7 HDs, for a total of 14 control sites in the Sud-Ouest and Centre-Sud regions.

The results of these surveys will help to determine whether the HDs in question are eligible to proceed to the TAS to determine whether MDA (IVM+ALB) can be stopped. If they pass, TAS 1 will be conducted in FY17. Otherwise, the treatment will continue and the same survey will be conducted two years later.

Stop MDA Transmission Assessment Survey (TAS I)

If the results of the 2015 pre-TAS are successful, transmission assessment surveys (TAS 1) will be planned in 3 evaluation units (Zabré: region du Centre-Est; Dédougou-Boromo: region de la Boucle du Mouhoun; and Léo-Sapouy: region du Centre-Ouest). The TAS 1 in the Boucle du Mouhoun and Centre-Ouest regions will receive financial support from the END in Africa project. The TAS 1 survey in the HD of Zabré will be supported by FPSU-L.

Post-MDA surveillance surveys (TAS 2 and TAS 3)

In accordance with WHO guidelines, post-MDA surveys are required in the eligible HDs (those that already conducted TAS 1 successfully) to confirm that transmission of LF has been stopped. The surveys

are generally conducted at least two years after passing the TAS 1 and then again at least 2 years after the TAS 2.

The TAS 2 will be conducted in 4 evaluation units covering a total of 15 HDs. They are:

- Evaluation unit (EU) of the Centre-Nord region (Kaya-Boussouma, Barsalogho, Boulsa-Tougouri, Kongoussi)
- EU of the Centre-Ouest region (Koudougou-Nanoro-Réo-Tenado-Sabou)
- EU 1 of the Boucle du Mouhoun (Nouna- Solenzo)
- EU 2 of the Boucle du Mouhoun (Toma-Tougan).

Financial and technical support from USAID through the END in Africa project will be solicited for all the TAS 2 evaluations in FY16.

For the TAS 3, 4 EUs, comprised of 11 HDs, will be supported by USAID through the END in Africa project:

- ✓ EU of the Hauts-Bassins region (Orodara-N'dorola)
- ✓ EU 1 of the Nord region (Gourcy-Yako)
- ✓ EU 2 of the Nord region (Ouahigouya-Seguenega-Titao-Thiou)
- ✓ EU of the Cascades region (Banfora-Mangodara-Sindou).

STH evaluations will be coupled with all of the TAS 2 and TAS 3 evaluations with support from END in Africa.

Post-MDA passive surveillance

Post-MDA passive surveillance is already implemented in the regions of the Hauts Bassins, Nord, Plateau-Central, Cascades and Sahel and will begin in 2016 in the regions of Boucle du Mouhoun, Centre-Nord and Centre-Ouest. The following activities are planned: provision of reagents and laboratory consumables to the medical centers and hospitals (CMA/CHR) in the regions concerned, purchase of laboratory equipment (centrifuges, precision scales, manual counters, racks), supervision, blade quality control and consultation forums. The national program requests USAID support for these items. The following activities will receive financial support from the World Bank: supervision, blade quality control, purchase of laboratory equipment and consultation forums. The government will provide funding for reagents and consumables.

Trachoma

For trachoma, the WHO issued new SOPs in 2015 which revised the criteria for HDs to undergo MDA (this was then operationalized through the revision of eligible HDs for the Zithromax donation through the International Trachoma Initiative). The new SOPs state:

- The elimination criteria for active trachoma is TF<5% among children aged 1-9 years at the district level (this is a change from the previous criteria which stated that elimination was at the sub-district level);
- For districts with a TF prevalence among children 1-9 years between 5-9.9%, programs may choose to provide one round of treatment to be followed by an impact assessment 6 months after the MDA;
- For districts with TF ≥10%, the number of rounds recommended prior to impact assessment depends on: 1) whether the data are baseline or impact data, and 2) the prevalence of TF. The recommended number of rounds for these districts varies between 3 and 7.

Thus, in FY16, trachoma impact evaluations will be comprised of one HD that will finish its third round of treatment (Pô) and followed by impact assessments. The nine others will conduct one round of MDA and conduct impact assessments at least six months later. The NTDP determined that due to the timing of the MDA (March 2016), only a proportion of the 5-9.9% HD (9) could finish impact assessments prior to the end of FY16, since they are supposed to take place at least six months following MDA, which falls in September 2016. The other 13 HD will undergo impact assessment shortly after the beginning of FY17.

END in Africa will support the evaluations in the following 7 HDs: Po (Centre-Sud), Reo, Nanoro, Leo, Tenado (Centre-Ouest), Nongr-massom (Centre) and Houndé (Hauts Bassins). The World Bank will support the impact evaluations in the 3 HDs of Sindou (Cascades), Tougan, and Dédougou (Boucle du Mouhoun). The thirteen other districts receiving MDA in FY16 will undergo impact assessments in FY17. The choice of districts to undergo impact assessment at the end of FY16 vs. the beginning of FY17 was based on the following:

1. Po is finishing its 3rd round of MDA in its second 3-round cycle. Therefore, it is important for the NTDP to have results in case it will need additional rounds in FY17.
2. Houndé was selected as the other districts in this region will undergo impact assessment in November 2016 (in the FY15 workplan/budget, but due to the delay in trachoma MDA in FY16, the impact assessments also needed to be delayed), and completing Hounde's impact assessment will complete assessments (and perhaps confirm elimination) in the whole region.
3. Leo, Reo, Nanoro and Tenado are all in the same region, so this will cut down on travel time and costs if they are all done at the same time and will also complete impact assessments (and perhaps confirm elimination) in the whole region.
4. In keeping with the logic of completing impact assessments by region, Nongr-Massom will be the last HD in the Centre region needing an impact assessment (Signonghin has one planned for November 2016 as part of the FY15 workplan) and perhaps enable that region to meet the active trachoma (TF) elimination criterion for the entire region.
5. Sindou, Dédougou, Tougan are all districts bordering on Mali and will be funded by the World Bank. As the World Bank funding is prioritized to districts bordering either Mali or Niger, these HD fit those criteria.

Onchocerciasis

Community self-monitoring

As part of the implementation of the CDTI activities, CSM will be carried out in FY16. This activity will be funded by END in Africa and Sightsavers, in the Sud-Ouest (4 HDs) (and Cascades regions (2 HDs), respectively.

Post-CDTI coverage surveys

The coverage surveys are conducted after each CDTI campaign so that the program can validate the coverage data reported by the health centers. They will be conducted in the Sud-Ouest and Cascades regions. This activity will be funded by END in Africa and Sightsavers in the Sud-Ouest (4 HDs) and Cascades regions (2 HDs), respectively. Epidemiological and entomological evaluations will be conducted in FY16 in the Cascades region with technical and financial support from Sightsavers and the Centre-Ouest and Est regions with support from the World Bank.

Schistosomiasis

Impact assessment at the sentinel/control sites

In conformity with the recommendations from the SCH program review conducted in 2013 in Ouagadougou, assessments at the SS and CS are planned for 2016. Data collection at sentinel sites will be used to assess the change in the prevalence and parasite density of SCH and STH and to compare them with prior data (2013). Assessments will be conducted in 61 sites (21 SS with USAID funding and 42 CS with World Bank funding).

These sites are distributed as follows:

1. Cascades (1 SS, 1 CS in 2 HDs);
2. Centre-Est (2 SS, 7 CS in 7 HDs);
3. Centre (1 CS in 1 HD);
4. Centre-Sud (1 SS, 2 CS in 3 HDs);
5. Centre-Nord (2 SS, 5 CS in 6 HDs);
6. Centre-Ouest (1 SS, 6 CS in 7 HDs);
7. Est (2 SS, 3 CS in 5 HDs);
8. Hauts Bassins (2 SS, 4 CS in 5 HDs);
9. Sahel (2 SS, 4 CS in 4 HDs);
10. Sud-Ouest (1 SS, 4 CS in 5 HDs);
11. Nord (2 SS, 3 CS in 4 HDs); and,
12. Boucle du Mouhoun (3 SS, 2 CS in 5 HDs).

The choice of these sites is in line with recommendations from the SCH review, which calls for impact assessments in HDs where an MDA includes high-risk adults. All sentinel sites will be funded with USAID support and the control sites with World Bank support. These different evaluation activities will enable the NTDP to update the prevalence data for SCH and STH, as the last SS evaluations were conducted in 2013.

Data Quality Assessment

Burkina Faso has not yet carried out DQA as part of the MDAs. However, the program participated in the WHO December 2014 training on the use of this tool. The training was integrated with the use of the integrated NTD database (IDB). One of the recommendations called for the country to develop a plan to deploy the two tools country-wide. The plan to deploy the NTD IDB and the DQA tool in Burkina Faso involves the following steps: (i) training for the national actors involved in NTD control efforts; (ii) a workshop to identify the indicators to use for the DQA and the criteria for assessing each indicator; (iii) training for the actors from the regional health directorates in the NTD IDB and the DQA tool; and, (iv) application of the DQA tool during 2017. Deployment is expected to take two years. Technical assistance will be needed to implement the DQA.

M&E Challenges

The main M&E challenge in Burkina Faso is that the NTDP uses population data from the 2006 census, which are extrapolated annually based on the population's growth rate. These updated data are not always consistent with the actual data from the field, which sometimes explains coverage that is too high or below the expected standards. In addition, major migrations in certain areas (in particular, border districts) can make it difficult to obtain accurate population data. Given these problems, the NTDP will monitor coverage in certain areas, including the HDs in the Sud-Ouest, Centre-Est and Centre-Sud regions, through post-MDA coverage surveys and during MDA supervision.

Table 7: Planned Disease-specific Assessments for FY16 by Disease

Disease	No. of endemic districts	No. of districts planned for DSA	Type of assessment	Diagnostic method (Indicator: Mf, ICT, hematuria, etc)
Lymphatic Filariasis	70	21 HDs	Pre-TAS	mf
		5 HDs Zabre, Sapouy, Léo, Dédougou and Boromo (assuming satisfactory results in pre-TAS in 2015)	TAS 1	FTS
		15 HDs Centre-Nord (6 HDs), Boucle de Mouhoun (4 HDs), Centre-Ouest (5 HDs)	TAS 2	ICT
		11 HDs Nord (6 HDs), Cascades (3 HDs), Hauts Bassins (2HDs)	TAS 3	ICT
Soil-Transmitted Helminthes	70	Centre Ouest (Koudougou-Nanoro-Réo-Tenado-Sabou), Boucle du Mouhoun (Nouna- Solenzo, Toma-Tougan) and Nord (Ouahigouya-Seguenega-Titao-Thiou,Gourcy-Yako)	TAS 2 + STH TAS 3 +STH	Kato Katz
Onchocerciasis	6	7 HDs[42] (Banfora, Mangodara, Léo, Sapouy, Pama, Fada, Diapaga)	Epidemiological Evaluation	Skin snip
Trachoma	32	10 HDs Pô Réo, Nanoro, Léo, Tenado, Nongrmassom, Houndé, Sindou, Tougan,Dédougou	Impact Evaluations	Clinical Examination

[42] Banfora and Mangodara are districts with known endemic villages currently under MDA in the Cascades region. Leo, Sapouy, Pama, Fada and Diapaga are all districts where it was known that there were endemic villages; however, prevalence studies had never been carried out, so the actual classification of endemicity was not known. APOC had made the recommendation that villages in these districts (along with some villages in the Centre-Est, Centre-Sud, and the Boucle de Mouhoun) be surveyed to ensure that there is no ongoing transmission. Villages in the Centre-Est, Centre-Sud, and the Boucle de Mouhoun were surveyed in 2014 with support from APOC, so these surveys are to complete the recommendation made by APOC. Please note that Sightsavers will support the surveys in Banfora and Mangodara and that World Bank funds will be used for the surveys in the other districts. USAID funds are not solicited for any of the Oncho surveys in FY16.

Schistosomiasis	70	19 HDs Gourcy, Sindou, Bittou, Koupéla, Boussouma, Tougouri Koudougou, Pô, Diapaga, Manni, Dafra, Manga, Dori, Dano, Dédougou, Tougan Solenzo,Boulsa Thiou	Sentinel Site evaluations + STH	Urine filtration, Kato Katz
		42 HDs Mangodara, Nongrmassom, Bittou, Garango, Koupéla, Kaya, Sabou Ouargaye, Pouytenga, Tenkodogo, Zabré, Barsalogho, Boulsa,Tougouri, Kongoussi, Léo, Réo, Sapouy, Kombissiri, Tenado,Saponé, Bogandé,Gayéri, Fada, Dandé, Orodara, Léna, Djibo, Gorom, Dori, Ndorola,Sebba, Batié,Diébougou, Ouahigouya,Gaoua, Séguénéga, Nanoro, Titao, Nouna, Toma Kampti	Control Site evaluations + STH	Urine filtration, Kato Katz

Planned FOGs to local organizations and/or governments

- Table 8 below has the anticipated number of FOGs, by type of recipient, and proposed activities supported under FOGs.

Table 8: Planned FOG recipients

FOG recipient (split by type of organization)	Number of FOGs	Activities
General Health Directorate	1	▪ Support training sessions for teams from the regions and health districts on MDA campaign implementation ▪ Supply regional health directorates with MDA drugs ▪ Supervise regional and health district teams' implementation of all FY16 MDA campaigns ▪ Collect data at LF sentinel sites ▪ Collect data at schistosomiasis/STH sentinel sites ▪ Conduct trachoma impact studies ▪ Stop MDA TAS 1 for LF ▪ Conduct post-LF MDA surveillance activities (TAS2 et TAS3) ▪ Conduct OV assessments of treatment coverage assessments ▪ CDTI community self-monitoring ▪ Conduct communications activities (IEC/BCC) to encourage strong community participation in NTD elimination activities
Health Regions	12	▪ Provide training sessions for regional, health district and health center teams on MDA campaign implementation ▪ Supervise health district, CSPS and distributor teams on implementation of all FY16 MDA campaigns ▪ Supply health districts and CSPS with MDA drugs ▪ Carry out communications activities (IEC/BCC) to encourage strong community participation in NTD elimination activities

Attachment 5 – HKI FY2016 Work Plan for Sierra Leone

COUNTRY OVERVIEW

Administratively, Sierra Leone is divided into the Western Area (WA) and three provinces: Northern, Southern and Eastern. The three provinces are further divided into 12 health districts (HDs); while the WA is divided into rural (RWA) and urban (UWA), where the capital Freetown is located. Excluding the WA, Sierra Leone has about 14,413 villages with populations ranging from 100-500 inhabitants (2004 population census). There are 149 chiefdoms in the 12 HDs of the 3 provinces that are governed by traditional paramount chiefs while WA is subdivided into 30 wards headed by Councilors.

The Ministry of Health and Sanitation (MoHS) is divided into medical and management services. Under the medical service there are 14 directorates including the directorate of Disease Prevention and Control (DPC) which supervises the national neglected tropical disease program (NTDP). Each of the 12 HDs and the WA have a District Health Management Team (DHMT) led by a District Medical Officer (DMO) that coordinates all health activities. The DHMTs have focal persons (FP) for each disease program, including one for neglected tropical diseases (NTDs). There are 1,195 Peripheral Health Units (PHUs) throughout the country that are staffed by different cadres of health workers: Community Health Officers (CHOs), Community Health Assistants (CHAs), Maternal and Child Health Aides (MCHAs) and nurses who oversee approximately 29,000[43] volunteer Community Drug Distributors (CDDs). These CDDs are the back bone of all the NDTP activities in the rural setting. While in the rural setting CDDs serve as volunteers within the NTDP, in the WA, there are no volunteer CDDs and NTD drugs are distributed by paid community health workers (CHWs) for a fixed number of days (normally five days).

In addition to the NTD Program of the United States Agency for International Development (USAID), which provides the main support to the activities of the NTDP in Sierra Leone through Helen Keller International (HKI), the following partners have contributed support to the integrated NTDP:

The African Program for Onchocerciasis Control (APOC) has provided technical and financial support to the mapping and Community Directed Treatment with Ivermectin (CDTI) for control of onchocerciasis (oncho) since 2003 after the Onchocerciasis Control program was closed in 2002. Even though APOC support has exclusively been for oncho control (training of health workers and CDDs and supervision of MDA in hyper-and meso-endemic communities), the funds are pooled with those for overall integrated NTD activities. APOC provide approximately $100,000 per annum.

[43] Historically, 22,500 CDDs have received training and motivation (T-shirts, etc.) through END in Africa and 6,500 through APOC. APOC did not provide funding to Sierra Leone in 2015 and is closing at the end of 2015; END in Africa will support the additional 6,500 CDDs that APOC will no longer support.

Sightsavers has also supported CDTI for onchocerciasis control post-war since 2002. Activities supported include training of CDDs, monitoring and supervision of MDA. Financial support provided is approximately $20-30,000 per annum.

Since APOC will be closing at the end of 2015, other partner funding for NTD activities in FY2016 is expected from Sightsavers only. However, since Sightsavers operates on different financial timeframes from USAID (January-December against October-September), their commitments for FY2016 will not be known until January 2016. TOMS Shoes and HKI established an innovative partnership in FY2013 that has resulted in the giving of shoes to all CDDs for themselves and their dependents as motivation. The first shipment of 123,085 pairs and the second shipment of 201,330 pairs were distributed in FY2013 and FY2014 respectively. A third shipment of 204,930 pairs is expected to arrive and will be distributed in October 2015. From FY2010 to FY2014, the Liverpool Center for Neglected Tropical Diseases (CNTD) supported the refurbishment of the NTD laboratory in Makeni and operational research for the endemic NTDs on an *ad hoc* basis. Johnson & Johnson via a Ghanaian consultant (Dr. S.D. Mante) has trained/retrained 70 doctors, mostly from the Northern Province, on surgical procedures for hydrocele. However, there is no pledge from these organizations for FY16.

Over the years, the NTDP has received both cash and in-kind donations through HKI for a second round of de-worming of school-aged children (SAC) on a sub-national basis. Funds in FY2010 came from the World Food Program and in FY2011 and FY2012 from the World Bank's Fast Track Initiative through the Ministry of Education, Science and Technology. Mebendazole/ALB has been donated from various sources: the Saint Andrews Clinic for Children-Sierra Leone, De-worm The World, Feed The Children, and World Vision-Sierra Leone. In FY2013, SABIN vaccine institute also supported a second round of deworming for SAC in RWA.

Table 1: NTD partners working in country, donor support and summarized activities

Partner	**Location (Regions/States)**	**Activities**	**Is USAID providing direct financial support to this partner?** (Do not include FOG recipients)	**Other donors supporting these partners/ activities?**
HKI	National level, all 14 HDs	Provide direct overall technical assistance to the MoHS in advocacy, strategic planning, implementing, supervision, M&E and capacity building	Yes	No
APOC	12 HDs for Oncho only	Provide financial support for training of health staff and CDDs and supervision of MDAs in hyper and meso endemic communities.	No	Several
Sightsavers	12 HDs for Oncho only	Provide financial support for training of health staff and CDDs, and supervision of MDAs	No	DFID

Note: APOC formerly provided approximately $100,000 per annum but did not provide support in 2015 and is closing at the end of 2015, and Sightsavers support is approximately $20-30,000 per annum. These funds are pooled with the major USAID funding.

PLANNED ACTIVITIES

Project assistance

NTD activities supported by USAID and other partners for FY16

In order to allow USAID to respond to ADS Chapter 205 requirements of "integrating gender equality and female empowerment into USAID's program cycle," please highlight any gender-focused activities in the work plan.

The MDA activities target at-risk populations for each of the 4 PC NTDs endemic in Sierra Leone, aiming for equitable coverage for both males and females. However, social mobilization on market days have specifically targeted women, who make-up the majority of the traders in the markets. Furthermore, over 80% of PHU staff, all the MCHA-Training Coordinators (included in the ToT for MDA-LF-Oncho-STH in 12 HDs), and all the MCHA-trainees who perform MDA in the urban setting are females. During community meetings, females are encouraged to serve as CDDs to replace their male counterparts who may have left to seek employment especially within the new mining/industrial sector. There has been a significant increase in the proportion of female CDDs: from 16.7% to 24.8% in five years (2008 – 2013). Improving this proportion in hard-to-reach (HTR) communities is challenged by low female literacy rates, high domestic responsibilities for women and the requirement of spousal permission for women to accept such responsibilities.

Recruiting an equal proportion of female independent monitors is also challenging due to concerns regarding their personal safety in HTR communities and some cultural practices that limit activities of women in rural areas. Most of these HTR communities can only be accessed on a motorcycle, many of which are driven by male ex-combatants[44] who are still seen as threats to women by communities. Since 2013, the proportion of female independent monitors has been approximately 25% compared to less than 15% when this activity began.

Strategic Planning

[Budgeted: Review meeting for NTDs (FOG); Support MoHS to develop NTD Master Plan (ODC); TIPAC (TA not budgeted)]

The NTDP, with technical assistance from HKI and WHO, developed a five year NTD Master Plan, 2011-2015, which covered 4 strategic priorities: 1) strengthening of government ownership, advocacy, coordination and partnerships; 2) building capacity to plan for results, resource mobilization, training and financial sustainability; 3) scaling-up access to interventions, mobilizing domestic and partner resources to address the non-MDA treatment and 4) enhancing M&E for NTDs, disease surveillance, data

[44] Sierra Leone had a civil war between 1991 and 2002; most of the ex-combatants took up professions like bike riding for commercial purpose.

management and operational research. In FY16, the NTDP, in collaboration with WHO and HKI, will hold a workshop to invite stakeholders, DHMTs, and senior MoHS staff from DPC to develop a new five-year strategic plan (2016-2020) according to new WHO guidelines. This plan will prioritize post-MDA surveillance for NTDs, cross border control strategies for NTDs and a policy for morbidity management. As in previous years, HKI will work together with NTDP to create the FY17 work plan for END in Africa support.

An annual NTD meeting reviews the targets achieved and discusses recommendations from independent monitors, lessons learned and examples of 'best-practice' from the previous year's activities. Stakeholders at various levels are encouraged to give opinions on how NTD activities can be better planned and implemented based upon experience. Following the review meeting, the annual NTD work plan is developed by the NTDP in collaboration with HKI and other NTD partners in a series of macro planning meetings conveyed to agree on the target population for each MDA. Modified strategies and timeframes need to be assimilated into the NTDP workplan to mitigate factors such as delays in funding, late arrival of drugs, and unforeseen competing MoHS activities or emergencies, such as the cholera epidemic in FY2012 and the Ebola outbreak in FY2014.

With technical and financial support from the END in Africa project/Deloitte, the NTDP staff, senior officials of the MoHS including the Director of Finance and the Program Manager for Health System Strengthening, and HKI NTD staff will receive training on the Tool for Integrated Planning and Costing (TIPAC). The TIPAC will be updated with the program output data for 2010-2015. The training will also include the use of TIPAC as an advocacy tool.

NTD Secretariat

[Budgeted: Vehicle Repair and Maintenance (NTDP & NASH) (ODC); Administrative Cost for the NASH+NTD Programme Secretariat (ODC)]

NTD Secretariat

Maintenance and fuel costs of existing NTDP program vehicles have been included in the NTDP operations budget. Available funds have made regular maintenance of the NTDP vehicles possible and have enhanced the NTDP staff's capability to supervise the activities at all levels. At the district level, the cost of hiring of motorcycles and cost of fuel has also been included in the district budget to help the district NTDFP effectively supervise NTD activities and also organize cross border meetings. At PHU level, the cost of transportation for PHU staff to cover her/his catchment villages has been included in the budget, including transportation cost for social mobilization, CDDs training and MDA. Funds are also regularly made available to both NTDP and National School and Adolescent Health Program (NSAHP) secretariats to support administrative running costs including office supplies and stationeries, computer and accessories, internet running cost and fuel for office generator.

Vehicles for the entire operation of the NTDP have been provided exclusively by APOC. However, the last set of vehicles supplied to the program five years ago was taken away from the program to support the fight against Ebola. Though now returned, they have been over-used, broken-down and need urgent

replacement. With APOC now folding-up and currently providing no funding to FY2016 budget, the NTDP is appealing to USAID to extend their support to the program with vehicles to avoid the risk of delaying the implementation of activities in FY2016. The Minister of Health pledged his support to fill in some of the gaps that will be left by APOC: specifically, paying salaries to drivers, security personnel, the storekeeper for NTD drug storage, and other essential staff that were receiving salaries from APOC.

Advocacy

[MRU Cross Border Meetings (FOG); Advocacy Meetings for PCT SCH-STH (FOG); Advocacy Meetings for ONCHO-LF (FOG); Advocacy Meetings in the Western Area (FOG); Development/Validation/Dissemination Workshop on NTD Curriculum Development for Tertiary Institution (FOG); Special Advocacy meeting in Districts with High LF Prevalence (FOG); Participation in Meetings (ODC)]

Government-to-government advocacy in FY2016 will be enhanced through the Mano River Union (MRU) Secretariat prioritizing cross-border control and synchronized scaled-up MDAs in neighboring Guinea and Liberia. The MRU comprises Sierra Leone, Liberia, Guinea and Cote D'Ivoire and was established with the goal of fostering economic cooperation and other regional developmental goals, including NTD control. The MRU annual meetings on NTDs are held in rotation to facilitate collaboration and coordination within MoHs and partners. The risk of cross-border recrudescence of NTDs and synchronizing MDAs in the border communities will be addressed in the next MRU meeting in October 2015 to develop a regional NTD strategy and define roles and responsibilities for risk-mitigation.

At the district level, advocacy meeting will be held for each MDA lead by the DHMTs at each district headquarter town targeting councilors and/or the city mayors, religious leaders, paramount chiefs, civil society, media and other related groups will be targeted. The aim of this meeting is to solicit support from these stake holders for the NTD program and help raise awareness in their localities.

Special advocacy will be held in FY2016 with technical assistance from Deloitte to help the NTDP on how to solicit local funds from private institutions such as the banks, mining companies, mobile phone companies and other business entities to address morbidity management for LF. Since current USAID funds in Sierra Leone are not targeting this aspect of the elimination drive for LF, it is hoped that these private institutions will help the national NTDP through their corporate social responsibility to address this gap (see Technical Assistance section).

Over the years, GoSL support to the NTDP has been limited to administrative support. The post conflict country has always been challenged with numerous health issues (including, but not limited to, high infant and maternal mortality, high prevalence of malaria, disease epidemics such as cholera outbreak in 2012 and the current Ebola outbreak) and more than available resources are needed to address them. However, in FY2016 the NTDP will strategically target political support through the Minister of Health and Sanitation to include support to NTDP in the Ebola recovery plan. Specifically, the Parliamentary Budget Oversight Committee for Health will be targeted for an increased GoSL input into the national

NTD budget beyond administrative and salary costs to include funding for activities, such as MDAs and morbidity management. Advocacy will also be conducted for timely disbursement of allocated NTD-funds.

The MDA-LF in the WA will be launched in FY 2016 at the national level by a formal presentation of ALB and IVM to the Minister of Health and Sanitation for the attention of the GoSL and will be reported nationally in the media. This will raise awareness on the huge contributions being made towards NTD control globally and within Sierra Leone. The launch will also target other senior MoHS officials, local authorities and GoSL dignitaries, including the Minister of Education and Parliamentarians as keynote speakers. The pre-MDA press briefing for journalists will be led by the Minister of Information and reported on social media, radio and in newspapers (two of which are available on-line). This will raise awareness of the degree of external support the NTDP receives and demonstrate that the GoSL also needs to show equal interest.

Since 2011, private medical professionals in the WA have collaborated with the NTDP during MDAs in the WA by participating in the distribution of IVM and ALB for LF elimination and also completing the necessary tally sheets as instructed by the NTDP. In FY2016, the NTDP and HKI will work to reach more medical practitioners through their professional body, called the Sierra Leone Medical and Dental Association, to increase awareness among more medical practitioners who will further help in sensitization of their patients about the benefits of participating in MDAs, as well as the management of Severe Adverse Events (SAEs) (should any occur).

Since workers within the mining sector are more likely to miss MDAs conducted within communities for the PC NTDs, the NTDP has to establish collaboration with mining companies to ensure that their workers are treated by their medical staff during the period of MDAs in these communities. This collaboration was established with Sierra Rutile in FY2013 and with African Minerals in FY2014. In FY2016, more efforts will be made by the respective DHMTs to add Timis Mining (formerly London Mining) and Addax Bioenergy in this list so that their medical providers can join in the distribution of PC NTD medicines.

Among the 4 HDs (2 EUs) that failed the pre-TAS, special advocacy meetings will be continued in these HDs in FY2016 to which paramount chiefs, section chiefs, civil society groups, police and councilors will be invited by the NTDP and partners. Furthermore, pre-MDA press briefings will be held and reported by community radio, social media and local newspapers in these districts with the aim of improving the knowledge, attitude and practices (KAP) of opinion leaders, community members and also health workers. This might lead to higher MDA compliance within these districts during MDA.

Finally, HKI, with funding from END in Africa, will assist the NTDP to develop a curriculum on NTDs that will be used in tertiary educational programs. The objective is to ensure as new cadres of health workers begin to work at PHU or district-level health facilities that they are already aware of NTDs and understand the control and elimination mechanisms. This will make them more effective in the implementation of these activities and may reduce the need for training in the future.

Social Mobilization

[Budgeted: Social Mobilization in the Western Area; for ONCHO-LF (FOG); for SCH-STH (FOG); IEC Materials (ODC)]

Social mobilization is conducted at various levels. At the national level, advocacy meetings are organized for the NTDP to share information on planned activities with decision-makers within the MoHS and also with parliamentarians, medical professionals, Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs). At chiefdom and village levels, the PHU staff hold pre-MDA village meetings attended by traditional leaders, section chiefs, headmen, religious leaders and local teachers. Also at the village level, the services of town criers are utilized to convene sensitization meetings at the request of the village chief and also inform the people about the availability of the MDA drugs and the need for every eligible person to comply with the treatment. Lessons learnt from the recent past suggest that some communities listen to religious leaders more than traditional leaders, as they are considered to be closer to God and their messages are more in line with God's will. This was also evidenced during the Ebola outbreak, as community compliance to Ebola prevention messages increased when the religious leaders were engaged by a local NGO "FOCUS 1000" to lead community sensitizations efforts.

Religious leaders, therefore, will be specifically targeted in FY2016 and encouraged to participate in awareness-raising prior to and during MDAs to help maintain/improve compliance to treatment. In addition, social mobilization on market days within border districts will specifically target the traditional cattle-herders who migrate between Guinea and Sierra Leone. Social mobilization is organized by PHUs on market days because this is the only time the cattle herders will be in the same place and they can receive treatment during MDA regardless of their country of origin. In addition, special advocacy meetings will be held between the NTDFPs of the seven districts bordering on Guinea and Liberia, as well as representatives from those NTDPs with supervision of NTDP and partners just prior to the MDAs. The purpose of these meetings is to ensure that Sierra Leoneans currently on the other side of those borders are mobilized to return to Sierra Leone to receive treatment, since MDA has not been scaled up to full national coverage in either Guinea or Liberia.

Television, public mega-screens and social media (Facebook) are used for MDA-LF in the WA: a short animation film was produced in FY2011, and a short comic sketch produced by 'Wan-Pot'[45] in FY2012 was modified in FY2013 and will be revised and used again in FY2016. Youth groups will also be contracted to make street announcements.

The NTDP and partners will continue to develop private sector partnership with telecommunication providers such as Airtel and /or Africell that may be willing to extend their corporate social responsibilities and distribute free SMS messages to their subscribers, especially during the period of MDA-SCH in schools and MDA-LF in the WA.

[45] Arguably the most popular theater group in Sierra Leone.

Radio broadcasting has been and will be used again as a complementary and cost-efficient strategy. Community radio stations and the commercial 'Star Radio' transmit nation-wide and will continue to disseminate well-tailored, pre-tested messages through interactive, live, panelist broadcasts. Position statements will be prepared in advance to ensure that key NTD messages are repeatedly delivered in various forms during each broadcast by the various panelists. These programs also include revised FAQs and jingles translated into the main local languages (Mende, Temne, Limba, Krio, Kissi, Loko and Kono) that have been revised to include issues about MDA in the context of post-Ebola settings. The FAQs can be used as an anchor by the interviewer to address public concerns on NTDs and also respond to questions and concerns that listeners might send by SMS or voice calls. The revised FAQs and position statements are written in English but discussed in the local language Krio during radio discussion and will also be disseminated during community meetings pre- and during MDAs.

The media used in social mobilization depend on the population. During the civil war of 1991-2002, Sierra Leoneans developed the culture of listening to radios, and it is the most common medium of communication. In the capital both TV and radios are used, as people can access these facilities everywhere (offices, homes, streets). In the villages, town criers are normally used because they are the main medium of communication for meetings and other information. These people are well known in their communities and information from them is considered to be from the stakeholders. Independent monitoring also helps to identify which practices are appropriate for each population.

Capacity Building/Training

[Budgeted: Training of Trainers-ONCHO LF (FOG); Training of Supervisors – SCH (FOG); Refresher Training 12 Districts PHU Staff Oncho-LF (FOG); Training PHU Staff Western Area (FOG); Refresher Training PHU Staff SCH-STH (FOG); Training, Community Health Workers, Western Area (FOG); Refresher Training of CDDs (FOG); M&E Training Workshop (ODC); Training of Technicians for LF Surveillance (FOG); SCH Impact Assessment (budgeted FY15 FOG)]

- Describe specific capacity building needs in country, and how the proposed USAID-supported training and other capacity building activities will address those needs
- For refresher training, provide detail on the timeframe since the last training, and the rationale
- All planned USAID-supported training (including supervisors, MDA, M&E) should be included in Table 3, and should ALSO have a corresponding narrative description.
- For M&E training, please include it in Table 3, with a footnote that the narrative description is found in the M&E section.
- Include details on post-training follow-up/monitoring during this project year as well as future year follow-up to ensure skills retention and application

Annual training/refresher training will be provided for health personnel. Pre and post-tests are administered to ensure that participants acquire the knowledge and skills being taught. The quality of training is further assessed during independent monitoring using questionnaires designed to assess KAP. Details of planned trainings/refresher trainings for FY2016 is shown in Table 2 below. Lessons learned

include the fact that the annual trainings/refresher trainings are required to mitigate the effect of frequent transfer of staff to new positions, attrition, new recruitment and selection of new CDDs.

As the NTDP prepare to start post-MDA LF surveillance, training of more district laboratory technicians will be conducted at the Makeni NTD laboratory on the microscopic diagnosis of LF mf from blood collected between 10pm and 2am.

The NTDP in Sierra Leone was unable to participate in workshops specifically organized by WHO on M&E in 2013, except for the TAS training in Harare. Both the NTDP and HKI M&E staff therefore need training on NTD M&E tools including the WHO joint reporting and joint drug request forms, data quality assurance (DQA) and the national database. Once trained, these staff will train the M&E staff in the DHMTs, to strengthen the overall NTD data management system.

Table 3: Training targets

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresher	Total trainees			
MoHS/DHMTs	MDA LF-oncho-STH	5	34	39	1	Bo	Sightsavers
Supervisors	MDA SCH-STH	0	79	79	1	Kenema and Makeni	
PHU staff	MDA SCH-STH MDA LF-oncho- STH MDA LF & STH	120 400 30	276 717 80	396 1,117 110	1 1 1	7 HD 12 districts RWA & UWA	
CHWs	MDA LF STH	930	1320	2250	1	RWA&UWA	
CDDs	MDA LF oncho & STH	TBD	29000[46]	29000	1	All PHUs in 12 districts	Sightsavers
Independent monitors	MDA LF oncho, SCH & STH	25	20	45	1	HKI conference hall	
Technicians	LF surveillance	14	0	14	5	NTD Lab Makeni	

[46] The exact number of CDDs who are new or returning cannot be determined at this time; generally, it depends on the number of CDDs who decide to continue to work for the NTDP. It is expected that fewer CDDs might return once the Ebola epidemic is over.

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresher	Total trainees			
Technicians	SCH impact assessment	18	6	24	2	NTD Lab Makeni	

Mapping (Location in Budget: N/A)

Mapping for all targeted PC NTDs has been completed, including hypo-endemic oncho villages; there are no gaps. No mapping is required in FY2016.

MDA

[Budgeted: MDA ONCHO-LF in 12 Districts (FOG); MCHA-LF-District Head Quarter Towns (FOG); MDA-LF-Western Area (FOG); MDA SCH in 7 Districts (FOG); Feeding of School Children Prior to PZQ (FOG); Supervision of Hard to Reach Areas (FOG); Materials: MDA Oncho-LF (ODC); Branded Caps/T-Shirts for CDDs (ODC)]

In FY16, the planned MDAs include:

- LF/STH MDA: in 14 HDs targeting 5.8 million persons
- Oncho MDA through LF MDA: in 12 HDs targeting 3.4 million persons
- SCH MDA: in 12 HDs (depending on the re-assessment results in 5 coastal HDs) targeting 507,816 school aged children (SAC) and 774,259 at-risk adults

The MDA for LF in the WA is performed by CHWs via both static health facilities/outreach posts/community meeting points and by a street-by-street 'campaign' over five days. This is scheduled to take place in March 2016 alongside MDA LF-oncho-STH in 12 districts. The FY2014 round was missed due to the Ebola epidemic but the FY15 MDA is still scheduled to be implemented in September/October 2015.

In the 12 rural HDs, MDA-LF-oncho-STH will be implemented over a period of 6-8 weeks by volunteer CDDs in rural settings using the house-to-house distribution method. This is supplemented through distribution conducted by MCHAs-in-training in urban town settings of the 12 provincial HDs. The FY15 MDA was shifted to June–July 2015. In FY16 MDA will be done in March 2016. In the work places in the mining sectors MDA will be carried out by their medical staff at the same time in FY16 to ensure coverage especially of males outside their census-villages.

MDA-SCH will be implemented mostly by health workers assisted by CDDs in June 2016 lasting 7 days as both a community and a school-based campaign. Food will be provided for the school enrolled children by the school authorities prior to PZQ administration. A maximum of five hundred leones (SLL500) will be provided per child to enable the school teachers prepare food for the kids. Adults and out of school children will be encouraged to eat at home prior to treatment. The second round of STH will occur during MDA-SCH as the supply of mebendazole is already available in the NTD-Makeni stores.

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

Seven of the 12 HDs share borders with neighboring MRU countries: Kambia, Bombali, Kono, Koinadugu (with Guinea), Kailahun (with Liberia and Guinea), and Kenema and Pujehun (with Liberia). Although the NTDP in Liberia has conducted 2 MDA rounds for LF, both Liberia and Guinea have yet to reach 100% geographical coverage for LF. Synchronization of MDAs for NTDs so that communities in the border areas are not missed, has also not been achieved in the 3 MRU countries. To help improve NTD control along these borders, pre-MDA cross border meetings are planned for FY2016 to discuss the cross border MDA activities, including discussion on the estimated border population who are likely to cross over into Sierra Leone during MDAs. These populations are estimated based on the available data from DHMTs used during polio campaign which are synchronized with the neighboring countries. The increased number of doses required to provide MDA will need to be added to the village census, compiled at PHU and district level and included in the quantity of the drugs distributed by the NTDP to the district NTDFPs. In addition to house-to-house distribution, MDA-LF on market-days, similar to the urban platform, is also proposed to reach people crossing into Sierra Leone for trade. The market days usually last for 1-3 days and during market days that fall within the MDA period traders and visitors in the border markets will be sensitized on eligibility/exclusion criteria, dosage and clear information that the drugs should be taken only once, and then treated.

Table 4: USAID-supported districts and estimated target populations for MDA in FY16

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually (add additional rows for different treatment frequencies)	Distribution platform(s)	Number of districts to be treated in FY16	Total # of eligible people targeted in FY16
Lymphatic filariasis	*Entire population above 5 years*	*1*	*Community MDA*	*14 HDs*	*5,834,037*
Onchocerciasis	*Entire population above 5 years*	1	Community MDA	12 HDs	*3,434,534*
Schistosomiasis	SAC (5-14) and at risk Adults in selected communities	*1*	*Schools based and Community*	*7 HDs*	*507,816 for SAC and 774,259 HRA*[47]
Soil-transmitted helminths	*Entire population above 5 years*	2	School based and Community	14 HDs	*5,834,037*
Soil-transmitted helminths	*SAC*	2	School based	14 HDs	*507,816*
Trachoma	N/A	0	N/A	N/A	0

Drug and Commodity Supply Management and Procurement

[Budgeted: Distribution of Logistics &Drugs, Storage & Clearing Oncho-LF 12 Districts (FOG); Distribution of Logistics and Drugs: SCH (FOG)]

Following annual training/refresher training CDDs conduct a village census using the village register. The data is collated by the PHU in-charge, compiled by district NTDFPs and then forwarded to the national NTDP. The results of the eligible village census data are used to request the quantity of drugs needed for MDA. In FY2016, this will include an additional request to provide for cross-border migrants in 7 HDs. During MDA, the CDDs will administer the drug based on the census data but will also add new members to the register who were not present during the census and administer the drugs to them also. If drug shortages are identified (for example, in Kailahun and Kambia due to MDA-migration, in rapidly urbanizing settings, such as the WA, or mining communities within Bombali, Tonkolili and Port Loko) then additional supplies are requested by the PHU in-charge which are delivered by the focal persons. Post-MDA, the remaining drugs are quantified and returned to the NTD warehouse in Makeni through the various PHU staff and the NTDFPs.

Health staff and CDDs are trained to conduct directly observed treatment and follow WHO guidelines on exclusion criteria, common side effects, and recognition and response to serious adverse events (SAEs). During social mobilization, communities are informed about minor adverse events. Persons with SAEs are referred by the CDDs to the PHU for management. The PHU staff report to the DHMT and immediately onwards to the NTDP using reporting systems established by WHO and the Sierra Leone

[47] The PZQ application for 2016 requested approximately 2.2 million doses of drug for 12 HD; however, during workplanning, it was determined that only the 7 districts that are known to require treatment will undergo MDA; SCH evaluations in FY16 will determine future treatment strategy in all 12 HD.

Pharmacy Board (SLPB). The NTDP will immediately inform HKI and WHO, and HKI will inform FHI360. Since 2011, the monitoring and management of SAEs was expanded to include the National Expert Committee for Adverse Drug Reactions (NEC-ADR). This body is comprised of physicians and public health specialists, pharmacists from SLPB, pathologists, and representatives from WHO and NGOs led by the MoHS and is charged with the responsibility of monitoring for SAEs during all MDAs for NTDs and immunization campaigns. The role of NEC-ADR will continue in FY2016. Funds for distribution of logistics are located in the FOGs.

Supervision

Support to NTDP for supervision

[Budgeted: Vehicle Rental for FOG Activities (ODC)]

Supervision of the NTDP is conducted on several levels: an NTD Task Force oversees the master planning process and monitors the NTDP to ensure quality control. At the district level, the cost of hiring motorcycles and providing fuel is included in the district budgets to aid the NTDFP to effectively supervise. At PHU level, the cost of transportation for PHU staff to cover her/his catchment villages has been included in the budget, including transportation cost for village social mobilization, CDDs training and MDAs**.** Technical support from the END in Africa project will be provided during planning and implementation of the SCH prevalence assessment in FY2016.

WHO guidelines, MoHS regulations and monitoring mechanisms

[Budgeted: NTD Task Force Meeting (ODC)]

During the annual NTD Taskforce meeting, the issue of current WHO and MoHS regulations are discussed as applicable to the national context. As a technical assistance organization, HKI's key functions for the END in Africa sub award are to provide technical support to NTDP and financial oversight. The HKI NTD Program Coordinator works closely with the national NTDP Manager and other senior MoHS staff to ensure adherence to guidelines and regulations: for example, observation of post-TAS scaling down of MDAs, or modification of exclusion criteria for the different MDA-LF, which in the local context was extended from 1 to 2 weeks post-partum due to the high maternal mortality rate in Sierra Leone. HKI will work with FHI360 to ensure the NTDP is represented in international technical NTD meetings scheduled in FY2016 especially the M&E trainings.

Actions that identify and address potential issues/bottlenecks during MDAs

[Budgeted: Independent Monitoring of MDA Oncho-LF and SCH-STH 12 Districts & WA (ODC); Monitoring & Supervision of MDA ONCHO-LF & SCH-STH 12 Districts (ODC); Monitoring of Adverse Drug reaction (ODC)]

Supportive supervision uses supervisory checklists/post-tests for national, district and community levels to ensure program quality. Training of trainers (DHMTs), advocacy meetings and training of PHU-in-charge at the district level is supportively supervised by the NTDP and HKI. PHU activities are supervised by the DHMTs and activities at community level (social mobilization, training of CDDs and implementation of MDA) are supervised by PHU staff and monitored by the DHMTs, with spot checks by NTDP and HKI. Inadequate performance is always reported to an employee's line supervisor, DHMT and/or the national NTDP for remedial action. The DHMTs and community leaders supervise training of CDDs/CHWs and conduct spot checks at community level. During MDA the PHU staff ensure that CDDs/CHWs adhere to the following treatment guidelines: (a) the correct use of dose poles; (b) strict observation of the exclusion criteria for treatment; (c) correct recording of doses administered in the village register or tally sheet by gender; (d) proper supply chain management to detect and report any stock outs; and (e) proper identification/referral of SAE cases and reporting of SAEs to the appropriate health authorities. Supportive supervision of health staff and CDDs or CHWs gives the opportunity to evaluate if the health workers are doing the activities correctly and correct underperformance or mal-practice on site. Supervision also helps motivate CDDs/CHWs as they can see and appreciate the interest shown in what they do. Deputy District Directors of Education and School inspectors supervise the second MDA-STH when and where it is performed independently of MDA-SCH with back up from the NSAHP, DHMT and HKI. MDA is supervised using supervisory check lists by staff at all levels: national, district and community.

Independent monitors are selected from the SLPB, Statistics Sierra Leone, University of Sierra Leone and Njala University, to conduct both in-process and end-process monitoring of MDA modelled on the WHO sampling framework[48]. The In-process monitoring serves as a way to immediately troubleshoot problems, such as low coverage, shortage of drugs and other supplies, and community resistance to participation in the MDA. Both random and purposive sampling is employed for in-process monitoring. It is important to focus on areas that historically have lower coverage and that are hard to reach, so in these cases, purposive sampling can be used to ensure that enough sites in this category are included. However, it is also important to assess those sites that have historically performed well and to ensure that monitoring covers a wide geographic spread and is representative of the entire population being targeted; therefore random sampling can be used as well. Independent monitoring enables the DHMTs to focus on weak aspects/areas of implementation for improved coverage as these are reported directly to them in person or by phone for remedial action in real time. Coverage data is collected via mobile applications using Android phones. The webhost account administrator at HKI receives, sorts, cleans, queries where necessary, and reports in-process coverage results daily to the NTDP for distribution by email to all DHMTs. The end process monitoring is conducted immediately after the MDA campaign to independently estimate post-MDA program coverage. Cluster random sampling using probability proportionate to size is used for end-process monitoring since this is the phase of IM that will estimate program coverage. The results of the end-process monitoring are used for comparison with the reported MDA coverage and also to recommend ways to achieve improved coverage in the next round of MDA.

[48] WHO. Immunization coverage cluster survey: reference manual. 2005; Geneva: WHO: WHO/IVB/04.23.

The independent monitoring has been very effective in helping to achieve effective programmatic coverage.

All aspects of preparation for MDA need to be monitored and these are performed annually by HKI-staff independently of the NTDP, and the results shared with the NTDP and DHMTs at the annual NTD review meeting. Community leaders and influencers will serve as community monitoring agents in chiefdoms with persistent LF mf prevalence ≥1% in FY2016.

Debriefing of Independent monitors. After each round of in-process and end-process monitoring of provincial activities they are debriefed at the HKI office together with representatives of the NTDP. Qualitative reports from their field trip are discussed at length and recorded by the HKI-NTD team together with their recommendations for future MDAs. For MDAs in the WA, daily debriefing on the in-process monitoring occurs at the DHMT office at 6 pm. In-process monitoring has contributed immensely to avoiding pockets of low coverage, especially in HTR areas and identifying underperforming CDDs, PHU staff and/or DHMTs. It is timely and cost-effective since it enables program implementers to activate corrective measures without delay. Funds for the independent monitoring and the supervision conducted by HKI are located in the other direct costs.

How data collection is followed through pre-established procedures and protocols

[Budgeted: Collecting, Reporting, Analysis - Oncho LF (FOG); Collecting, Reporting, Analysis - MDA Schisto (FOG)]

Data are collected by the CDDs/CHWs in their registers in accordance with WHO guidelines and tally sheets for MDA in the urban setting. These are collated by the PHU-in-charge and checked by the NTDFP. The National NTD Supervisors tours the districts to collect these collated reports and assist with the checking and if necessary visits PHU to cross-check directly or obtain delayed reports. All the data collection tools are based on indicators described in WHO guidelines and the donor. HKI will continue to work with the NTDP to adhere to all WHO guidelines including the adoption of the new WHO joint drug request and joint report forms. Data quality will be improved by the utilization of mobile applications to send summary reports initially from district to national level but in the longer term from PHU to district level. This was first introduced by HKI to the NTDP in FY2013 and the NTDFPs received further training in FY2014. Further support will be required in FY2016 to establish this.

Issues encountered during MDA and how they could be overcome

Each MDA encounters unique barriers which are often predictable from previous independent monitoring debriefings or a general understanding of the MoHS and the pressures and additional programs of emergencies it is encountering. In-process monitoring is able to identify these swiftly and help the NTDP and DHMTs justify and focus whatever additional support is required within days. In 2010, the launch of the universal distribution of long-lasting insecticide-treated nets occurred at the start of MDA-LF-oncho-STH in 12 HDs and kept both PHU staff and volunteers pre-occupied. In-process

monitoring clearly demonstrated after 6 weeks that coverage had not reached effective levels and MDA was extended for a further month.

The transfer/leave/attendance at international or national meetings of key health personnel in the month prior to MDA when organization needs to be finalized and roles and responsibilities of other health staff confirmed can have a profound impact on coverage in the district affected as there is such a critical shortage of trained, capable health personnel. The DHMTs are encourage to roll out the MDA training to all PHU staff such that trained health staff will always be available even in the event of transfer of their colleagues. This can be achieved by rotating personnel who are nominated to attend the training and not limited to the 'In-charges' of the health facilities. The adoption of the NTD training curricula into MCHA training curricula will provide the opportunity for the MCHA in training to learn about NTDs before even they are posted to the health centers after the completion of their course. MCHA constitute over 80% of PHU staff in all the 14 HDs.

Drug shortages at some PHUs occurs in the WA. This was due originally to internal displacement during the war and now a more permanent settlement as 'displaced' families elect to stay in the WA but move around looking for space and affordable accommodation. There may also be a rapid influx of people within the WA when social mobilization regarding MDA is highly effective resulting in internal MDA-migration from other districts. Within the WA, both supportive supervision and independent monitoring with daily debriefing of the DHMT-WA enables drug shortages to be corrected overnight. As the WA is the commercial center of Sierra Leone, many persons visit for trade on a regular/infrequent basis and may 'elect' to participate in MDA as they may have missed the MDA round in the provinces. Thus the DHMT-WA is supplied with a generous buffer stock of drugs and the NTDP on stand-by to re-supply them if necessary as was the case in 2010. Drug shortages at the new mining communities due to employment–seeking migration has occurred and again the DHMTs in the affected districts (Bombali, Tonkolili and Port Loko) are resupplied by the NTDP or distribution within the district is re-organized by the DHMTs.

Negative rumors can spread quickly during an MDA and need to be quickly reported by the PHU staff or independent monitor to the DHMT. The NTDFP visits the affected community and reports back to the DMO who may also visit the affected community and/or address the district through the community radio the same day. This rapid investigation and response had been highly effective at resolving issues in both the provinces and the WA, maintaining the momentum of the MDA and achieving effective coverage. Rumors vary from the side effects to be encountered to fears of impotency, infertility or cholera during the rainy season. Domestic deputes between health workers/CDDs and their families or local politics can also instigate negative rumors and fears regarding Ebola. Further modification of IEC materials, advocacy, social mobilization and radio discussions will be implemented to achieve effective coverage.

Non-compliance appears due to experience of previous side effects especially when the individuals have not participated in previous MDAs. To overcome this, health workers and CDDs are trained on recognition and management of common side effects and referrer of SAEs.

It is often a challenge to achieve high MDA coverage in hard to reach areas (HTRs). Special strategies will continue to be employed to reach the hard to reach areas (HTRs) with MDA drugs include hiring boats to access riverine areas, hiring motorcycles to reach hard to reach terrain and targeting the leaders of special groups such as motorcycle riders association, drivers' union with specially tailored messages that could be disseminated to the entire members of the group.

Short-Term Technical Assistance

[Budgeted: Schistosomiasis Expert meeting (ODC); Support MoHS to Develop NTD Master Plan (ODC); Other TA not budgeted]

Table 6: Technical Assistance request from END in Africa

Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, RTI/HQ, etc))	Number of Days required and anticipated quarter
SCH expert committee meeting	To review current treatment strategy for SCH in 7 HDs	Experts to make an informed decision about SCH	2 days
To update the TIPAC for FY2016 and training NTDP to raise funds locally	The NTDP has indicated that they cannot do the updating of the tool on their own. The NTDP will also request Deloitte to help with training to raise funds locally.	Expertise on TIPAC and Fund raising	2 weeks
Orientation on DQAs and WHO joint reporting and joint drug request formats, and the National NTD database and roll-out	The NTDP has indicated the need to train on the DQAs and the WHO Joint Reporting Format to help strengthen the national data management system for effective M&E	Expertise on the DQAs and use of the WHO reporting and request forms and database management	2 weeks
Review of the 2011-2015 NTD Master Plan and development of NTD Master Plan for 2016-2020	The current NTD Master plan will expire in 2015 and there is a need to have a new NTD Master Plan	Expertise on PC NTDs	1 week

Technical assistance (TA) will be requested by the NTDP for the following activities in FY2016:

- **SCH expert committee meeting/workshop**: the NTDP is requesting technical assistance from HKI and FHI360 to hold a meeting to review and make an informed decision about treatment strategy for SCH following the impact evaluations and reevaluations of prevalence also planned for FY16.

- **TIPAC**: The TIPAC will need to be updated to reflect Sierra Leone's FY2016 data, and as such the National NTDP is requesting external support for this effort. Also, TA for training of NTDP staff on raising funds to address LF morbidity from private sector will also be requested from Deloitte in FY16, as the NTDP and HKI have little experience in this domain and also have no current support for hydrocele surgery or lymphedema management.

- **Data Quality Assessment Orientation, Joint Application/Reporting Form Orientation, NTD Database:** In FY2016, the national NTDP will need TA to better understand the data quality assessments, which will allow the National Program to assess the quality of reported NTD data in Sierra Leone and the ability of current NTD data management systems to collect, transmit, document and report quality data. During this visit, the NTDP will also request an orientation in the use of the WHO Joint Reporting Forms and Joint Request Forms to help with drug requests and MDA reporting. A TA will also be requested by the NTDP in FY2016 to train the National Program in the use of the National NTD Database.

- **Development of the next NTD Master Plan for Sierra Leone:** The NTDP is requesting a TA to help review the NTD Master Plan 2012-2015 and provide guidance on critical elements that should be included in the follow-on Master Plan (2016-2020) to allow Sierra Leone to reach all WHO elimination and control objectives.

M&E

Data Quality Assessments and National NTD database roll-out

[Not budgeted (TA)]

The NTDP will require technical assistance from the END in Africa Project to strengthen their data management, create a national NTD database, train their staff on its maintenance and perform the DQA. It is anticipated that the national database will be rolled out in FY2017 after the national population census that will be performed in 2016. It is expected that preliminary results of the 2016 population census will help in the establishment of these new tools and improve planning and reporting. Actual implementation of DQA will be done in FY17 after receiving training in FY16; this training will also orient the NTDP on the specific ways in which the results may be used.

Disease Specific Assessments

[Budgeted: SCH Impact Assessment (Budgeted FY15 FOG); TAS/Post TAS1 LF 12 Districts (FOG); Materials NTD Surveys (ODC)]

In FY2016, DSAs will be conducted based on WHO guidelines: an impact assessments for SCH in 7 HDs will be conducted in April 2016 and a re-assessment in 5 coastal districts. The impact assessment for SCH will help the NTDP to know the current SCH situation following 5 rounds of MDAs in 7 HDs that were classified as having moderate or high baseline prevalence and in the 5 costal HDs that were classified as having low prevalence and have never been treated. The results of the assessment will also determine if

the treatment strategy of SCH will be revised. An expert committee meeting will be held after the survey in FY16 to get an informed decision on treatment strategy for SCH and this will require TA (see STTA section above).

TAS in 8 HDs and Pre TAS in 6 HDs were on course for assessment in FY14 when the Ebola outbreak was declared a public health state of emergency by the President of Sierra Leone. This has now been re-programed for FY17 to allow communities to fully recover from post-Ebola trauma and also to regain confidence in the health system after the damaging relationships between the population and health sector due to EVD. However, pre survey activities, such as listing of primary schools for TAS in 8 HDs, social mobilization at communities for Pre TAS in 6 HDs will be conducted in FY17 and has been included in the budget.

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

Transition to post-MDA-LF surveillance is anticipated in 8 HDs in FY2017 following successful implementation of TAS and if the districts pass. Preparations include further training of district/private sector laboratory technicians on the identification of microfilaria from blood samples as part of their routine work and during screening for army and police employment/recruitment and University entrants screening. Currently the major strategy includes Post MDA TAS 1&2 scheduled every 2 years following the pass of TAS. Cross border control to prevent recrudescence of LF from other districts and/or from neighboring Guinea and Liberia will focus on synchronizing NTD activities within the MRU and modifying distribution strategies to ensure coverage amongst traditional and employment seeking migrants. During the surveillance phase in the 8 HDs, ALB and IVM will be available at the NTDP store to treat positive cases.

M&E challenges, inaccurate denominators, getting DSA results out, MOH approvals

The 2004 national population census was conducted 2 years after the end of the civil conflict in Sierra Leone[49] when many Sierra Leoneans were either internally or externally displaced. Since then, much internal migration and rapid urbanization has occurred. This has been a challenge to the government and every partner working in the country. The NTDP has therefore been dependent on the village census that is conducted annually by CDDs in the rural areas. In the urban areas the program had relied on WHO estimated numbers that has been used during NIDs for polio, measles and yellow fever vaccinations.

To ensure high quality DSA results, the HKI NTD staff will participate in field work including microscopy (where applicable), and data analysis. Also, NTD country team and partners will seek the assistance of FHI360 and HKI-HQ and RO to help develop protocols consistent with WHO guidelines for DSAs. MoHS approval for NTD DSAs and the ensuing publications relating to these DSAs has not been problematic.

The HKI questionnaires, administered to community leaders, CDDs, PHU staff, DHMTs and community members to assess the extent and quality of activities performed are revised annually. The mobile

[49] Civil conflict was between 1991 and 2002.

application to be used in FY2016 has changed from Magpie/CommCare to ONA which is equally user-friendly and has additional features: synchronization with the webhost to prevent double data entry and GIS recording to confirm location being monitored

Mhealth

[Budgeted: Mhealth (ODC)]

In FY13, mhealth was introduced to NTD focal persons so that they can send district data to the M&E Officer of the NTDP. Since the application works best using Android smart phones, the NTDFPs will be trained on the use of this application so that districts data will be sent immediately to facilitate easy reporting of drug coverage and milestones achieved for FOGs.

In addition, the independent monitors use these smart phones for daily reporting during both In- and End-Process monitoring. In FY16, this technology will continue to be used to help timely reporting and swift actions during MDAs.

Table 7: Planned Disease-specific Assessments for FY16 by Disease

Disease	No. of endemic districts	No. of districts planned for DSA	Type of assessment	Diagnostic method (Indicator: Mf, ICT, hematuria, etc)
Schistosomiasis	12	12	Impact of MDA/re-evaluation of prevalence	Kato-Katz

Planned FOGs to local organizations and/or governments

Table 8: Planned FOG recipients

FOG recipient (split by type of organization)	Number of FOGs	Activities
NTDP	1	• Distribution of drugs and other logistics MDA LF-Oncho-STH in 12 HDs • MDA LF-Oncho-STH in 12 HDs • MCHA-MDA LF-Oncho-STH in 12 HDs • Collection, Analysis and Reporting LF-Oncho-STH in 12 HDs • Annual review meeting • Training of Trainers: LF-Oncho-STH in 12 HDs • Advocacy Meetings for PCT LF-Oncho-STH in 12 HDs • Training and Refresher Training for PHU staff for LF-Oncho-STH in 12 HDs • Social mobilization for MDA LF-Oncho-STH in 12 HDs • Cross-border meeting for 7 HD prior to MDA LF-Oncho-STH • Special advocacy meeting for HD with persistently high LF prevalence • MDA SCH in 7 HD
NTDP	2	• Collection, analysis and reporting for MDA-SCH in 7 HDs

FOG recipient (split by type of organization)	Number of FOGs	Activities
		• Training of supervisors for MDA-SCH in 7 HDs • Training and refresher training of PHU staff for MDA-SCH in 7 HDs • Advocacy and social mobilization for MDA SCH in 7 HDs • Social mobilization for MDA SCH in 7 HDs • Distribution of Logistics and Drugs for MDA SCH in 7 HDs • Feeding of schoolchildren prior to MDA SCH in 7 HDs • NTD Curriculum Development for Tertiary Education Training Institutions • Supervision and Materials for HTR areas • Impact assessments/re-evaluation of prevalence for SCH in 12 HD • Training of technicians for LF surveillance • Training and refresher training of CDDs
DHMT-WA	3	• Advocacy in the WA (RWA and UWA) • Advocacy with private practitioners • Social mobilization in WA • Training of PHU staff in WA • Training of CHWs in WA • MDA LF-STH in WA

Attachment 6 – FHI FY2016 Work Plan for Ivory Coast.