



End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

October 2015 – March 2016

Submitted to:

United States Agency for International Development (USAID)

Submitted by:

FHI 360

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Table of Contents

Acronyms and Abbreviations	4
Executive Summary	4
Project Management	10
Project Implementation	10
Issuance and Management of Grants.....	10
Summary of Sub-grantee Activities by Country.....	11
Burkina Faso.....	11
Cote d'Ivoire	12
Ghana.....	12
Niger	14
Sierra Leone	15
Togo	16
Technical Assistance/Capacity Building	17
Technical Assistance Requests in FY2016	19
Supply Chain Management.....	23
Financial Management and Capacity Building.....	25
Collaboration and Coordination	30
END in Africa – General	30
Burkina Faso	30
Cote d'Ivoire	31
Ghana.....	31
Niger	32
Sierra Leone	32
Togo	33
Monitoring and Evaluation	34
Support to Sub-grantees and MoHs	34
Burkina Faso.....	34
Cote d'Ivoire	35
Ghana.....	35

Niger	35
Sierra Leone	36
Togo	36
Data Management and Dissemination	37
Routine Program Monitoring.....	37
Mass Drug Administration	37
Impact Assessment	40
Trainings	42
Technical Assistance and Capacity Building on M&E	42
Knowledge Management.....	43
Major Activities Planned for the Next Six Months	48
Travel Plans for Fiscal Year 2016	54
Appendix 1: MDA Reporting of Integrated NTD Control	57
Appendix 2: Country Program Summaries.....	62
Burkina Faso	62
Cote d'Ivoire	68
Ghana.....	71
Niger	78
Sierra Leone	88
Togo	97

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Acronyms and Abbreviations

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
ASTHM	American Society of Tropical Medicine and Hygiene
CDD	Community Drug Distributor
COGES	Health Center Management Committees
DHMT	District Health Management Team
DQA	Data Quality Assessments
DSA	Disease Surveillance Activity
EMMP	Environmental Management and Mitigation Plan
FDC	Fund for Community Development (FDC in French)
FTS	Filariasis Test Strip
FOG	Fixed Obligation Grant
GHS	Ghana Health Service
HD	Health District
HDI	Health & Development International
HIO	Health Information Officer
HKI	Helen Keller International
HQ	Headquarters
HW	Health Workers
IEC	Information, Education and Communication
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MDG	Millennium Development Goals
Mf	Microfilaremia
MOH	Ministry of Health
MSH	Management Sciences for Health
NTD	Neglected Tropical Disease
NTDP	Neglected Tropical Diseases Program
OAA	Office of Agreements and Acquisition
Oncho	Onchocerciasis
ONPPC	The National Office of Pharmaceutical and Chemical Products (ONPPC in French)
Ov16	Onchocerciasis tests
PCT	Preventative Chemotherapy
PHU	Peripheral Health Unit
PNLSGF	National Program for Schistosomiasis, Lymphatic Filariasis and Soil-transmitted Helminthiasis
PNSOLO	National Program for Eye Disease and Onchocerciasis
PPME	Policy, Planning, Monitoring and Evaluation
PZQ	Praziquantel
RWA	Rural Western Area
SAC	School-age Children
SAR	Semi-Annual Report
SCH	Schistosomiasis

SCM	Supply Chain Management
SOP	Standard Operating Procedures
SSP	Strategic Social Partnerships
STH	Soil-Transmitted Helminthiasis
STTA	Short Term Technical Assistance
TA	Technical Assistance
TAS	Transmission Assessment Survey
TF	Trachomatous inflammation Follicular
TIPAC	Tool for Integrated Planning and Costing
USAID	United States Agency for International Development
UWA	Urban Western Area
WA	Western Area
WHO	World Health Organization

Executive Summary

This semi-annual report outlines the progress made during the first and second quarters in year six (FY 16) of the eight-year Cooperative Agreement No. AID-OAA-A-10-00050, “End Neglected Tropical Diseases in Africa,” or “END in Africa.” The six countries chosen by the United States Agency for International Development (USAID) for the operational portfolio include: Burkina Faso, Niger, Togo, Ghana, Sierra Leone, and Cote d’Ivoire. These countries have remained in the portfolio with no changes during the period under review, with the exception of Cote d’Ivoire, which is a new country in the END in Africa portfolio as of FY 16. During this reporting period, FHI 360 and its partners undertook the activities outlined in the FY 16 work plan (October 2015 – September 2016).

FHI 360 worked with other partners in the END in Africa consortium to support and monitor the execution of activities by all sub grantees and Neglected Tropical Disease Control Programs (NTDPs) within the Ministries of Health (MOHs) to ensure all work plan activities were executed according to technical expectations and that USAID policies and regulations were observed. This included making periodical site visits, reviewing sub grantees’ monthly progress reports, monitoring project expenditures and cost share contributions, project coordination, and addressing any implementation issues that arose.

END in Africa continued to support NTD Programs in the 6 END in Africa implementing countries (with the addition of Cote d’Ivoire) as they continued to implement and strengthen activities relating to mass drug administration (MDA); monitoring and evaluation (M&E), including disease specific assessment (DSAs); capacity building; and other cross-cutting areas, aimed at elimination of trachoma, lymphatic filariasis (LF) and onchocerciasis (oncho), and control of schistosomiasis (SCH) and soil transmitted helminthiasis (STH) as public health problems.

A new Monitoring and Evaluation Advisor was recruited and started in October 2015 and continued to liaise with country programs and other NTD partners to ensure appropriate execution of M&E activities for NTD Control Programs. The main accomplishments for this reporting period were as follows:

- All FY 16 SAR1 workbooks were submitted on time to USAID and RTI for review and the review process is ongoing. USAID, RTI, and FHI 360 review the workbooks separately, put all comments in a single feedback document, discuss the feedback in a group, and send joint USAID/RTI/FHI 360 feedback to each respective country. END in Africa’s M&E Advisor provides country background/specificities, when necessary.
- The outstanding issues with some of the FY 13, FY 14, and FY 15 workbooks have been addressed and the review process is ongoing. The countries will submit the workbooks to their respective MOHs for approval and we will have updates in the next reporting period.

After receiving all workbooks for FY 16 SAR 1, the situation is as follows: As of March 2016, a total of 7,727,759¹ people were treated for at least 1 NTD and 10,048,064² treatments were provided in the first half of FY 16. The cumulative number of people treated for at least one NTD through END in Africa (USAID funded) since 2010 is 155,766,966 while the cumulative number of treatments

¹ Number of people treated (all funding sources).

² Number of treatments provided (all funding sources).

provided is 344,569,232.

Disease Surveillance Activities (DSAs) conducted in the 6 countries in FY 16 included pre-TAS and TAS for LF; epidemiological and entomological surveys for oncho; impact assessment surveys for trachoma; and impact assessment for SCH and STH:

- *Pre-TAS and TAS for LF:* Pre-TAS for LF was conducted in 6 health districts (HDs) in Ghana. In Niger, 9 HDs in the Zinder and Diffa regions underwent sentinel site and control site surveys for LF. All districts had microfilaraemia (mf) prevalence of less than 1%, indicating they all may proceed to TAS 1 in FY 17. TAS 3 was conducted in 3 HDs in Burkina Faso and the results showed no evidence of ongoing transmission, hence passive surveillance will continue, but no further active surveillance is required.
- *Trachoma impact surveys:* Burkina conducted trachoma impact surveys in 5 HDs and the results showed that all districts surveyed have trachomatous inflammation follicular (TF) <5%, indicating they have reached the elimination threshold and may stop MDA. In Niger, a total of 7 HDs were scheduled to undergo trachoma impact assessments (carryover from FY 15); as of this report, 6 had finished their assessment with varying results. TF prevalence in those 6 HDs ranges from <5% to <30%. This knowledge informs HDs as to how to proceed with treatment. The seventh district has not yet undergone impact assessment.
- In Ghana, a trachoma pre-validation survey started in December 2015 to collect data that will be used to determine whether trachoma has been eliminated in Ghana. The survey is expected to be complete in FY 16 Q3. This is the first time this type of survey is being conducted in Ghana and in Africa.
- *Onchocerciasis epidemiological & entomological surveys:* Togo implemented onchocerciasis surveillance using skin snips and Ov16 rapid tests in 60 villages. The incorporation of Ov16 will be critical for Togo's transition from skin snip to serological surveillance, in accordance with the most recent WHO guidelines, and the data will be essential for the newly established Committee for the Elimination of Onchocerciasis.
- *SCH/STH impact assessments:* Ghana conducted a SCH/STH survey in October 2015 and the results indicate a significant reduction in prevalence. Final results will be available after a consultative meeting is held to discuss the results and implications for treatment frequency.

Overall, about 47.6% LF-endemic health districts have stopped MDA, and 68.2% trachoma-endemic health districts have stopped MDA, which brings the number of districts to be treated in FY 16, to 151 for LF and to 41 for trachoma. The reported numbers include all six program countries.

In this reporting period, 5,221 people were trained to conduct and/or supervise MDAs, or to perform M&E-related activities. Training sessions were cascaded and organized mainly around MDA or DSA activities. All countries disaggregated trainee data by gender. Available data suggests that 43.8% of the trainees were female.

Over the past six months, END in Africa conducted the following main MDA activities:

- Burkina Faso – The second round of the SCH MDA in the Centre-Est region took place from October 23 – 27, 2015. The NTDP quantified the need for Praziquantel (PZQ) tablets for the FY 17 MDA and made projections for PZQ requirements for FY 18, FY 19 and FY 20.
- Cote d'Ivoire – The NTDP conducted an LF-Oncho MDA in December 2015 in 27 health districts. This campaign was funded by SightSavers/END Fund.

- Ghana – The NTDP conducted a school-based SCH/STH MDA in November and December 2015, targeting school-age children (SAC) in 105 districts and adults at high risk for SCH in 10 hyper-endemic districts within those 105 districts. Only 10 hyper-endemic districts were treated because of inadequate funds and medicine. Also, a 2nd round of oncho treatment was conducted in 44 districts.
- Niger – In January 2016, the NTDP conducted an “advanced” MDA in four regions (separately from the general MDA) to make use of PZQ drugs that were close to expiring and thus, minimize wastage.
- Sierra Leone – HKI supported the NTDP to conduct a LF–STH MDA in Western Area and MDA against SCH in 7 health districts in October 2015. Also, a 2nd round of deworming for STH targeting SAC was conducted in September 2015 with funds from UNICEF, implemented through the Ministry of Education, Science and Technology under the National School and Adolescent Health Program (NSAHP) of the Ministry of Health and Sanitation (MoHS). Final results from NSAHP are still pending.
- Togo – The 2nd round of STH MDA for FY 15 took place in December 2015 in six districts with high STH prevalence (funded by USAID) and 15 districts with high oncho prevalence (funded by Togo’s MOH). Plans are ongoing for the 1st round of MDA for 2016, a major nation-wide activity involving treatment for oncho, STH, and SCH.

A number of supply chain management (SCM) activities took place over the course of this reporting period to strengthen and institutionalize supply chain and drug management systems and accountability, which are essential for successful MDAs. The key SCM events during this period include:

- Management Sciences for Health (MSH), under the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS), conducted a 4-day International Health Managers Workshop on SCM for MDA, customized for NTDs. The workshop was held on February 23 – 26, 2016 in Accra, Ghana for three Anglophone West African countries (Ghana, Nigeria and Sierra Leone).
- With USAID’s facilitation, the Cote d’Ivoire END in Africa program received donated PZQ drugs from WHO/Burundi in March 2016. The donated drugs will be shipped to Abidjan in FY 16 Q3.

On the financial management (FM) and capacity building (CB) component, Deloitte continued to make progress toward strengthening the long-term capacity of NTD Programs in END in Africa’s six country programs. Deloitte worked with country teams to enable stronger strategic planning for NTD programming. Special emphasis was placed on considering the financial needs for program execution and effective uses of financial and program data for evidence-based decision-making.

This work has included providing guidance on implementing the Tool for Integrated Planning and Costing (TIPAC), collaborating on financial sustainability planning, reinforcing the NTDPs’ capabilities in developing, managing and implementing the FOG funding mechanism, and improving financial management systems in the END in Africa countries. The specific activities Deloitte has been engaged in include:

- Expanding the platform for managing Fixed Obligation Grants (FOGs) and capacity building efforts in financial systems and operational management
 - Ghana: Between October 2015 and March 2016, the END in Africa team worked under

the leadership of the Finance Directorate and the NTDP team to adopt standard operating procedures (SOPs) and budget guidelines. This is an on-going task.

- Togo: In October 2015, the END in Africa team conducted a FOG and Performance Management workshop with the Togo NTDP to understand and define the scope of financial- and FOG-focused support needed to advance the NTDP's objectives.
- Introducing NTDPs to sustainability planning and advocacy efforts to improve the financial stability of their NTD programming:
 - Togo: Deloitte conducted an Introduction to Sustainability Planning and Maturity Modeling workshop, February 1 – 7, 2016.
 - Cote d'Ivoire: In December 2015, Deloitte staff traveled to Cote d'Ivoire to provide technical assistance in the areas of organizational development and planning to the NTDP team in Abidjan.
 - Ghana: In March 2016, successful mobilization of resources from UniBank came to fruition with a letter of commitment for \$41,560.
- TIPAC implementation and data use for policy and program decision making:
 - Ghana TIPAC was updated at a workshop held on January 31 – February 5, 2016.
 - Cote d'Ivoire TIPAC training workshop occurred the week of February 29 – March 4, 2016 and the TIPAC implementation workshop took place on March 29 – April 1, 2016.
 - Togo TIPAC data implementation/update workshop occurred from March 7 – 11, 2016.
 - Sierra Leone TIPAC data implementation/update workshop was conducted on March 14 – 25, 2016.

In the next six months, FHI 360 and partners will continue to implement END in Africa project activities as outlined in the FY 16 annual work plan. FHI 360 and partners will work to support HKI and HDI in the implementation of their activities in each country, including MDAs and second tier sub-agreements. Finally, FHI 360 will continue to ensure that sub-grantees and partners remain compliant with all approved sub-agreements regarding financial reporting and project implementation.

Project Management

During the period under review, FHI 360 executed various activities to ensure continued progress toward the goals outlined in the END in Africa work plan for FY16. This section outlines some of the key activities related to project management.

- Weekly conference calls and/or meetings have been held between the USAID NTD team and the END in Africa team to exchange information, consult on various issues, and keep all stakeholders current on project implementation.
- FHI 360 hired a new M&E Advisor who started in October 2015.
- The END in Africa FY 16 work plan was submitted to USAID in September 2015 and approved at the beginning of October 2015.
- FHI 360 participated in the 2015 USAID NTD Partners Annual Meeting on December 2 – 3, 2015 in Washington DC, USA.
- END in Africa hired a consultant to provide trachoma-expertise and guidance for the elaboration of the Trachoma Action Plan for Ivory Coast, March 1 – September 30, 2016. Advisory service will continue until the end of the fiscal year as needed.
- FHI 360 submitted three waiver approval requests to USAID (purchase of tetracycline drugs for Cote d'Ivoire, two vehicles for Ghana, and international travel for trachoma consultant) and approval was obtained accordingly.
- FHI 360 executed four procurement actions in the first half of FY16: diagnostics (ICT, FTS, and IgG4) for Cote d'Ivoire and Ghana, and Praziquantel (PZQ) drugs for Burkina and Sierra Leone. Details provided in SCM section of the report.
- The END in Africa project team conducted routine monitoring and planning visits to project implementing countries. In January 2016, the Project Director and Technical Advisor visited Cote d'Ivoire to meet with the NTDP to provide orientation on project implementation as well as to monitor and plan FY 16 activities with the MOH and in-country partners in this new program country. The Project Director also visited Ghana for a FY 16 work plan implementation review.

Project Implementation

This section details the major accomplishments in project implementation in the past six months. It highlights activities related to the issuance and management of grants, summaries of sub-grantee activities in each country, technical assistance/capacity building, collaboration and coordination, and M&E.

Issuance and Management of Grants

During the period under review, the FHI 360 led team executed the following activities in support of sub-grantees and MOHs:

- Monitored all sub-agreements to ensure compliance with USAID reporting, spending and cost-share requirements and regulations.
- Processed sub-grantee monthly financial reports and accruals.
- Submitted and obtained USAID approval for eight (8) FOGs to be issued to the Cote d'Ivoire Ministry of Health.

- Reviewed and approved a number of second-tier FOGs: Niger (13), Burkina Faso (12), and Sierra Leone (3).

Summary of Sub-grantee Activities by Country

Competitively selected sub-grantees are currently supporting the NTDPs/MOHs of the six END in Africa countries: Helen Keller International (HKI) is working in Burkina Faso, Niger and Sierra Leone; HDI in Togo; and FHI 360 in Ghana and Cote d'Ivoire.

Burkina Faso

Implementation of the FY 16 work plan for the END in Africa project during this first half of FY 16 included many activities related to the coordination and planning of FY 16 activities. In addition, some activities planned for FY 15 were carried out during the first half of FY 16.

- Collection of deliverables for the fixed obligation grants (FOGs) took place from October 11–16, 2015 in the following regions: Hauts-Bassins Centre-Est, Boucle du Mouhoun, Sud-Ouest, Centre-Ouest, Sahel, Nord and Centre-Sud.
- Training of 23 laboratory staff on microscopic diagnosis of lymphatic filariasis took place from October 20–23, 2015 in the Centre-Nord region and from October 27–29, 2015 in the Centre Ouest region.
- Passive surveillance orientation meetings took place in the Centre-Nord and Centre-Ouest regions on October 24, 2015 and October 30, 2015, respectively.
- The second round of the SCH MDA in the Centre-Est region took place from October 23–27, 2015.
- Third transmission assessment surveys (TAS 3) in the Hauts-Bassins region (Léna, Dafra, Karangasso-Vigué districts) were conducted from November 22–28, 2015.
- Trachoma impact surveys were conducted from December 1–10, 2015 in the Hauts-Bassins region (Dandé, Dafra and Karangasso-Vigué districts) and from December 15–22, 2015 in the Signoghin health district (Centre region).
- Updating of community-directed treatment with Ivermectin (CDTI) treatment logs took place in the Sud-Ouest and Cascades regions from December 7–15, 2015.
- An exchange and activities planning meeting took place with the NTD Program on January 25, 2016. An agreement on the implementation schedule for the next two FY 16 months was reached at the meeting. The meeting provided an opportunity to exchange information about integrated NTD database training and for the signature and implementation of the FY 16 FOGs.
- A workshop to design an internal database for the END project with NTDP data managers and unit heads was held from December 15–19, 2015 to facilitate reporting and filling out the USAID workbooks. The workshop was held in Koudougou.
- Training of national and HKI staff on the integrated NTD database was held in Koudougou from February 1–3, 2016.
- Technical assistance with support from the END in Africa M&E Advisor was held from February 29–March 4, 2016 to review and respond to all outstanding issues with the USAID M&E workbooks.
- A training for trainers was held on March 28–30, 2016.

Further details on Burkina Faso's activities are noted in Appendix 2.

Cote d'Ivoire

Activities for this period were marked by the launch ceremony of the END in Africa project, held at the US Embassy/Cote d'Ivoire in Abidjan on December 7, 2015. The main activities implemented during this period included coordination and capacity building of NTDP technical and administrative staff. The project activities are implemented by the Ministry of Health and AIDS Control/Ministère de la Santé et de Lutte contre le SIDA (MSLS) through its two NTD programs – National Program for Schistosomiasis, Lymphatic Filariasis and Soil-transmitted Helminthiasis (PNSGF) and National Program for Eye Disease and Onchocerciasis (PNSOLO).

- LF-Oncho MDA was conducted in December 2015 and February 2016 with funding from SightSavers/END Fund. A total of 5,219,091 people received drugs.
- Training on TIPAC took place on February 22–26, 2016 in Yamoussoukro. The training was managed by a team from Deloitte consulting. It was an opportunity to build the capacity of 22 NTDP staff on NTD management, planning and costing.
- A workshop was held on January 24–28, 2016 to develop a detailed operational plan for the NTD activities for 2016.
- A partners meeting was held to allow the NTDP to present their planned activities and reach out to other donors for funding. It was also an opportunity to lay the groundwork for good coordination of FY 16 activities. All partners that had worked with the NTDP since 2012, including SightSavers, the END Fund, the Schistosomiasis Control Initiative (SCI), HKI, MAP International and FHI 360, participated in the meeting.
- Workshop was held in Agboville on January 18 – 22, 2016, to train 9 NTDP staff on Integrated NTD Database (BDIM), and a second session was organized for 14 HD M&E staff on March 21 – 25, 2016, also in Agboville.
- Training on supervision of MDAs was held on February 1 – 3, 2016 in Agboville for 8 staff from the Directorate General for Health. The training was conducted by the NTDP.
- Training on SAFE Strategy and Trachoma Action Plan (TAP) workshop was held on March 7 – 11, 2016 in Yamoussoukro for 30 – 45 participants. International Trachoma Initiative (ITI) co-facilitated the workshop.

Further details on activities in Cote d'Ivoire are noted in Appendix 2.

Ghana

- The NTD Program held a 2-day Activity Implementation Planning meeting on December 21–22, 2015 to determine detailed timelines for all proposed activities for the 2016 calendar year. Participants included NTDP implementation stakeholders in education – the School Health Education Program (SHEP) of the Directorate of the Ghana Education Service (GES)— as well as Regional and District Directors of Health and partners, including FHI 360. The output of the meeting was an annual schedule of NTDP activities, including all MDAs, trainings and disease specific activities (DSAs). The schedule will facilitate activity implementation and ensure maximum support from stakeholders, especially the regional and district health administrations and the GES.
- The NTDP conducted school-based SCH/STH MDA in November and December 2015, targeting school-age children (SAC) in 105 districts and adults at high risk for SCH in 10 hyper-

endemic districts within those 105 districts. Only 10 hyper-endemic districts were treated because of inadequate funds and medicine.

- The NTDP conducted a country-wide SCH and STH impact assessment survey in October 2015. Preliminary results indicate significant decreases in the prevalence of both diseases. The NTDP will hold a technical review meeting on the results in the next quarter. The final results will inform changes to SCH MDA in the country.
- LF Pre-TAS was conducted in 6 districts in January 2016, and samples were examined in February 2016. FHI 360 is in the process of procuring the services of a consultant to undertake quality control of the samples before final results of the Pre-TAS are validated.
- An entomological survey for onchocerciasis was completed in 18 river basins over a three-month period ending in November 2015. Over the same period, an epidemiological survey for onchocerciasis was conducted in 89 sentinel sites in 40 endemic districts where NTD control and elimination activities have been funded by USAID. The entomological and epidemiological surveys were funded by SightSavers International.
- The NTDP convened a technical review meeting on March 21 – 23, 2016 to evaluate its onchocerciasis data (MDA and assessment) and determine the steps it needs to take to align the onchocerciasis elimination strategy with the new WHO Guidelines for Stopping MDA and Verifying Elimination of Human Onchocerciasis. The review meeting included key partners supporting the NTDP on onchocerciasis – FHI 360 and SightSavers International. The NTDP response/strategy for the WHO 2015 Onchocerciasis guidelines will be shared and presented at the Work Planning Meeting in July 2016 for wider input from partners.
- The NTDP is conducting a Trachoma Pre-validation Survey aimed at collecting data for certification of trachoma elimination in Ghana. Trachoma graders were trained in WHO-accredited centers in Nigeria in October and November 2015. While field teams were trained and surveys were piloted on December 2–5, 2015 in the Upper West Region, with data collection starting on December 7–19, 2015. Field work resumed on January 12, 2016, and was completed at the end of March 2016. A report that details the collected data is being analyzed. The final report is expected in May 2016, followed by preparation of a dossier for WHO certification.
- The NTDP held a workshop to update the Tool for Integrated Planning and Costing (TIPAC) on February 1–5, 2016. The TIPAC workshop was also an opportunity to put together a 5-member small group, which held a side meeting to conduct a final review of the NTDP Communication and Advocacy Strategy document. The document is expected to be finalized for publication in FY 16 Q3.
- Ghana participated in a 4-day international Health Managers Workshop on SCM for MDA for NTDs, organized by MSH under the USAID-funded SIAPS. The workshop was held in Accra, Ghana for three Anglophone West African countries (Ghana, Nigeria and Sierra Leone) on February 23 – 26. Participants included NTDP staff, Ministry of Health staff, Country Medical Stores and Pharmaceutical managers and partners. An action plan was developed to address poor reverse logistics, a problem confronting all participating countries.
- NTDP management and FHI 360 had a meeting to brief the new Director for Policy Planning, Monitoring and Evaluation (PPME) of Ghana Health Service (GHS) and his team on the Strategic Social Partnership (SSP) objectives and process, including building NTDP capacity in SSP and having a GHS unit that is equipped to implement SSP strategy on behalf of the

NTDP and other sectors of GHS. Following this meeting, the GHS Director General issued formal communication on March 8, 2016 institutionalizing SSP in the GHS by establishing a SSP unit under the PPME division and appointing staff to the unit, who will be trained by END in Africa/FHI 360.

- In FY 15, the NTDP began developing 20 billboards to improve the visibility of target diseases, showcase interventions, and celebrate successes. However, the process delayed and was rolled over into FY 16. The billboard designs have been completed and approved by the NTDP. The vendor is expected to mount two large, double-faced billboards in each of Ghana's 10 regions by the end of next quarter.
- The NTDP continued to use FM Radio, community Public Address (PA) systems, vehicle-mounted PA systems and community durbars as the main channels for social mobilization during school-based SCH/STH MDA, community-based SCH MDA and the second round onchocerciasis MDA, all of which were conducted during the period under review.

Further details on Ghana's activities are noted in Appendix 2.

Niger

During the period under review (October 1, 2015 – March 15, 2016), the main activities focused on conducting a physical drug inventory across the country, 'advanced' MDA in 4 regions, and monitoring and evaluation activities.

- A physical drug inventory following the FY 15 MDA was conducted from November – December 2015 in all eight regions to ensure an accurate count of the available drugs to inform and help forecast the need for drugs for the FY 16 MDAs. An analysis of the inventory revealed that a significant quantity of Praziquantel was set to expire between January – March 2016. Therefore, a plan was put into place to conduct an "advanced" MDA to distribute as many drugs as possible and to avoid wastage.
- A mission visited the governors of four regions in December 2015, to solicit signatures on the FOGs in order to enable the NTDP to move forward with the "advanced" MDA.
- The "advanced" NTD MDA campaigns were conducted in the Tillabéri, Dosso, Agadez and Zinder regions in January and February 2016, and treatments were provided for all NTDs in these areas warranting treatment in FY 16.
- A number of surveys planned in the FY 15 work plan were not conducted in FY 15, since the MDAs finished in May 2015, and WHO recommendations state that surveys should take place six months following the mass drug administration. A total of nine districts in the Zinder and Diffa regions underwent sentinel site and control site surveys for lymphatic filariasis to determine whether they are ready to do transmission assessment surveys (i.e. TAS 1) next year. All districts had microfilaraemia prevalence of less than 1%, indicating that they all may proceed to the TAS 1 in FY 17.
- A total of seven districts warranted trachoma impact assessments in FY 15; as of this report, six have finished. Of these, two had trachomatous inflammation follicular (TF) prevalence of <5% among children ages one to nine years, indicating they have reached the elimination criteria for active trachoma and can now proceed to the surveillance period. Two other districts had TF prevalence between 5-9.9%, indicating that they may undergo one further round of mass drug administration, followed by an impact assessment. Finally, two districts had TF prevalence ≥10% and <30%, indicating that they warrant an additional three rounds

of treatment.

- Two training-of-trainers sessions were held on March 24, 2016 for the FY 16 MDA for Diffa & Maradi; and for Tahoua & Niamey.
- Pre-TAS surveys (a FY 15 activity) were conducted in the Zinder and Diffa regions (districts of Zinder, Magaria, Mirriah, Tanout, Matamaye, Gouré, Diffa, Mainé Soroa, and N'Guigmi) in December 2015 – January 2016.
- Trachoma impact assessment surveys (a FY 15 activity) were conducted in the Dakoro, Madarounfa, Mayahi, Tessaoua and Guidan Roumdji districts in December 2015 and January 2016.
- An update of the endemic villages for schistosomiasis (SCH) was conducted in January 2016. This update will determine the target populations and exact locations for future SCH MDA.
- The Ministry of Public Health (MoPH) and Helen Keller International (HKI) jointly supervised the “advanced” FY16 MDA, which was conducted in the Ouallam (Tillabéri region) health district in January 2016.
- HKI’s NTD Finance Assistant provided supportive supervision to the Administrative and Financial Services Directors in the Agadez and Tillabéri regions in January and February 2016, respectively.

Further details on Niger’s activities are noted in Appendix 2.

Sierra Leone

- An advocacy meetings was held for LF-STH MDA in the Western Area (WA) region, with participation of key stakeholders such as religious leaders, traditional heads, councilors and civil society organizations. This took place on September 16 – 17, 2015, for the urban western area (UWA) and rural western area (RWA).
- An advocacy meeting was also held with private medical practitioners for the MDA for LF-STH in the WA on September 18, 2015.
- Social mobilization for the LF-STH MDA in the WA was conducted from September 25 – 30, 2015.
- Advocacy meetings for the SCH MDA were held from September 22 – 25, 2015 in 7 HDs, with participation of key stakeholders, such as religious leaders, traditional heads, councilors and civil society organizations.
- Social mobilization for the SCH MDA in 7 HDs took place from October 7 – 13, 2015.
- Advocacy meetings were held on February 4–14, 2016, for MDA LF-Oncho-STH in 12 HDs headquarter towns to obtain stakeholder support.
- The MDA for LF-STH in the WA was launched in the Wilberforce community on October 9, 2015, with the participation of the deputy chief medical officer II, the USAID country representative, the Disease Prevention and Control (DPC) Adviser at the WHO, city councilors, the deputy mayor of the Freetown city council, civil society organizations and other partners.
- The SCH MDA was held in 7 HDs during the last week of October 2015.
- Refresher training of peripheral health unit (PHU) staff for LF-STH MDA in WA was held on September 21 – 22, 2015 for the RWA & UWA.
- Training of community health volunteers for the LF-STH MDA was conducted on October 8, 2015 in the rural and urban WA by PHU staff, with supervision from DHMT-WA.

- Training of supervisors and refresher training of PHU staff for the FY 15 SCH MDA in 7 HDs was held on September 15 – 18, 2015.
- Training of trainers for LF-Oncho-STH MDA in 12 districts was held on January 30 – 31, 2016.
- Training and refresher training of PHU staff for the LF-Oncho-STH MDA in 12 HDs was held on February 4 – 14, 2016.
- A workshop for the development of NTD curriculum for health training institutions was held on September 16 – 18, 2015.
- A macro planning meeting to discuss the updated FY 16 timeline of activities was held on December 22, 2015.
- Dr. Bah, the NTDP Program Manager, attended the African Program for Onchocerciasis Control (APOC) Joint Action Forum meeting in Kampala, Uganda from December 13 – 17, 2015.
- A review meeting of the NTDP's FY 15 activities was held on January 7 – 9, 2016.
- An NTD task force meeting to discuss FY 16 MDA activities and development of the new NTD master plan (2016 – 2020) was held on February 3, 2016.

Further details on Sierra Leone's activities are noted in Appendix 2.

Togo

- A second round of MDA (Albendazole and Ivermectin treatment) for the year 2015 took place on December 8–22, 2015 in six districts with STH prevalence (funded by USAID) and 15 districts with high onchocerciasis prevalence (funded by Togo's MOH). The data have been collected and collated, but have not yet been entered or analyzed.
- Onchocerciasis epidemiologic surveillance was implemented in 60 villages during this period. In each village, up to 300 adults were screened by both skin snip and Ov16 rapid test, as part of Togo's ongoing onchocerciasis surveillance. The incorporation of Ov16 will be critical to Togo's transition from skin snip to serological surveillance, in accordance with the most recent WHO guidelines, and the data will be essential for the newly established Committee for the Elimination of Onchocerciasis.
- An integrated impact assessment for SCH and STH occurred in early 2015, and the results were compared with the mapping results from 2009, and then used by the MOH to revise treatment strategies. On a national scale, prevalence of the target diseases decreased dramatically from 2009 to 2015, although in some localities prevalence was stable or increased. Frequency of treatment at the PHU (for SCH) or district (for STH) level was adjusted, based on WHO recommendations.
- Plans are ongoing for the first round of MDA for 2016, a major, nation-wide activity involving treatment for onchocerciasis, STH, and schistosomiasis. The educational flipcharts used by the community drug distributors (CDDs) are being revised in order to simplify the key public health messages. Key stakeholders participated in an NTD Program review meeting and a detailed MDA planning workshop from February 29 – March 4, 2016.
- Togo's MOH and HDI revised the MDA distribution plans to reflect the new prevalence data collected in 2015, and drafted the LF dossier for the verification of elimination by WHO. The Minister of Health and his cabinet issued an official Note de Service that establishes a committee for the elimination of three neglected tropical diseases – Oncho, LF, and human African trypanosomiasis. This committee also includes a sub-committee for Oncho

elimination that will convene with external experts in Togo.

- A secretariat meeting was held on December 29–30, 2015 to discuss the implementation of the second round of MDA for 2015, and to begin planning for the first round of 2016.
- On February 29 – March 4, the annual review of the integrated NTD Program was held to present analyses of results, successes and challenges associated with the MDAs; consolidate stakeholder support for integrated NTD activities; inform participants about the MDA objectives, targets, and process; outline a general MDA action plan; review and refine the budget, taking into consideration each partner's contributions; and identify synergistic activities or additional opportunities for program integration.
- In November 2015, the NTD focal point and the LF Program Manager attended the COR-NTD and ASTMH meetings in Philadelphia. During that time, they were able to interact with a variety of NTD stakeholders, including donors, international organizations, and other program managers. The meeting provided the opportunity to share experiences and ideas and identify resources for Togo's NTD programs. The program managers met with a Deloitte representative to discuss plans for advocacy training, which was held in early February 2016.
- As with every MDA in Togo, town criers were successfully utilized to publicize the December 2015 MDA. The flipchart is currently being revised to simplify and streamline the key public health messages, and the new flipchart will be used in the April 2016 MDA. Training materials for the April 2016 MDA are being revised.
- Prior to starting the onchocerciasis surveillance activities, seventeen (17) field workers with experience in skin snips were trained to perform the Ov16 rapid test.
- Several short-term technical assistance trainings were implemented during this period. Deloitte implemented trainings on FOGs, advocacy, and TIPAC for the Togo MOH in February and March 2016, and FHI 360 provided Geographic Information Systems (GIS) training to two HDI headquarters staff.

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

Technical Assistance/Capacity Building

As the lead partner in the END in Africa consortium, FHI 360 was responsible for coordinating technical and administrative support related to capacity building with all the sub-grantees and NTDPs. It took the lead in providing assistance related to compliance with USAID requirements. In this regard, it strengthened the NTDPs' and sub-grantees' capacity to manage projects, work planning, M&E, data management, SCM, and quality assessment. Deloitte is the lead partner in financial management systems and reporting, including budgeting. A new M&E Advisor was recruited and started at the end of October 2015. He has systematically addressed all FY 15 M&E-related TA requests made by countries in FY 16. Below is a list of all TA that has been or will be provided to the END in Africa countries in FY 16.

NTD Technical Assistance

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

Table 1
Technical Assistance Requests in FY2016

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
Burkina Faso³	Support to conduct data quality assessments (DQA)	Ensure the quality of data reporting	Expertise on conducting NTD DQAs	1 week	END in Africa	Not yet implemented	To be conducted in 2 nd half of FY 16
	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	Not yet implemented	To be conducted in 2 nd half of FY 16
	Support to review the STH control strategy	Identify strategies appropriate for, and specific to, intestinal worm control efforts in line with WHO standards	Intestinal worm control expertise	3 days April – June	Technical Assistance Facility (TAF)	Not yet implemented	To be conducted in 2 nd half of FY 16
	Support for TAS surveys with the filariasis test strip (FTS)	Availability of a new FTS test. The test will be used going forward for the TAS surveys, beginning in FY16	Expertise in FTS use: (e.g. NTD Support Center)	7 days April 2016	END in Africa/HKI	Not yet implemented	To be conducted in 2 nd half of FY 16
	Skills-building support for two biomedical technicians	New personnel assigned to the program, unfamiliar with NTD-related laboratory procedures and techniques	Expertise in FTS use: (e.g. NTD Support Center)	7 days April – May	NMIR in Accra	Not yet implemented	To be conducted in 2 nd half of FY 16
	Support for training to address 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 June 2016	MSH workshop	Not yet implemented	To be conducted in 2 nd half of FY 16
	Support for the implementation of a sustainable mechanism for mobilizing resources	Ensure sustainable financing for PNMTN activities	Strategic planning; management and leadership; HICD	Two phases of three days each FY 16 Q3	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16. Implementation was delayed due to political unrest
	Targeted leadership and planning capacity building event utilizing Maturity Model	Provide support to the new NTD Focal Point; improve leadership, management, prioritize areas of TA support, and activity planning given influx of funding	Management and leadership; strategic planning; human capital; human and institutional capacity development (HICD)	1 trip x 7 days; FY 16 Q4 (DKR=>Ouagadougou) 1 trip x 7 days; FY 6 Q4 (IAD=>Ouagadougou)	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16
Cote d'Ivoire	Follow-up mentoring in NTD planning, coordination and leadership functions	Provide support to the new NTD Focal Point; improve leadership, management, and planning given influx of funding	Strategic planning; management and leadership; HICD	1 trip x 7 days; FY 17 Q1 (DKR=> Ouagadougou)	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16
	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	2 weeks	END in Africa (Deloitte)	Implemented	Provided TIPAC Training for 1 week (Mar 29 – Apr 2, 2016). Data entry is scheduled in April 2016 for 1 week.
	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	Not yet implemented	To be conducted in 2 nd half of FY 16
	Capacity building on	The MOH has requested refresher training	Expertise on Fixed	Two days	END in Africa	implemented	

³ Many of the activities in Burkina were not executed in the first semester of the fiscal year due to the political unrest.

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
	FOG - training for regional accountants	on working with FOGs	Obligation Grants (Deloitte)				
	Support to conduct DQA	Ensure the quality of data reporting	Expertise on conducting NTD DQAs	1 week	END in Africa	Not yet implemented	To be conducted in 2 nd half of FY 16
	SAFE Strategy training and trachoma action plan (TAP) workshop for NTDP staff	The MOH requested training on SAFE strategy and support to develop a TAP given this is the first trachoma control program to be implemented in-country.	Expertise on Trachoma	1 week	END in Africa	Implemented	Conducted March 7 – 11, 2016
	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 NTDP is convinced 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 DHMTs and from treatment facilities.	Expertise on conducting situational analysis with good knowledge of trachoma.	2 weeks	END in Africa	Not yet implemented	To be conducted in 2 nd half of FY 16
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	Not yet implemented	To be conducted in 2 nd half of FY 16
	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/CSIR/School of Public Health	Based on quantity of slides. FY16 Q2	TBD	ongoing	Arrangements currently ongoing; will be conducted 2 nd half of FY 16
	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/CSIR/School of Public Health	Based on quantity of slides. FY16 Q1	TBD	Not yet implemented	Did not take place as planned because of administrative challenges. SCH survey already completed by the NTDP.
	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	Ongoing with Sightsavers support.	The need for such expertise was covered by Sightsavers, who recruited a consultant for the survey.
	TA to develop flip charts for CDD, teachers and health staff to use for community, pupils education on NTDs	These tools are not available and it makes public education by CDDs and teachers quite difficult and inconsistent.	Communication specialist/Information Education and Communication (IEC) material development expert	12 weeks	TBD	Not yet implemented	To be conducted in 2 nd half of FY 16
	Training 30 health staff in onchocerciasis assessments – epidemiological and entomological surveys	Almost all GES technical staff with the expertise have retired. There is the need to augment the capacity.	Expertise in onchocerciasis assessments: epidemiological and entomological surveys	2 weeks	TBD	Not yet implemented	To be conducted in 2 nd half of FY 16
	Sustainability Planning Workshop	In-person workshop on sustainability planning and targeting areas for	Program management and leadership, strategic	7 days	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
		improvement/support	planning				
	Program management/team building/alignment/ Semi-annual review	In-person coordination and planning among staff from Anglophone and Francophone countries; participation from home office program management staff required.	Program management; Strategic planning; Reporting	7 days	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16 This was a carry-over activity from the previous fiscal years. This was not captured in the FY16 work plan.
Niger	Update the FY 16 TIPAC (Strategic Planning)	To adapt the TIPAC to the new NTD Strategic Plan of Niger for 2016-2020. The NTDP indicated it cannot update the tool on its own.	Expertise in TIPAC	1 week	END in Africa (Deloitte)	Implemented	Output will be used for data analytics/decision making in subsequent quarters.
	DQA training	Shortcomings in data collection, quality assessment and processing	DQA expertise	2 weeks FY 16 Q3	END in Africa	Not yet implemented	To be conducted 2 nd half of FY 16
	Integrated NTD database (BDIM)	Current NTD program does not have a comprehensive database to store data.	Expertise in DB	5 days FY 16 Q2	END in Africa	Not yet implemented	To be conducted 2 nd half of FY 16
	TIPAC implementation	Support required to: update 2016 TIPAC data with the country team; increase country team capacity for evidence-based planning and decision-making; two people required to effectively carry out the workshop.	Financial management; Knowledge and experience with the TIPAC tool, data analytics and standard reporting; Strong Excel skills	14 days;	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16. Planning uncertainty due to ongoing electoral process, opposition protest and the status of the Round 2 of presidential elections. Tentative new dates is the week of April 18.
	Severe Adverse Event (SAE) management training to improve the program's ability to respond to SAEs	New handbook/guidelines from WHO on SAE management.	SAE management expertise	3 days FY 16 Q4	END in Africa	Not yet implemented	To be conducted in 2 nd half of FY 16
	Sustainability workshop + Advocacy and Sustainability Plan	The country program expressed interest in using the Sustainability Workshop and follow-up activities (e.g. partnerships, proposals) to address NTDP gaps; the lack of an Advocacy Strategy and Sustainability Plan exacerbate existing gaps; two people are required to effectively carry out the workshop.	Business case development; Proposal development; Strategic social partnerships (SSPs); Aligned action; Revenue generation and resource mobilization; Advocacy; Strategic planning	14 days	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16
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	Not yet implemented	This activity is expected to be carried out alongside the annual workplan in FY 16 Q3
	Update the TIPAC for FY 16 and train the NTDP to raise funds locally	The NTDP indicated they cannot update the tool on their own. The national program will also ask Deloitte to help with training to raise funds locally.	Expertise on TIPAC and fund raising	10 days (March 2016)	END in Africa (Deloitte)	Implemented	Deloitte trained the NTDP staff in TIPAC data implementation and update.
	Orientation on DQA and WHO joint reporting and joint drug request formats, and the national NTD database and roll-out	The NTDP has indicated the need for training on the DQA and WHO drug request and reporting forms to help strengthen the national data management system	Expertise on the DQAs and use of the WHO reporting and request forms and database management	1 week FY 16 Q3	END in Africa	Not yet implemented	To be conducted 2 nd half of FY 16
	Review of the 2011-2015 NTD master plan and development of a new one (2016-2020)	The current NTD master plan expired in 2015 and there is a need to develop a new one.	Expertise on PC NTDs	1 week FY 16 Q4	WHO	Not yet implemented	To be conducted 2 nd half of FY 16

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
	TIPAC implementation + basic data use for planning/budgeting/management	In-person support required to: introduce and populate TIPAC; and introduce reports and concepts of evidence-based planning and decision-making; Two people are required to effectively carry out the workshop.	Financial management; Knowledge & experience with TIPAC tool; data analytics and standard reporting; Strong excel skills; Strategic planning; Budgeting	14 days	END in Africa (Deloitte)	Not yet implemented	To be conducted in 2 nd half of FY 16
Togo	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)	2 week	END in Africa	Implemented	Training was conducted in October 2015
	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	1 week	END in Africa (Deloitte)	Implemented	Training was conducted in February 2016
	Training on supply chain management at the district level (SCM, capacity building)	Supply chain issues that have arisen have occurred within districts	Expertise on supply chain management	1 week FY 16 Q1	MSH	Not yet implemented	To be conducted in August 2016
	Review and revision of Togo's Oncho Program's Five Year Plan for Oncho Elimination, in conjunction with Togo's new Oncho 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 Oncho control and elimination and familiarity with the new WHO Oncho guidelines (FHI 360)	1 week FY 16 Q2	TBD	Not yet implemented	Planned for end of April 2016
	Capacity building on FOG - training for accountants	MOH has requested refresher training on working with FOGs	Expertise on Fixed Obligation Grants	October 12-15, 2015 FY 16 Q1	END in Africa (Deloitte)	Implemented	Completed in November 2015
	Consultation on design of a 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 oncho 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	Remote consultation FY 16 Q1 and 1 week, FY 16 Q2	CDC or Task Force for Global Health	Implemented	TA provided via both remote consultation and in-person
	Advocacy strategy	Country program expressed interest in a Sustainability Workshop and follow-up activities (e.g. partnerships, proposals) to address NTDP gaps; the lack of Advocacy and Finance strategies exacerbates existing gaps; two people are required to effectively carry out the workshop.	Business case development; Proposal development; SSPs; Aligned action; Revenue generation and resource mobilization; Health financing; Strategic planning; Advocacy	7 days	END in Africa (Deloitte)	Ongoing	Part of a broader sustainability program.

Supply Chain Management

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

Burkina Faso

To date, the drugs for the various MDA have not been received by the NTDP and the ICT cards/Filariasis Test Strips (FTS) for the different TAS surveys have not yet been ordered. However, the NTDP quantified the need for Praziquantel (PZQ) tablets for the FY17 MDA and made projections for PZQ requirements for FY 18, FY 19 and FY 20. A physical inventory was conducted after the 2nd SCH MDA for FY14 in October 2015; however, results have not yet been made available, and the inventory was conducted with funding from the Government of Burkina Faso. No supply chain management (SCM) trainings or physical inventories were conducted within the reporting period for FY 16.

Cote d'Ivoire

The END in Africa Cote d'Ivoire program received a PZQ drug donation of 3.4 million tablets in March 2016. WHO will transfer some of the PZQ drugs previously donated to Burundi through the Merck-WHO donation program from Burundi to Cote d'Ivoire. FHI 360 issued a shipping purchase order to Bollore Africa Logistics to ship the donated drugs from Bujumbura to Abidjan in early FY16 Q3 to ensure arrival before the June 2016 MDA.

In addition, FHI 360 has purchased a number of diagnostics and pharmaceuticals for the Cote d'Ivoire NTD Program during this reporting period: ICT cards and FTS kits have been received by the NTD Program to conduct LF prevalence surveys in FY 16 Q3; SD Bioline Ov16 rapid test kits have been purchased to evaluate Oncho from control to elimination; and tetracycline eye ointment has been ordered for treatment of trachoma in children below six months to be delivered in FY 16 Q3.

Ghana

A 4-day international health managers workshop on SCM for MDA for NTDs was held in Accra-Ghana for three Anglophone West African countries (Ghana, Nigeria and Sierra Leone) on February 23 – 26, 2016. The workshop was organized by MSH under the USAID SIAPS project. Attendees included staff from the NTDPs and MoH, as well as Country Medical Stores and Pharmaceutical managers and partners that support NTDPs in the participating countries – FHI 360 and HKI. The key SCM challenge identified by the Ghana team was reverse logistics for unused medicines from lower levels of the health system and an action plan was developed by the Ghana team to address this challenge. FHI 360 will follow up on the action plan for capture in the FY 17 Annual Work Plan and implementation.

FHI 360 purchased 1,587 Filariasis Strip 30T test kits (FTS) for Ghana to conduct LF prevalence surveys. The NTDP conducted training on the use of FTS for program officers and laboratory staff prior to the TAS. The first phase of TAS is ongoing.

The NTDP had limited PZQ to conduct the school-based MDA in November 2015, as a result 2016 PZQ requests to WHO were submitted in a timely manner to avoid any shortages. Shipment of IVM for MDA in 2016 has been delayed causing a rescheduling of integrated LF/oncho MDA to April 2016.

The NTDP has received communication from the Mectizan Donation Program (MDP) indicating that Albendazole (ALB) and IVM has been shipped but details are not currently available.

Niger

A number of SCM activities took place over the course of this reporting period. First, complete physical inventory of the NTD drugs was conducted between November and December 2015. The report was shared with all the in-country partners and a full analysis of the drug expiring through March 2016 was also previously shared and discussed with FHI 360.

Second, SCM was emphasized during each session of the MDA training that has been held thus far to support the “advanced” MDA. The topics included in the trainings are: estimating needs based on the target population (for the district and health center levels); inventory management (quantity received, quantity withdrawn, inventory remaining); systematic post-campaign physical inventory; proper recordkeeping (registers and inventory sheets); preparation of reports; and data archiving.

Finally, the NTDP quantified the PZQ need for FY 17 and made projections for FY 18, FY 19, and FY 20. The application and projections were submitted to FHI 360 for review.

A number of SCM challenges occurred during the reporting period in Niger:

- Insufficient sharing of information between the MoPH and WHO led to very long delays in releasing the drugs from Customs. To resolve this problem, each program coordinator should take responsibility for his/her drugs, from submitting the order until the drugs are stored in the ONPPC warehouses.
- Niger has also faced challenge in quantifying and forecasting drug needs, historically and during the current reporting period. This is due primarily to the lack of post-campaign inventory and reverse supply chain controls, which ensure that each district can quantify the drugs remaining after each campaign. This has led to over-ordering drugs and consequently wastage of large quantities of drugs.
- Another challenge Niger has faced previously and is facing during this current fiscal year is significant delays in the delivery of certain drugs, particularly ALB, which has not yet been delivered as of March 15, 2016. The National Coordinator of the PNDO/EFL has received notice that the drug is in route from the port in Cotonou, Benin to Niamey.

Sierra Leone

During the period under review, Sierra Leone’s SCM activities included placement of MDA drugs and materials (such as dose poles) for the LF-STH MDA in the WA and for the SCH MDA in 7 HDs.

IVM, ALB and PZQ arrived in country in July 2014 for the FY15 MDA for LF, onchocerciasis and STH in 12 HDs, for the LF-STH MDA in the WA and for the SCH MDA in 7 HDs. During the period under review, the country received PZQ for SCH and IVM for LF-oncho & STH in December 2015 and February 2016, respectively. Prior to the two MDAs in October 2015, the different drugs were supplied to the various DHMTs based on the district CDD census for the 7 HDs for SCH and DHMT-WA projected population data, respectively. The DHMTs, in turn, supplied the PHUs with drugs based on PHU CDD census data, and the PHUs gave the drugs to the CDDs in the communities based on eligible village census data. Other materials, such as the dose poles, pencils, pens, and polythene bags were distributed to the DHMTs and then to the communities.

Following the MDAs for SCH in the 7 HDs and for LF-STH in the WA, the remaining drugs were quantified and returned to the district drug store in each district headquarters town, and the reports sent to the NTDP. The drugs will be returned to the NTDP warehouse in Makeni. SCM topics were part of the training package for PHU staff and CHWs at all levels.

Togo

Albendazole was distributed to the six districts in which a second MDA occurred in December 2015. After the MDA, the remaining Albendazole and data forms were collected from the CDDs. The Togo MOH has consistently achieved success in the distribution and collection of MDA medications, and it continues to refine the process. Ivermectin distribution by the CDDs also occurred in December 2015, funded by the MOH.

The preparation of applications, forecasting, and supply planning has been accurate and losses of medications have been minimal. The biggest problem the Togo MOH has experienced with supply chain management is on-time delivery of medications. The Albendazole delivery in 2015 was delayed, and it appears that the 2016 delivery will also be delayed, as the MOH has not yet received final shipping dates from the WHO. An integrated NTD program requires that all medications and materials be received on schedule for the integrated activity. Failure to have all of the necessary items stresses the collaboration among stakeholders.

Financial Management and Capacity Building

Between October 1, 2015 and March 31, 2016, the END in Africa team continued to make progress toward building more sustainable NTDPs in the six program countries. END's sustainability approach looks beyond resource mobilization, and is embodied through strengthening four foundational "building blocks": organizational development, financial strategy and analysis, advocacy and communications, and strategic social partnerships (SSPs). During the reporting period, END continued to transition its support from workshop-based support to mentoring and coaching, so as to further institutionalize stronger NTDP tools and procedures and empower NTDP teams to take ownership of these approaches for sustained impact.

Key activities over the past six months relating to the aforementioned four building blocks demonstrate the connection between END's activities and sustainability.

A. Organizational Development

END continues to work with NTDPs to increase self-awareness of program performance and the capacity for self-directed programming. Technical assistance is provided through targeted skills-building (usually through trainings and workshops) to build new skills and introduce leading practices. END in Africa also mentors and coaches NTDPs to apply new skills and institutionalize new processes and tools. Organizational development work with each NTDP to date has focused on public financial management, government leadership, performance management, and data use for decision-making.

In this reporting period END in Africa continued to work towards reinforcing the respective NTDPs' capabilities for developing, managing and implementing the FOG funding mechanism as well as improving the NTDP's own project financial managements system. In addition, the END in Africa team continues and aims to increase NTDP sustainability planning and advocacy efforts to diversify partners and mobilize resources to improve financial stability of programming efforts.

Burkina Faso: END in Africa's support in Burkina has waned in recent months, given the additional funding for NTDs the country has received. Nonetheless, the Burkina NTDP team was particularly interested in mentoring support to increase their ability to effectively plan and manage their NTD program. The project has been in discussions with the NTDP about conducting field visits and mentoring. The END team has drafted a Sustainability Concept Note for the Burkina NTDP, to identify and prioritize areas for technical assistance. Implementing the maturity model in the latter half of FY 16 could help to better assess the organization's readiness and capacity to manage and coordinate interventions in the multi-partner/funder environment.

Cote d'Ivoire: In December 2015, Deloitte provided TA to the NTDP team in organizational development and planning. The Deloitte team worked collaboratively with the FHI 360 country team to empower the Cote d'Ivoire NTDP in initiating and implementing their NTD work plan. The team strengthened the planning system for the implementation of END in Africa's Cote d'Ivoire FY16 work plan and discussed potential bottlenecks and risks. At project level and within the NTDP, the END in Africa team sees an opportunity to expand the sustainability approach into Cote d'Ivoire based on lessons learned in the Ghana and Togo NTDPs.

Ghana: END in Africa worked under the leadership of the GHS Finance Directorate and the NTDP team to adopt SOPs and budget guidelines. This institutionalization of improved public finance management SOPs is an ongoing task. In the coming months, the project will work with program leads to obtain accurate unit-cost inputs and develop budget guidelines and ceilings for each region; and define a mentoring and reporting schedule for regular visits to work through critical NTD programming tasks in program planning, management, and implementation.

Togo: In October 2015, Deloitte staff executed a FOG and Performance Management workshop with the Togo NTDP in Notse, Togo. The workshop focused on the Togo NTDP FOGs, financial management, change management, and performance management to strengthen the NTDP leadership, governance, and FOG performance and provide concrete skills and reusable frameworks for the NTDP. After the workshop, the teams demonstrated a better understand the importance of evidence-based decision-making and planning; however, it is clear more technical assistance will be needed to institutionalize the concepts learned.

From February 1 – 7, 2016, the Deloitte team also conducted an *Introduction to Sustainability Planning and Maturity Modeling* workshop, which introduced the four building blocks of sustainability and challenged the 21 participants to consider: what sustainability means within the context of the Togo NTDP, what their top performance goals are, and how to achieve those goals. The NTDP team utilized Deloitte's CYPRESS Maturity Model to analyze its current organizational and management gaps and validate their performance targets and program goals. The workshop specifically highlighted their request and need for technical support in the area of advocacy. A follow

up workshop focusing on advocacy for program sustainability has been planned for June 2016.

Sustainability Handbook Finalization

During this period, Deloitte made additional modifications and improvements to the Sustainability Handbook, designed as a reference for NTD Program teams and their organizations to use after the workshop. The review of the Handbook is in the final stages, and it will be released in the second half of FY 16 as a resource for all six NTDPs.

B. Financial Strategy and Analysis

END in Africa provided the following financial strategy and analysis support in the first half of FY16: Implementation of Ghana's NTD finance strategy; TIPAC implementation and data use for policy and program decision-making in Cote d'Ivoire, Ghana, and Togo; and NTDP Master Plan completion and budgeting. END in Africa continued to work with NTDPs to incorporate TIPAC outputs into master plan updates while also advocating for the continued use of the TIPAC and incorporation into country programs workplans. The team will continue to provide ad hoc support to country programs to further institutionalize data and information use for decision-making.

Cote d'Ivoire: The first TIPAC training workshop occurred on February 29 – March 4, 2016. The workshop successfully trained the Cote d'Ivoire NTDP leads on TIPAC use and implementation, and the TIPAC implementation workshop will take place March 29 – April 1, 2016. After the second workshop, the data will be analyzed and used for decision making. The completion of the first TIPAC is a key step for providing technical assistance to Cote d'Ivoire, and it will be used as the basis for creating Cote d'Ivoire Finance Strategy, and informing decisions around advocacy and partnerships.

Ghana: The Ghana TIPAC was updated at a workshop (brought together staff from all vertical NTDPs) held on January 31 – February 5, 2016. Population of the TIPAC tool was divided into two parts – preventative chemotherapy (PCT) and non-PCT programs. This division was meant to increase the speed of the data entry and to ensure that data analytics are tailored to the respective programs. During the workshop, representatives from the NTDP demonstrated a high level of engagement and independence in tool population, completing the data largely on their own, based on previous lessons learned.

END in Africa is yet to finalize an updated TIPAC in Ghana due to challenges encountered during the data entry. RTI is currently reviewing reported bugs in the tool. END will use the output of the tool for decision-making through the facilitated data analytics and visualization during the second half of FY16.

The team's efforts to operationalize and implement the Ghana Finance Strategy led to tailored proposal support with several new partners, culminating in a successful mobilization of resources from UniBank with a letter of commitment of approximately \$41,560. Deloitte continues to support proposal development with other potential partners, such as Standard Charter Bank (SCB). The SCB proposal is currently under priority review by the Onchocerciasis Program Officer.

Togo: The Togo TIPAC data implementation/update workshop occurred on March 7 – 11, 2016. It emphasized the use of TIPAC outputs for decision-making, supplementing the traditional data entry

END in Africa SAR: October 1, 2015 – March 31, 2016

sessions with modules on data analysis and scenario planning. By focusing more closely on the utilization of program data to inform decision-making, the END in Africa team was able to further develop the NTDP's capacity for program management and sustainability. The workshop uncovered several programmatic risks and identified critical needs for technical assistance in supply chain and inventory management.

Following the workshop, END in Africa will provide continuing virtual technical assistance to the NTDP on utilizing TIPAC data for master plan updates. Additionally, the team will work with the NTDP to incorporate data analytics techniques that were highlighted in the TIPAC workshop into the master plan template. The NTDP's desire to work with the team to incorporate these changes and modify existing templates highlighted the effectiveness and impact of the workshop.

NTDP Master Plan completion and budgeting – The END team supported NTDP Master Plan budgeting to maximize the efficient use of available resources for greater public health impact in the area of NTD programming in Sierra Leone, Cote d'Ivoire, Ghana, and Togo. The NTD Master Plan is the overarching vision and roadmap for NTD program implementation. During the period under review, END in Africa worked with the GHS/NTDP to examine the critical NTD program vision, establish a program trajectory for achieving their vision, and lay the foundation for performance management against the Master Plan. Also, END in Africa supported the finalization of the Ghana and Cote d'Ivoire Master Plans for 2016-2020, including the review of associated budgets and TA plans.

Challenges encountered and next steps: As identified previously, technical glitches in the TIPAC tool continue to persist, including compatibility issues with different versions of Excel. However, the team developed workaround solutions to facilitate the TIPAC generation process despite the issues. The END team has notified RTI of these issues and offered support in testing future TIPAC versions.

The TIPAC data update workshops for FY 16 were delayed in Sierra Leone, Niger, and Burkina Faso due to country elections, leadership transition in the NTDPs, and holiday leave in the months of December 2015 and January 2016. The Sierra Leone TIPAC data implementation/update workshop took place on March 14 – 25, 2016. The dates for Niger and Burkina Faso have not yet been finalized.

C. Advocacy and Communications

Ghana: Advocacy and communications work with the GHS/NTDP during the reporting period culminated in a series of working sessions and stakeholder meetings in Accra in February 2016 as well as a refreshed version of the Ghana NTDP Advocacy and Communications Strategy 2016 – 2020.

During this period of assessment, Deloitte worked closely with END in Africa advisors and local Ghana NTDP stakeholders to:

- Review the existing structure of the NTDP Advocacy and Communications Strategy;
- Complete detailed advocacy action plans, including identification and/or validation of:
 - Change agents, values, messages, and vehicles for NTDP advocacy objectives;
 - Required actions and a timeline for carrying out action plan activities;

- Summarize advocacy materials to be developed by the NTDP;
- Identified indicators for monitoring the execution of the Advocacy and Communications Strategy;
- Identify costs necessary for carrying out the Advocacy and Communications Strategy; and
- Incorporate additional remaining feedback into the final Strategy.

The final version of the GHS/NTDP Advocacy and Communication Strategy is currently under review by Dr. Nana. Findings from the advocacy and communications stakeholder meetings highlight notable collaboration opportunities with the NTD Ambassador, the GHS/Public Relations Unit, and the Ghana Education Service School Health Education Program.

Additional technical assistance in the area of advocacy and communications has been specifically requested by the NTDPs in Togo and Cote d'Ivoire. An advocacy workshop will take place in Togo in June 2016.

D. Strategic Social Partnerships

END in Africa and NTDP staff continued to engage with the GHS Policy, PPMED to enable resource mobilization. The highlight during this reporting period is UniBank's pledged funding to the Ghana LF Morbidity Management campaign in the priority Upper East region. This funds commitment reduced the funding gap identified during TIPAC activities by approximately \$41,560 USD. UniBank also expressed interest in engaging in follow-on discussions regarding expanding their funding after initial implementation. Deloitte supported the team to develop a PMP that was used during the implementation meeting with the bank.

The decision to request private sector funding was directly supported by the analysis and use of TIPAC data to identify funding gaps. During the next six months, END in Africa will support Ghana's NTDP to pursue additional requests for private sector funding from Ecobank, Stanbic Bank and Standard Chartered Bank.

Private sector funding requests are part of ongoing resource mobilization efforts to increase private sector involvement in the NTDP. Proposal submissions demonstrate a willingness and commitment by the MOH and Ghana's private sector to work together in order to demonstrate public-private sector collaboration in Ghana in the interest of improved health outcomes.

Resource Mobilization within GHS

Following the work highlighted in the previous SAR around GHS' move to permanently locate a Partnership Unit within the Directorate of Policy, Planning, Monitoring and Evaluation, GHS nominated a small team to develop a resource mobilization and partnership plan. The team's objective is to support the DPH and intra-country coordinating committee in validating, creating buy-in to and approving the NTDP plan, as well as institutionalizing a process for stronger partnership management and coordination. The partnership strategy is closely tied with GHS' success around resource mobilization and advocacy.

Sustainability approach expanded into Togo at request of NTDP

Our in-country sustainability efforts in Togo have been ramped up within the past reporting period
END in Africa SAR: October 1, 2015 – March 31, 2016

at the direct request of the Togo NTDP. This shows that our work in Ghana is gaining traction and recognition by our target countries, and it shows promise towards future expansion in other countries outside of Togo and Ghana. Our team has tailored our sustainability approach in Togo, as that country's program is at a different stage of maturity than the NTDP in Ghana. We are also bringing a tailored sustainability approach and leveraging lessons learned in Togo and Ghana, to sustainability efforts in Cote d'Ivoire.

Deloitte team presents the sustainability approach to RTI and USAID for potential expansion to the ENVISION project

In early January 2016, Deloitte and FHI 360 hosted a discussion with RTI and USAID to showcase our work around sustainability, describe our approach, and discuss opportunities for future collaboration. The presentation, titled "Sustainability in Neglected Tropical Disease Programming: How Partnerships within a Domestic Ecosystem Advance and Sustain Program Impact," discussed the four building block approach to sustainability as well as the concept of strategic social partnerships within the broader enabling ecosystem of NTDs. The presentation highlighted key successes, lessons learned, and future goals for END in Africa, which could be applied to the ENVISION project through collaboration. Discussion with the ENVISION team and USAID regarding the expansion of the approach is ongoing.

Collaboration and Coordination

END in Africa – General

FHI 360 continued to 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 countries. END in Africa continued to collaborate with NTD partners and NTDPs to plan for the 'End Game' and prepare countries for the final DSAs needed for trachoma and LF before countries start preparing their respective dossiers for verification of elimination. END in Africa coordinates with USAID, the MOH in each country, and existing USG- funded NTD programs to ensure effective program execution.

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

Burkina Faso

- The National Program for Health Development has included prevention of NTDs as a priority in Burkina Faso's health development plan leading to the creation of a first 2012–2016 strategic plan for the prevention of NTDs and of a second strategic plan for 2016–2020, prepared on January 18 – 22, 2016. Prevention of NTDs is included in the action plans of every level of the health system (NTDP, regional level, district level).
- The Burkina Faso government has benefited from World Bank support for the implementation of a project to strengthen the prevention of NTDs with PCT and seasonal malaria chemoprevention (SMC) in children 3 to 59 months. The project was approved and

implementation began in 2015 with planning meetings. This project's period of performance is 2015 – 2019 with a total cost of thirty-five million dollars (\$35,000,000).

- The Government also provides financial support for communication activities and social mobilization. Certain health center management committees (COGEs) provide financial support for CDDs using COGEs resources. However, the amounts are difficult to assess given that they have not yet been fully inventoried at the district level.
- A World Bank-USAID-HKI meeting was held on November 25, 2015 in Ouagadougou. The meeting was held to prepare a workshop to create a single action plan for NTD partner interventions in 2016. The workshop was planned for January 2016, but it wasn't held due to a scheduling conflict among partners.

Cote d'Ivoire

- The Director General of Health made his first ever visit to the FHI 360 office on February 5, 2016 to witness and receive IT equipment and materials procured by END in Africa for the two NTDPs (PNSOLO and PNLSGF). Equipment included laptops, projectors, digital cameras and printers.
- WHO Cote d'Ivoire office hosted a two-day (December 2 – 3, 2016) coordination meeting of NTD partners in collaboration with PNSOLO and PNLSGF. It was an opportunity for the NTDP to report on FY15 activities and present FY16 plans to get feedback from partners to fill the gaps in terms of funding.
- On December 7, 2015, the Deputy Director General for Health, the US Embassy Chargé d'Affairs, and the Cote d'Ivoire USAID Health Office Director actively participated in END in Africa's project launch ceremony hosted by the US Embassy.
- The NTDP organized a three-day workshop (January 25 – 27, 2016) to develop a detailed operational plan from the FY16 project workplan. This will promote better management and implementation of program activities. Workshop was conducted in Agboville.
- The Director General of Health actively engaged in the first day of a two-day coordination meeting (January 28 – 29, 2016) in Agboville organized to provide an opportunity for END in Africa and the NTDP to harmonize understanding of global goals and objectives of the project; and enhance trust and collaboration between the project partners.
- The MoH NTDs focal person keenly participated in a five-day workshop (February 22 – 25, 2016) to train NTDP staff in the TIPAC. The workshop conducted by Deloitte Consulting in Yamoussoukro.
- The Director General for Health was actively engaged in the opening ceremony of the TAP workshop which convened both international and local partners engaged in the fight against trachoma. The workshop was conducted March 7 – 11, 2016 in Yamoussoukro.

Ghana

- As part of the END in Africa/FHI 360 technical support to the NTDP in the area of financial sustainability, END in Africa sought to build NTDP capacity in Strategic Social Partnership (SSP). This is expected to enhance the ability of the NTDP to engage government and social partners to provide additional resources for NTD activities.
- NTDP management and FHI 360 had a meeting to brief the new director of the PPME division of the GHS and his team on the SSP objectives and process. Following this meeting the Director General of the GHS issued formal communication on March 8, 2016,

institutionalizing the SSP unit under the PPME division and appointing 8 senior and middle-level staff to the unit, who will be trained by END in Africa/FHI 360.

Niger

- An NTD coordination meeting was held November 2015, focused primarily on preparing for the early MDA campaign to make use of expiring PZQ supplies. Four regions – Dosso, Tillabéri, Zinder, and Agadez – were chosen while waiting for confirmation based on the results of the physical inventory.
- On December 9, 2015, the Deputy Secretary-General of the MoPH sent a letter to HKI to notify the organization that an emergency (“advanced”) MDA campaign would be held following the results of the physical inventory. The letter also asked HKI to take all necessary steps to facilitate the campaign, which indicates that the Ministry is involved in the NTD activities.
- The NTD Task Force has not yet been created due to the presidential and parliamentary elections in the first half of FY16. However, the NTDs were taken into account in the MoPH’s annual action plan for 2016. Also, in the new Health Development Plan for the period of 2016-2020, NTDs received a budget line of 103 million CFA for 2016. However, it remains to be seen whether the line will be mobilized in time for activities, as this has been a problem in previous years.
- The laboratory constructed for the PNDO/EFL by the Government of Niger is slowly being equipped. This laboratory will receive samples as part of the surveillance strategy for LF and oncho.
- The World Bank’s NTD project has just been approved by the two stakeholders (Government of Niger and the World Bank). Implementation is scheduled to begin in 2016. This project is supposed to cover certain gaps in the END in Africa project in the areas of logistics (vehicle purchase and warehouse construction), drugs (for side effects), and motivation for CDDs (only at border health districts).

Sierra Leone

- Three coordination meetings were held with partners to discuss the timelines for activities relating to the LF-oncho-STH MDA in 12 HDs, the SCH MDA in 7 HDs, and the DSA for SCH in 12 districts.
- An NTD Task Force Meeting was held in February 2016 to discuss NTD activities and update the Strategic Plan (2016-2020). It was agreed the strategic plan update will be conducted in FY16 Q3 when the LF-oncho-STH MDA in the 12 districts is complete. This timeframe allows the national program and the DHMTs to have adequate time to do the review.
- The MoHS annual work plan includes a budget line to cover administrative costs for the NTDP secretariat. Additionally, a \$6,700 increase in funding was allocated to morbidity management in the annual budget. Nevertheless, the timely release of funds to implement NTD activities remains a major barrier. With the exception of funds from Sightsavers, no additional funding was received by the NTDP from other partners for this reporting period.
- A new NTDP staff person (a pharmacist) was assigned to the NTDP to help with drug forecasts and quantification. No additional office space was provided for this period.

- The NTDP program manager was invited to attend the closure of APOC in December 2015. It was highlighted in that meeting that countries that do not have adequate funding for NTDs will be supported by the WHO's new framework through the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN).
- As part of its sustainability efforts, the NTDP was able to gather the following donations for its activities during this reporting period:
 - Financial donations: GoSL contributed about \$3,238 towards fuel costs for NTDP vehicles day-to-day use in non-USAID funded districts; and Sightsavers contributed \$23,853 for training of CDDs and monitoring and supervision of oncho activities in 12 USAID-funded health districts.
 - In-kind donations: TOMS shoes worth \$60,000 as motivation for CDDs in USAID-funded districts.

Togo

- The government of Togo continues to be strongly supportive of the Integrated NTD Control Program. The MOH has held numerous coordination meetings over the past six months to discuss the December 2015 MDA implementation and April 2016 MDA preparations.
- The Togo MOH is also developing data management and analytical capabilities.
- The MOH successfully obtained funds from the Bill and Melinda Gates Foundation to implement a search for hydrocele and trichiasis cases through the MDA framework, followed by surgical repair in confirmed cases, and those activities are ongoing.
- The MOH obtained funding from Sightsavers to supplement the cost of the annual NTD program review and detailed planning workshop, allowing for more participants.
- The Minister of Health signed a directive to establish a committee for the elimination of three key NTDs: oncho, LF, and human African trypanosomiasis, with subcommittees tasked with conducting disease-specific work to achieve elimination of all three diseases.
- The MOH is developing partnerships within the government (e.g., WASH, malaria, onchocerciasis, education, etc.), as well as with other NGOs (UNICEF, Red Cross, Plan Togo, etc.) to participate in the integrated MDA. For example, the Togo MOH successfully collaborated with UNICEF during the April/May 2015 MDA to deliver ALB and vitamin A to preschool-age children and we hope collaboration continues for the April 2016 MDA. There is much to be gained from an expanded integration network, and we are optimistic that the MOH can build even further upon the successful integration of community activities.
- Collaborations among the Integrated NTD Program, HDI-Togo, and the Onchocerciasis Program are being strengthened as a step to moving toward onchocerciasis elimination. The MOH, HDI, and Onchocerciasis Program are developing ways to further integrate onchocerciasis into the integrated platform, including collaborative development of detailed and integrated implementation plans for distribution of medications and data analysis.
- HDI is working to bring together other partners (CDC, the Taskforce for Global Health) to support onchocerciasis surveillance and elimination activities, and operational research on onchocerciasis.

Monitoring and Evaluation

FHI 360 and partners continued to support the selected six countries in developing sustainable M&E systems for NTD Country Programs. FHI 360 works closely with implementing partners to ensure that MDA activities and program impact assessments are implemented in accordance with WHO guidelines and that sound data are collected and reported to USAID in a timely manner.

Key M&E activities undertaken within the last six months are classified into the following sub-sections:

- Support to sub-grantees and MOHs to develop and implement quality M&E systems
- Data management and documentation
- Routine program monitoring
 - MDA
 - Impact assessments
 - Training
- Technical assistance/capacity building on M&E

Support to Sub-grantees and MoHs

The role of the M&E Advisor to liaise with country programs and other NTD partners to ensure appropriate execution of M&E activities for NTD Control Programs was continued in the last six months by the new M&E Advisor. The main accomplishments for this reporting period were as follows:

- All FY 16 SAR 1 workbooks were submitted to USAID and RTI for review; the review process is ongoing. The review process is expected to be more efficient compared to previous years as the process has been streamlined. USAID, RTI, and FHI 360 reviewed the workbooks separately, put all comments in a single feedback, discussed the feedback in a group and sent joint USAID/RTI/FHI 360 feedback to the countries. This makes the review process shorter and more efficient as it reduces the back and forth between reviewers and the countries.
- The outstanding issues with some of the FY 13, FY 14 and FY 15 workbooks have been addressed. The countries will submit the workbooks to their MOHs for approval and we will have updates in the next reporting period.

Country-specific details are below:

Burkina Faso

The M&E activities carried out during the reporting period were mainly from FY15:

- The trachoma impact survey in the Dandé, Karangasso-Vigué, Dafra and Houndé districts.
- Support for community-directed treatment with Ivermectin log updating in the Sud-Ouest and Cascades regions.
- Follow-up/monitoring of TAS 3 survey data collection in the Hauts Bassins region (Léna, Dafra and Karangasso-Vigué).
- Follow-up monitoring of the second SCH MDA conducted in October 2015.

Cascade supervision was implemented for the second round of the SCH MDA in the Centre-Est region. The training cascaded from NTDP staff to the regional, district, and health center levels.

The NTDP, along with regional and district-level health staff, jointly monitored the trachoma impact surveys and the TAS 3 that took place during this reporting period. To ensure that WHO and MOH guidelines and regulations were followed, tools to collect data in the field were designed, adapted and provided to the people responsible for implementation.

To ensure compliance with WHO and MOH guidelines and regulations during the surveys (trachoma impact assessment and TAS 3), a training/refreshers session was held with all surveyors to ensure comprehension of the survey protocol. For the TAS 3 surveys, the NTDP supported the training, which covered usage of ICT cards. In addition, as with the MDA, debriefing meetings were held each evening during the surveys to help to resolve shortcomings.

Cote d'Ivoire

Given FY 16 is the first implementation year for END in Africa in Cote d'Ivoire, there were not many M&E activities during this review period. A number of workshops were conducted to improve coordination and capacity building of NTDP technical and administrative staff: develop an M&E Plan; on coordination and preparation of the FY16 operational action plan; leverage NTDP staff capacities on the Integrated NTD Database and DQA; train a team from Directorate General of Health (DGS) on supervision of NTDP activities; and to build NTDP capacity on use of TIPAC. An M&E Plan was developed and released to provide a dashboard for monitoring program activities.

Ghana

To improve standardization and the accuracy of MDA data reported from the districts and regions, the M&E officer developed a data reporting tool that simplified the reporting process. Health Information Officers (HIOs) in all 10 regions were trained by the M&E officer and provided with funding to train HIOs in all NTD endemic districts. The involvement of HIOs is expected to improve MDA data management and quality at all levels. Districts that used the tool to report MDA data showed clear improvement in data quality. With support from END in Africa, the NTDP will continue including HIOs in the management of NTD data at the regional and district levels, as well as improve utilization of the data reporting tool in all target districts. DQA were conducted in November, 2015. Results will be shared in the next National MDA Training of Trainers and Annual Review Workshop scheduled for April 2016. This meeting brings together all key NTDP stakeholders. Stakeholder contributions will be incorporated into the final DQA report.

Niger

The first phase of the FY16 MDA (the “advanced” MDA) took place in Tillabéri region in January and February 2016, and was supervised jointly by NTDP and HKI. All the following MDA were supervised by the NTDP with support from END in Africa. To date, MDA data have not yet been received; we therefore cannot yet report treatment numbers or coverage. Other main M&E-supported activities included pre-TAS surveys (a FY 15 activity) conducted in the Zinder and Diffa regions (district of Zinder, Magaria, Mirriah, Tanout, Matamaye, Gouré, Diffa, Mainé Soroa, and N’Guigmi) in December 2015 – January 2016; the trachoma impact assessment surveys (a FY 15 activity) conducted in the

Dakoro, Madarounfa, Mayahi, Tessaoua and Guidan Roumdji districts in December 2015 and January 2016; and an update of the endemic villages for SCH, conducted in January 2016. This update will determine the target populations and exact locations for future SCH MDA.

Sierra Leone

Several M&E activities were implemented during the period under review. HKI provided funds to the NTDP to support data collection including standardized reporting tools for the MDAs for LF-STH in the WA and for SCH. Updated M&E tools such as village registers, tally sheets, census forms and summary sheets were used in training provided to members of the DHMT, PHU staff, and CHWs. These tools were provided during the MDAs in October 2015. In order to properly monitor MDA activities, community treatment forms were provided to CHWs to capture drug distribution and other demographic information. This information was summarized at the PHU and district levels, and sent up the hierarchy until it reached the national level, which submitted it to HKI and other partners.

In a bid to improve the M&E activities of the DHMTs, HKI reviewed and updated questionnaires to evaluate the knowledge gained by communities during community sensitization meetings. Questionnaires were also developed and administered to Health Workers (HWs) to determine the effectiveness of HWs training on MDA. After several HW trainings and refresher training sessions, gaps still exist between knowledge and actions, attitudes and best practices among HWs, especially those that are just coming from training institutions. The results of this evaluation exercise were developed into a poster, and presented during the training of trainers for MDA LF-oncho-STH in 12 HDs in January 2016.

The mHealth software “ONA” was used during end-process independent monitoring conducted for SCH MDA in 7 districts. A global positioning system (GPS) device was installed on mobile phones, enabling the movement of monitors to be tracked and ensuring that they went to the pre-selected sites. In addition, questionnaires were administered to individuals at the household level to assess reasons for non-compliance. The most common reasons were ‘out of the area’, ‘did not hear about MDA’, ‘distributors did not come to my house’, ‘was sick at the time of MDA’, ‘had a bad reaction in the previous MDA’, ‘afraid to take the drugs because of Ebola’ and ‘thought the treatment would harm me’. These issues were discussed during the training of trainers and the training of PHU staff to ensure that they were addressed in community meetings.

Togo

The December 2015 MDA was implemented in six high STH prevalence districts with Albendazole (funded by USAID), and in 15 high onchocerciasis prevalence districts with Ivermectin (funded by Togo’s MOH). The data have been collected, but have not yet been entered or analyzed.

The Togo Integrated NTD Program conducted training and supervision using a cascade approach. Each level trains and supervises the next lower level, from central to region-, district-, and finally to the PHU-level. During MDA activities, drugs were delivered to each level, and ultimately reached the CDDs. After the MDA was completed, CDDs returned any remaining medication along with treatment records to their local nurse supervisor, who then collated and returned the data and

medication to his or her district supervisor. Supervisors also examined registers and summary sheets to confirm data were correctly recorded in the registers. The workbooks have not yet been updated with the December 2015 MDA numbers, which are pending MOH finalization and confirmation.

PHU-level drug distribution guides that conform to WHO treatment guidelines (based on disease prevalence) are distributed to every PHU. After the MDA, reported coverage was calculated and compared to the intended distribution plan. Feedback on any errors was given to the PHUs and CDDs where the error occurred.

Data Management and Dissemination

All 6 countries have submitted their FY16 SAR 2 workbooks, which are currently being reviewed. There was no challenge encountered this time with workbook submission. The review team addressed all outstanding issues for the FY 13, FY 14 and FY 15 workbooks. Most of the revised FY 13 and FY 14 workbooks are awaiting respective MOH review and approval. FY 15 workbooks are still under review.

It was also agreed by the review team that RTI will share the template of the SCH disease workbook to allow the data entry for two rounds of MDAs supported by USAID.

In collaboration with Ghana Health Service, the END in Africa team submitted in March 2016, an abstract on the trachoma elimination program in Ghana for a symposium at the ASTMH annual meeting. Titled “Shrinking the map for Neglected Tropical Diseases in Africa: Achieving elimination of trachoma in Ghana”.

Routine Program Monitoring

FHI 360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. FHI 360 usually provides TA to sub grantees and NTDPs in END in Africa countries in order to strengthen data management skills among M&E staff and program managers. The new M&E Advisor monitored country M&E activities on a regular basis. Information was collected through phone calls, monthly reports, workbooks, work plans and emails. The follow-up on all planned M&E TA (the WHO joint reporting template, the integrated national database and DQA) in FY 16 was done and many activities will take place in FY 16 Q3 and Q4.

Mass Drug Administration

Burkina Faso

No mass treatments were carried out during the first half-year of FY 16. However, the original workplan timeline did not include any MDAs before March 2016. A second MDA for SCH took place in October 2015 in the Centre-Est region as part of the FY 15 workplan. A total of 1,543,677 school-age children and at-risk adults were treated.

Cote d’Ivoire

During this period, the NTDP conducted an LF-Oncho MDA campaign funded by SightSavers/END Fund. In December 2015, a total of 5,219,091 people (2,475,792 men and 2,743,243 women) were treated.

END in Africa SAR: October 1, 2015 – March 31, 2016

underwent MDA in 27 health districts. The data is further disaggregated by age category – 2,912,243 adults and 2,306,848 school age children (SAC).

The reported primary data shows that treatment coverage was 83.26% (people treated divided by the targeted population) and epidemiologic coverage was 66.6% (people treated divided by the population at risk for LF and Oncho).

Ghana

In November and December 2015, the NTDP conducted school-based SCH/STH MDA targeting SAC in 105 districts and adults at high risk for SCH in 10 hyperendemic districts among the 105 districts. Treatment of hyperendemic districts was limited by inadequate funds and medicine. A total of 2,508,668 school-age children and adults were treated for SCH and 2,320,305 school-aged children treated for STH. The number of districts treated for SCH was largely limited by availability of PZQ.

Integrated LF-Oncho-STH MDA (22 LF-endemic and 85 oncho-endemic districts) scheduled for March 2016 has been rescheduled to April 2016 due to inadequate availability of IVM tablets for the treatment. However, Mectizan Donation Program and WHO have indicated the program will receive the necessary medicines by FY 16 Q3.

Niger:

MDA took place in four regions during the reporting period. This “advanced” MDA took place separately from the general MDA because, following the physical inventory that finished in November 2015, additional quantities of drugs (mainly PZQ) were discovered in the field to the stock of expiring PZQ that was already accounted for at the ONPPC after the physical inventory in June-July 2015. Since the NTDP wished to distribute as much PZQ as possible prior to its expiration date, the MDA campaign for the regions of Agadez, Dosso, Tillabéri and Zinder was organized and took place in January 2016. To finalize the campaign, the NTDP is awaiting delivery of ALB from the WHO donation program. Once received, the campaign will conclude in the regions of Diffa, Maradi, Niamey and Tahoua. To date, MDA data have not yet been received.

Sierra Leone

During the period under review, HKI supported the NTDP in conducting LF-STH MDA in the WA and SCH MDA in 7 HDs in October 2015. These activities were part of the FY 15 work plan but were not completed in time to be reported in the FY 15 report.

The LF-STH MDA in the WA was conducted from October 9 – 13, 2015. A week was also allowed to provide treatment for missed eligible persons. The DHMT-WA report showed that a total of 1,419,360 out of 1,810,824 eligible persons were treated with an overall epidemiological coverage of 78%. The end process independent monitoring (IM) results showed that 7,468 out of 9,074 persons interviewed recalled taking IVM and ALB, indicating coverage of 79%. There was no significant difference in coverage reported by the DHMT and IM.

The SCH MDA was conducted in 7 districts on October 20 – 28, 2015. The NTDP report showed that a total of 2,294,321 people (SAC: 696,370 and High Risk Adults: 1,597,951) were treated out of 2,908,095 eligible people, indicating overall coverage of 79%. The end-process IM results showed

that 9,351 out of 12,770 persons interviewed, recalled taking PZQ.

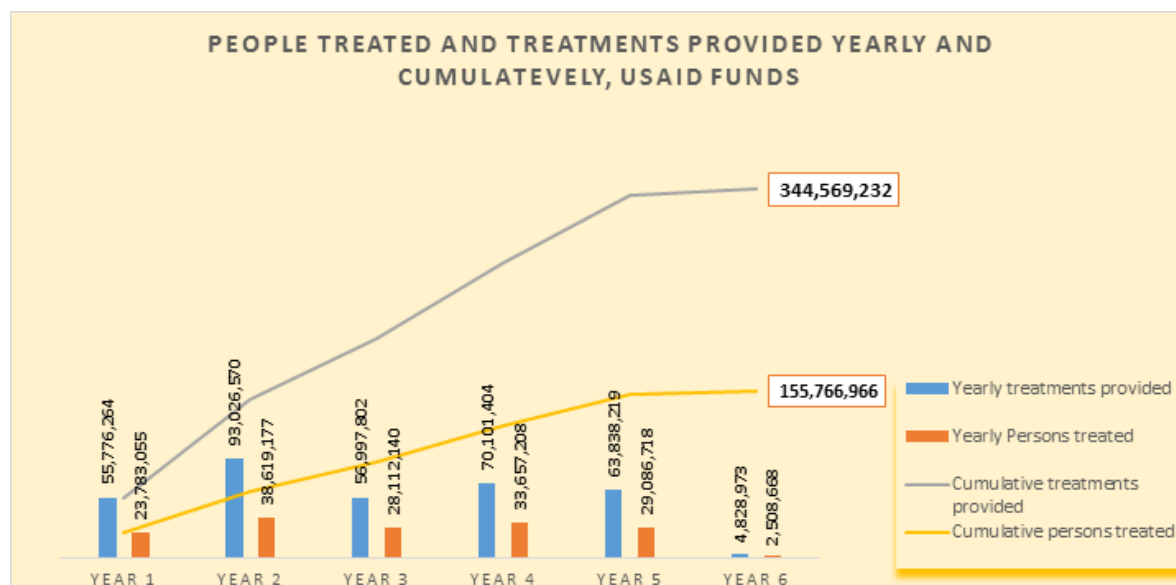
A second round of deworming for STH for SAC was conducted in September 2015 with funds from UNICEF implemented through the Ministry of Education Science and Technology through the NSAHP of the Ministry of Health and Sanitation (MoHS). However, we are still awaiting the final results from NSAHP.

Togo

The second round of MDA for the year 2015 took place on December 8 – 22, 2015 in six districts with STH prevalence (funded by USAID) and 15 districts with high oncho prevalence (funded by Togo's MOH). The data have been collected and collated, but have not yet been entered or analyzed. Plans are ongoing for the first round of MDA for 2016, a major, nation-wide activity involving treatment for oncho, STH, and SCH.

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

Figure 1: Cumulative Treatments provided



As we can see in this graph, the cumulative number of people treated for at least one NTD through END in Africa (USAID Funds) is 155,766,966 while the cumulative number of treatments provided is 344,569,232.

Although there is an increase in cumulative persons treated and treatments provided, we only have Ghana's SCH and STH MDA results for this reporting period. Cote d'Ivoire reported number of people treated for LF (5,219,091) through an MDA campaign funded by Sightsavers/END Fund, but these numbers are not included in the graph. The graph only represents treatments provided and people

treated under END in Africa. The majority of the countries have planned their MDAs in the next six months and the results will be available in the next semi-annual report.

During the November-December 2016 school-based MDA for SCH/STH in Ghana, an SAE was reported involving a 10-year-old child who ingested one ALB tablet (400mg) and two PZQ tablets (600mg) administered by a teacher during the exercise. Investigations showed proper medicine storage and hygiene practices and child ate well prior to taking medicines. The child developed paralysis of the left upper and lower limbs a day after taking the medicines. Detailed investigations conducted at a public teaching hospital where he was referred indicates a possible brain lesion. SAE report form was completed. The medicines manufacturers, WHO, and Federal Drug Administration have been duly informed.

Impact Assessment

DSAs conducted during the first half of FY 16 in the 6 countries included: pre-TAS and TAS for LF; epidemiological and entomological surveys for oncho; impact assessment survey for trachoma; and impact assessment for SCH and STH.

Burkina Faso

The third transmission assessment surveys (TAS 3) in the Hauts-Bassins region (Léna, Dafra, Karangasso-Vigué districts) were conducted from November 22 – 28, 2015. There was no evidence of ongoing transmission in the districts that underwent TAS 3. Passive surveillance will continue in districts that successfully conducted the TAS 3 but no further active surveillance is required.

Trachoma impact surveys were conducted from December 1 – 10, 2015 in the Hauts-Bassins region (Dandé, Dafra and Karangasso-Vigué districts) and from December 15 – 22, 2015 in the Signohin health district (Centre region). All districts surveyed for trachoma had trachomatous inflammation follicular (TF) <5%, indicating that they have reached the elimination threshold and may stop MDA.

Note that as part of the FY16 work planning process, these districts were approved to receive MDA. However, the impact survey results indicate that MDA is not needed and therefore will not be conducted in these districts.

Ghana

Pre-TAS for LF was conducted in 6 districts in January and samples were examined in February 2016. A consultant is expected to examine the samples for quality control purposes before the results are finalized.

An ongoing Trachoma Pre-validation survey that started in December 2015 continues to collect data to determine whether trachoma has been eliminated in Ghana. The survey is expected to be complete by April 2016.

AN SCH/STH impact assessment survey was conducted in October 2015, and the results indicate a significant reduction in prevalence. Final results will be available after a consultative meeting is held to discuss the results and the implications for treatment frequency henceforth.

Niger

A number of surveys planned in the FY15 work plan were not able to be conducted in FY 15, since the MDA finished in May 2015, and WHO recommendations state that surveys should take place six months following the MDA. A total of nine districts in the Zinder and Diffa regions underwent sentinel site and control site surveys for LF during the reporting period, to determine whether or not they may proceed to TAS 1 next year. All districts had mf prevalence of less than 1%, indicating that they all may proceed to the TAS 1 in FY 17. In addition, a total of seven districts warranted trachoma impact assessments in FY 15; as of this report, six have finished. Of these, two had trachomatous inflammation follicular (TF) prevalence of <5% among children ages one to nine years, indicating that they have reached the elimination criteria for active trachoma and can now proceed to the surveillance phase. Two other districts had TF prevalence between 5-9.9%, indicating that they may undergo one further round of MDA followed by an impact assessment. Finally, two districts had TF prevalence between $\geq 10\%$ and <30%, indicating that they warrant an additional three rounds of treatment. The seventh district has not yet undergone impact assessment because it is under sporadic attack by Boko Haram, as it is the district bordering Nigeria. The National Program plans to survey this district; and it is currently making arrangements with the military to do so.

For FY 16 monitoring and evaluation activities, the National Program carried out an update of SCH-endemic villages to determine where MDA would need to take place.

Togo

Elimination of NTDs is a priority for the MOH, and there has been a lot of progress during this period. A dossier confirming elimination of LF as a public health problem in Togo has been drafted and will be submitted to the WHO shortly. The Minister of Health and his cabinet have established a committee for the elimination of NTDs, in particular LF, oncho, and human Africa trypanosomiasis. The first meeting of this committee is expected to occur in late March 2016.

Onchocerciasis surveillance using skin snips and Ov16 rapid tests was implemented in 60 villages. The incorporation of the Ov16 tests is critical to Togo's transition from skin snip to serological surveillance, in accordance with the most recent WHO guidelines, and the data will be essential for the newly established Committee for the Elimination of Onchocerciasis.

The workbooks have not yet been updated with the December MDA numbers. They will be updated as soon as numbers are finalized and confirmed by the MOH.

No detailed data were reported in the Cote d'Ivoire and Sierra Leone workbooks for this period as no surveys or evaluations were performed during the period under review.

Three countries (Burkina Faso, Niger, and Sierra Leone) noted challenges they are having with implementation of M&E activities:

Burkina Faso challenges: The challenges for M&E continue to be with the timeliness and completeness of data transmission. At times, this affects the speed with which the NTDP can make programmatic decisions, which hinge on results. It often causes long delays between completing

activities and reporting the data to different partners. This can cause difficulties in planning future support. In order to overcome this, the NTDP has suggested holding a meeting once every six months to review and validate the data collected from MDA and/or surveys during the previous six months. The NTDP will also develop internal timelines to ensure that data are transmitted to partners in a timely fashion.

Niger challenges: Each year, the NTDP experiences delays in implementing the surveys, primarily due to the fact that the MDA is planned for early in the fiscal year (November – December 2015), but is generally not executed until later in the fiscal year (over the past several years, between March – May 2016). According to WHO guidelines, a district that holds an MDA cannot be surveyed until six months after the distribution.

Another ongoing challenge for Niger is the standardization of the demographic data for all the MoPH NTD programs. Since each NTD program utilizes different sources to determine the size of the target population, variations have been recorded of target populations and coverage. This has also created discordance between the USAID Integrated NTD Program workbooks and the report sent to WHO. The NTD programs are considering integrating the populations in the workbook based on target diseases, instead of using the automatic formula.

Finally, insecurity has been another challenge for M&E in Niger. For example, insecurity delayed implementation of the trachoma impact assessment survey in N’Guigmi district and was one of the reasons behind the need to increase the pre-TAS budget, as the NTDP needed funds to pay for security teams to accompany the surveyors.

Sierra Leone Challenges: A major challenge for M&E activities is the poor road network, especially in the riverine districts (Pujehun, Moyamba, Bonthe). Sometimes, DHMTs have to hire boats and canoes to access these areas, and team members need additional days to monitor and supervise M&E activities in these communities. Other challenges include imprecise boundary demarcations within chiefdoms, misspelled names of communities in the sampling frame developed by Social Statistics Laboratory; both make independent monitoring difficult across some communities. Sometimes, IMs will spend a day just to identify the right community to monitor. With the new census result, it is expected that all these issues will be addressed.

Trainings

END in Africa trained a total of 5,221 people during the first half of FY16 to conduct and/or supervise MDAs, and to perform other M&E related activities. However, data have not yet been reported for the number of supervisors, health providers and CDDs trained in Burkina Faso. Training sessions were cascaded and organized mainly around MDA or DSA activities. Reported data shows 2,287 women and 2,934 men were trained in the first half of FY 16. The number of trainees by category is presented in Table 12 of Appendix 1.

Technical Assistance and Capacity Building on M&E

FHI 360 and partners continued to support the selected six countries in developing sustainable M&E systems for NTDPs. TA comprises routine activities and ad hoc activities that are requested, based on the request. END in Africa SAR: October 1, 2015 – March 31, 2016

upon country needs. During the reporting period, the END in Africa project continued to collaborate with NTD partners (Task Force for Global Health, WHO HQ, and RTI) to determine the way forward on post-MDA surveillance for LF and Trachoma, based on current WHO guidelines on the two diseases and experiences in post-MDA surveillance in the 6 END in Africa countries.

Technical assistance was provided to the following countries by the END in Africa M&E Advisor:

- Ghana (October 25 – 31, 2015): A technical assistance was provided on DQA conducted in collaboration with Ghana Health Service. Results will be shared in the next National MDA Training of Trainers and Annual Review Workshop scheduled for April 2016.
- Burkina Faso (February 29 – March 4, 2016). The purpose of the technical assistance was to discuss and resolve outstanding issues with the FY 13 – FY 15 USAID M&E workbooks. The FY 13-15 workbooks have been resubmitted to FHI 360, USAID and RTI for review.
- Cote d'Ivoire (March 6 – 12, 2016): M&E Advisor participated in the elaboration of the trachoma action plan and provided the technical support to M&E team on USAID reporting workbooks.

Knowledge Management

END in Africa recognizes the importance of keeping the broader NTD and global health community informed about the project's and countries' progress toward eliminating and controlling NTDs. As END in Africa project lead, FHI360 carefully documents and shares information regularly through multiple formats, in addition to supporting the USAID NTD communications team as well as cultivating partnerships in the NTD and related communities. Specifically, the team:

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

Major activities completed during the first half of FY16:

- Participated in a [television interview on Voice of America's Africa 54 news program](#) on October 6, 2015, to raise public awareness about NTDs in the wake of the 2015 Nobel Prize award to NTD drug researchers.
- Developed, coordinated and produced materials for the December 2015 USAID NTD Partners Meeting in Washington, DC.
- Updated content on the Approach and Progress sections of the END in Africa website. The website is the END in Africa project's most important knowledge management and communication tool. It showcases the project's progress, results, success stories, lessons learned and impact.

- Coordinated, researched, wrote, edited, produced and published 6 success stories, articles or blog pieces. See below for the publication schedule. These included:
 1. [Good News on NTDs](#)
 2. [Eliminating Trachoma in Ghana: Are We There Yet?](#)
 3. [Strategic Social Partnerships Take Hold at the Ghana Health Service and NTD Program](#)
 4. [END in Africa Project Launches in Cote d'Ivoire: USAID Hosts Opening Ceremony at US Embassy](#)
 5. [Another Nail in the NTD Coffin: END in Africa Project in Cote d'Ivoire](#)
 6. [END in Africa's Five-Year Report Card](#)
- Composed, posted and tracked tweets and tweet conversations on the END in Africa Twitter account so as to broaden the reach of END in Africa's success stories, progress and news; raise awareness about project results, best practices, and lessons learned; engage and strengthen alliances with partners and colleagues in the NTD community; and increase engagement and information exchange with the public and the NTD community.
- Between August 19, 2015 and March 14, 2016, the END in Africa website had 2,117 total visitors, who viewed a total of 4,067 pages. Of the visitors, 63% were first-time visitors; the remaining 37% were repeat visits from people who had visited the website previously at least once.
- END in Africa's influence in the Twittersphere has grown by 20% between August 19, 2015 and March 14, 2016, increasing from 332 to 397 followers. The project has been using the @ENDinAfrica Twitter feed strategically to increase awareness and engage NTD partners and related communities on issues involving NTD control and elimination. Over this time period, @ENDinAfrica was mentioned 16 times in tweets by other organizations and END in Africa tweets were retweeted 10 times by others.
- Updated END in Africa's SharePoint site with photos and KM-related content.
- Continued work to broaden and maintain collaborative partnerships with organizations in the broader NTD and knowledge management communities, and shared and exchanged information, publications, data, photos or other knowledge products with the same. Worked with the Trachoma Coalition, Sightsavers, K4Health Idea Lab and Merck, to share NTD innovations and solutions.
- Provided editorial and quality control services to END in Africa partners and sub grantees on various publications to improve product quality and ensure compliance with USAID publication guidelines and the END in Africa Branding and Marking Plan.
- Updated and expanded END in Africa's contact and information dissemination database; used this database to disseminate key project success stories and articles of interest throughout the semester.
- Continued to coordinate, support and maintain the END in Africa article publication schedule and tracking tool. The tool ensures timely, well-researched, effective dissemination of information on the successes of project implementation in the beneficiary countries, including success stories, lessons learned and best practices. It is used to track publications submitted in peer-reviewed journals, as well as technical articles and blog posts. More specifically, the project team is using the tool to identify, schedule and track the progress of articles as they move from the conception stage to final publication; it is

particularly useful for ensuring the integrity and accuracy of articles and publications requiring input, collaboration and approval from multiple parties.

- Contributed to group discussions on the NTD Communicators Google Group, KM4DEV, HIPNET and the Infectious Diseases listserv. These groups aim to increase collaboration among knowledge and communications managers through information and network sharing, cross-promotions, and creation of synergies.
- Worked with staff from the Sabin Vaccine Institute and the Trachoma Coalition to expand collaboration and joint communication efforts.
- Monitored the Sabin Institute's efforts to advance NTD Legislation and the Post-2015 MDG agenda as it relates to NTDs.
- Responded to public requests for information on the END in Africa project.
- Worked with ENVISION on coordinating content for the December NTD Partners Meeting as well as to promote ENVISION's NTD webinar series, including sharing END in Africa's contact database with ENVISION.

American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting 2015

In November 2015, a Deloitte team (Kate McNabb and Tina Mendelson) attended the ASTMH Annual Meeting, where they met with Ghana NTDP and Togo NTDP leadership who were also in attendance. The ASTMH meeting provided:

- A convenient and low-cost meeting point between US END in Africa team members and country team members. Ongoing attendance by all parties is recommended.
- An opportunity to share the importance of health systems strengthening (HSS) activities in NTD control and elimination with the broader ASTMH audience, and to showcase END in Africa successes in these areas. While the focus of the annual meeting was largely clinical, future meetings present opportunities for panels and posters on HSS activities in financial management, data demand and information use, M&E and surveillance, advocacy, strategic social partnerships, and sustainability. It is recommended for the Deloitte END in Africa team to consider abstract submission and panel development for the upcoming meetings in 2016 and 2017, perhaps building on the success of the panel presentation by Deloitte and TOMS.

Based on its experience in 2015, Deloitte submitted an application to host a symposium at the upcoming 2016 ASTMH Annual Meeting.

Cracking the Nut Health 2016

Our application to host a symposium at the Cracking the Nut Health conference in June was accepted. Cracking the Nut Health 2016 will take place in Washington, DC. The symposium presentation is titled, "From Strategic Partnerships to Sustainable Partnerships: Creating Shared Value to Create Resilient Health Systems and Social Impact." We are looking forward to showcasing END in Africa's work with the broader global health community.

Table 2: Suggested Topics for Publications in FY2016

No	Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Responsible	Comments
			PRP	A	B			
1.	Good news on NTDs	Raise awareness about the Nobel Prize award for NTD drugs and END in Africa's successful use of Ivermectin			Yes	OCT 2015	Kathy	Published on END in Africa website, links to Kathy's television interview on Africa 54
2.	Eliminating Trachoma in Ghana: Are We There Yet?	Discussed Ghana's progress toward trachoma elimination and next steps			Yes	OCT 2015	JBK and Kathy	Published on the END website
3.	Strategic Social Partnerships Take Hold at the Ghana Health Service and NTD Program	Explains strategic social partnerships and why they are useful to NTDPs			Yes	NOV 2015	Deloitte and Kathy	Published on the END website
4.	END in Africa Project Launches in Côte d'Ivoire: USAID Hosts Opening Ceremony at US Embassy	Announces the END in Africa project launch in Cote d'Ivoire and describes the opening ceremony			Yes	DEC 2016	JBK, Serge, and Kathy	Published on the END website
5.	Another Nail in the NTD Coffin: END in Africa Project in Cote d'Ivoire	Discusses END in Africa's initial strategy for operations in Cote d'Ivoire			Yes	JAN 2016	Kathy	Published on the END website
6.	END in Africa's Five-Year Report Card	Summarizes END in Africa's activities and progress toward NTD control and elimination in the supported countries over the past five years			Yes	MAR 2016	JBK and Kathy	Published on the END website
7.	Lessons Learned in MDA in Burkina Faso, Benin and Haiti	Raise awareness about RTI's webinar on MDA preparation, implementation and evaluation in Burkina Faso, Benin and Haiti			Yes	MAR 2016	Kathy	Published on the END website
8.	Review Early to Learn Quickly: END in Africa's Initial Lessons in Cote d'Ivoire	Shares the findings of the first END in Africa project review in Cote d'Ivoire			Yes	APR 2016	JBK and Kathy	
9.	Witnessing MDA for NTDs in Burkina Faso	A report on a field visit			Yes	MAY 2016	JBK and Kathy	
10.	Blog from Deloitte: The Knowledge Management Specialist will collaborate with Deloitte on 2 topics for the year.	To be determined later			Yes	JUN 2016	Deloitte and Kathy	
11.	Planning for FY17 within END in Africa implementing countries	Brief report on the planning			Yes	JUL 2016	JBK and Kathy	
12.	Witnessing MDA for NTDs in Sierra Leone	A report on a field visit			Yes	AUG 2016	JBK and Kathy	
13.	Witnessing MDA for NTDs in END in Cote d'Ivoire	A report on a field visit			Yes	AUG 2016	JBK and Kathy	
14.	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	SEP 2016	JBK and Kathy	
15.	Situational analysis to identify additional districts to be mapped for trachoma in Cote d'Ivoire	This will be a brief summary of findings during the visits by the teams that will be set up for this.			Yes	SEP 2016	JBK and Kathy	
16.	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	TBD	JBK and Kathy	
17.	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	TBD	JBK and Kathy	

18.	Oncho situation in Togo: Can Togo be among the first group of countries to eliminate oncho in Africa? ⁴	This will be based on the planned study in September 2014			Yes	TBD	JBK and Kathy	
19.	Moving toward elimination of LF in Ghana	A brief update of progress made in Ghana so far	Yes		Yes	TBD	JBK and Kathy	
20.	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	TBD	JBK and Kathy	

**Please note that more than 12 topics are in this list but at least 1 topic will be published per month. Some of the topics listed here can also be changed/replaced based on developments within the project. The titles can also be modified based on the final content of the publication.*

⁴ FHI 360 technical team will liaise with the MOH/Togo and HDI for developing a peer review paper for publication.
END in Africa SAR: October 1, 2015 – March 31, 2016

Major Activities Planned for the Next Six Months

Program Management and Implementation (FHI 360):

- Continue to provide technical support and leadership to END in Africa sub grantees and NTDPs in countries where the project is operating, including design, development, planning, implementation, execution, capacity-building, evaluation of NTD projects and programs operating at the country and regional levels.
- The technical advisor will provide technical assistance to address requests from the NTDPs in the END in Africa implementing countries in FY 16.
- Continue to improve coordination and collaboration with other organizations and agencies involved in the control/elimination of the 5 NTDs targeted by the END in Africa project.
- Continue to work with sub grantees, NTDPs and colleagues of the END in Africa consortium to document program successes, best practices and lessons learned, and to improve visibility of the END in Africa project.
- Participation in the USAID NTD Program's 10th Anniversary in September 2016 in Washington DC, USA.
- Continue to support general coordination of the END in Africa project by 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 the surveys are conducted. We will also ensure that reports from these surveys are submitted to the NTD RPRG for review, acceptance and guidance on the way forward.

Financial Management and Capacity Building (Deloitte):

Anticipated priorities for the next six months (April 1 – September 30, 2016) are listed alphabetically by country, below.

Burkina Faso

- Provide targeted support the NTDP's leadership, data management, and planning functions
- Host a maturity modeling and sustainability workshop to prioritize areas for future TA and begin planning for financial sustainability in 2020, when current funding ends
- Support preparation activities for annual work planning meetings with USAID and FHI360

Cote d'Ivoire

- Support the establishment of FOG and implementation of TIPAC
- Institute the performance management approach for the NTD value chain
- Introduce basic data management and planning tools
- Establish a country coordinating mechanism to support the integration, coordination and implementation of activities carried out by the NTDP
- Support preparation activities for annual work planning meetings with USAID and FHI 360

Ghana

- Provide ongoing support to the Ghana country team on financial performance management of the NTD program
- Identify strategic information needs of the NTDP related to costing and financial planning in order to institutionalize the use of TIPAC data

- Continue to mentor and train the NTD team in program planning, management, and implementation to support FOGs and financial systems
 - Continue dialogue with private firms, NGOs, civil society, and policy makers to identify partners and mobilize resources
 - Conduct a sustainability workshop for GHS leadership, PPME division and NTDP staff
 - Work with the GHS/NTDP Finance Team and Potential Resource Partners to finalize and institutionalize a systematic methodology to track and analyze resource allocation and spending
 - Develop quarterly review meetings with all partners to assess the performance of the NTDP Finance Strategy and PMP; use the outcomes of these reviews to identify areas of the GHS/NTDP financial management system that require strengthening through refresher trainings
 - Prepare for and implement training to address financial management weaknesses
 - Support GHS enactment of the Finance Strategy and Advocacy Plan
- Support preparation activities for annual work planning meetings with USAID and FHI 360

Niger

- Update TIPAC data for 2016
- Enhance country capacity to use TIPAC outputs for decision-making
- Contribute to integrated NTD database development
- Plan and execute Financial Sustainability Workshops
- Update the Advocacy and Communications Plan
- Implement capacity building on financial performance management of the NTD program
- Clarify requests for additional mentoring and support in the area of financial management and the NTD task force
- Support preparation activities for annual work planning meetings with USAID and FHI360

Sierra Leone

- Introduce and strengthen country capacity to implement TIPAC and utilize data for planning and decision making
- Support development of the next NTD Master Plan for Sierra Leone
- Work with the NTDP to develop NTD finance strategies to cover 2016 -2020
- Introduce sustainability and the Strategic Social Partnership concepts and tools for sustained programming and impact
- Support preparation activities for annual work planning meetings with USAID and FHI 360

Togo

- Implement an advocacy planning workshop and begin creation of a tailored Advocacy and Communications plan for Togo's NTDP
- Enhance country capabilities to translate data into information and use that data/information for decision-making
- TIPAC Finalization incorporating additional activities included in the master plan and Utilization
- Work with the NTDP to develop NTD finance strategies and conduct sustainability planning and advocacy
- Support refinement of the NTD Master Plan
- Support preparation activities for annual work planning meetings with USAID and FHI 360

Additional anticipated priorities/activities for the next six months (April 1 – September 30, 2016) are listed below by implementing partner.

Burkina Faso (HKI)

- Organization of training sessions for MDA implementation at all levels (Central, regional district, health center, CDD)
- Advocacy and social mobilization activities before and following the MDAs
- Implementation of the SCH, trachoma, onchocerciasis, LF, and STH MDAs
- M&E activities:
 - trachoma impact surveys
 - pre-TAS
 - TAS I, TAS II, and TAS 3
 - SCH+STH surveys in sentinel sites
- Implementation of the MDA coverage surveys
- Workshop to develop the annual work plan for FY 17 (workplanning)
- Technical assistance:
 - Review the STH control strategy
 - Utilization of FTS in TAS
 - SCM support
 - DQA
 - Resource mobilization
 - Biomedical technician training

Niger (HKI)

- Organize the national NTD campaign launch
- Conduct Phase 2 of the MDA in the other four regions (Diffa, Maradi, Niamey and Tahoua)
- Organize the national MDA evaluation
- Conduct the integrated coverage survey
- Support the MoPH to complete & validate the new 2016-2020 strategic plan to combat NTDs
- Conduct the population survey in the NY II and NY III health districts prior to the TAS scheduled in these two districts
- Conduct the TAS survey in the Niamey II and III health districts
- Conduct the trachoma prevalence survey in the N'Guigmi sub-health district
- Organize the national meeting of NTD partners
- Conduct the SCH/STH surveys in the 17 sentinel sites
- Hold the LF surveillance training
- Organize the MDA 2016 microplanning meetings
- Organize the cross-border meeting with Burkina Faso
- Conduct the LF pre-TAS survey in 11 health districts
- Conduct the LF TAS 1 survey in nine health districts
- Conduct the onchocerciasis epidemiological survey in four health districts
- Conduct the onchocerciasis entomological training and survey in four health districts
- Conduct the trachoma impact survey in seven health districts
- Conduct the trachoma surveillance survey in seven health districts
- Provide support to the MoH to develop the 2016 NTD action plan
- Hold the FY 17 work plan development meeting

Sierra Leone (HKI)

- Technical Assistance on using TIPAC – March/April
- Advocacy meetings and social mobilization for MDA (SCH-STH and LF-Oncho-STH in 12 HD)
 - MDA LF, onchocerciasis & STH in 12 HDs – March
 - Cross-border meetings in support of MDA – March
 - MDA for LF-STH in the WA – May/June
 - MDA for SCH-STH in 7 districts – June
- Training
 - MDA against LF-STH in the WA for supervisors, PHU staff and Community Health worker – May
 - MDA against SCH-STH in 7 districts for supervisors, DHMT staff and PHU staff – May/June
 - Training of laboratory technicians for post MDA surveillance September
- Updating the NTD strategic plan – April
- SCH Impact Assessment in 12 HDs – April
- MDA
 - Distribution of drug for MDA SCH-STH in 7 Districts – May
 - Distribution of drugs for the MDA LF-STH in the WA – May
- SCH expert committee and FY17 work planning Meetings – June
- M&E Training Workshop – July

Ghana (FHI 360)

- Conduct integrated LF, onchocerciasis and STH MDA in 105 districts targeting an at-risk population of 5,799,252.
- Conduct school-based MDA for SCH in 216 districts and for STH in 194 districts.
- Conduct community-based SCH treatment for adults in selected high-risk communities in 47 districts.
- Conduct transmission assessment surveys (TAS) in 69 districts involving 28 EUs (TAS 1 for stopping MDA in 5 districts and TAS 2 in 64 districts).
- Conduct cascaded refresher training for health workers and community drug distributors (CDDs) at all levels, from national to the sub-district level, for integrated LF/STH/oncho MDA.
- Train 30 laboratory and program officers from the regional level to support onchocerciasis DSA activities.
- Organize a meeting of NTDP partners, researchers and MOH staff to disseminate the findings of the trachoma pre-validation survey.
- Put together a dossier on trachoma elimination in Ghana for submission to WHO.

Cote d'Ivoire (FHI 360)

- Production of MDA tools, sensitization & social mobilization materials
- Conduct SCH MDA to reach 439,760 adults in three health districts
- Conduct SCM for MDA training sessions for 94 drugs store managers at the district level
- Conduct NTD management database and DQA training for 20 regional and district data managers

- Conduct training sessions for district managers prior to the LF-Oncho MDA in 38 HDs
- Conduct cascade training for 19,729 CDDs on LF-Oncho drug distribution in 38 HDs prior to MDA
- Perform refinement of LF mapping in 14 health districts
- Conduct a baseline microfilaremia (mf) survey of LF Sentinel sites in 41 health districts
- Epidemiological surveillance in 40 Oncho villages
- Perform supervision of MDA management training for 14 regional and district health managers in 38 HDs
- Sensitization and social mobilization to reach 13,391,834 people in 38 health districts;
- Support the LF and Oncho distribution targeting 12,319,322 people in 38 Health districts including 1,072,512 people targeted for STH;
- Supervision of the LF-Oncho and STH MDA in 38 health districts targeting 13,391,834 people;
- Prospection of Trachoma in 72 health districts
- Sensitization and social mobilization of 617,993 people in 3 health districts to raise awareness about trachoma
- Supervision of the trachoma drug distribution in 3 health districts

Togo (HDI)

- March 2016 – Submit LF dossier to WHO for verification of elimination; enter, clean and analyze data from the December 2015 MDA; first meeting of Togo’s Committee for the Elimination of Onchocerciasis; data entry and analysis from onchocerciasis surveillance.
- April 2016 – Receive all medications; Implement training of supervisors, nurses, and CDDs; Implement social mobilization activities; Conduct April/May 2016 MDA; USAID site visit
- May 2016 – Complete April/May 2016 MDA; Collect, enter, and analyze data from April/May 2016 MDA; Finalize Albendazole application; Draft FY2017 Work Plan for discussion; Work Plan meeting for FY2017
- June 2016 – Generate report from April/May 2016 MDA; Revise FY2017 Work Plan based on meeting results
- July 2016 – Disseminate results from April/May 2016 MDA, conduct coverage validation survey
- August 2016 – Begin preparations for the October 2016 MDA
- September 2016 – Finish preparations for the October 2016 MDA

SCM:

- Support national NTD programs and implementing partners as they complete their 2017 requests for PCT medicines – IVM, ALB, PZQ, and Azithromycin. The WHO Joint Application package (the Joint Request for IVM, ALB, PZQ and the Joint Reporting Forms) has to be submitted to the WHO Country Offices (WHO Representative) with electronic copies to PC_JointForms@who.int and the AFRO NTD focal point, no later than August 15 of this year for implementation of PCT in 2017. Countries must submit the package at least 6-8 months before the planned PCT intervention(s) due to the time required for reviewing and approval of the request, placing the order, manufacturing PCT medicines, and shipment to the country. The request for Azithromycin will also be done through ITI.
- Workshops on SCM for NTD drugs for Francophone countries are planned for August 2016, with support from MSH.
- Coordinate with and support NTDPs to receive PZQ supplies procured by the END in Africa project for FY 16.

M&E:

- Coordinate data management, documentation and dissemination within the END in Africa project. The M&E Advisor will coordinate the review of project data through a continuous process that involves USAID, ENVISION, sub grantees, and national NTDPs. NTD data Consistency and accuracy will be assessed taking into account reporting deadlines.
- Roll out the DQA tool in supported countries for data quality improvement.
- Support general capacity building efforts within countries by directly providing TA to countries on M&E-related activities according to approved workplans, as agreed with USAID.
- Train and advise sub grantees and national NTDPs on the use of M&E tools and implementation of M&E processes, including indicators, data collection techniques and methodologies, data collection and analysis, and reporting protocols.
- Monitor the design and implementation of DSAs to ensure that all approved DSAs are soundly executed according to WHO guidelines. This will include active participation in the development and review of survey protocols, training of research teams, supervision of field activities relating to all DSAs as part of the FHI 360 technical team, and provision of technical advice on the way forward for the various NTDs based on DSA results.
- Support general project coordination by ensuring that the NTDPs of the 6 supported countries submit requests for DSAs/impact assessment surveys (pre-TAS, TAS, trachoma impact assessments) to the WHO NTD Regional Peer Review Group (RPRG) for approval before surveys are conducted and submit reports from the surveys to the NTD RPRG for review, acceptance and guidance on the way forward.
- Monitor project performance including NTD program coverage and NTD program progress toward stopping district and/or sub-district MDA.
- Participate in the supervision of MDA campaigns in each of the 6 END in Africa implementing countries.
- Participate in the writing and reviewing the END in Africa Annual Work Plan for FY 17 and the second Semi-annual Progress Report for FY 16.

Table 3

Travel Plans for Fiscal Year 2016

Traveler	From	To	# Trips	Trips Taken	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.
M&E Specialist	Ghana	Burkina Niger Togo SLeone Ivory C	5		1 week each	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 each	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/ Niger Togo	5	Ivory C Ghana	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
M&E Specialist	Ghana	Burkina Niger Ivory C SLeone	4	Burkina Ivory C	1 week	TBD	Capacity building on DQA tool and workbooks management prior to SAR submission to ensure data quality and timely reporting.
Justin Tine Costing/Project Management Specialist Deloitte	Senegal	Burkina Togo 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	SLeone	2	SLeone	2 weeks	TBD	Continue support for TIPAC implementation and yearly update. Resources mobilization.
Kimberly Switlick-Prose Resources Mobilization Deloitte	W/DC	Ghana	1	Ghana	1 week	TBD	Continue capacity building on Resources Mobilization in Ghana.
M&E Specialist	Ghana	W/DC WHO	3		TBD	TBD	Technical meetings in END in Africa program countries, Washington, DC and International NTD events in coordination with USAID.
Joseph Koroma Associate Technical Director	Ghana	W/DC WHO Niger Burkina Togo SLeone Ivory C	15	W/DC x 2 Ivory C x 2	TBD	Oct Dec Jan Mar	Provide technical support for projects implementation; Technical meetings in Washington, DC and International NTD events in coordination with USAID.
MOH NTD Focal Points TBD	Ghana Burkina Niger Togo SLeone 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 requested for each trip.

Traveler	From	To	# Trips	Trips Taken	Duration	Month	Purpose
US-based short-term technical assistance (STTA) provider	W/DC	Togo Niger Burkina Niger SLeone Ivory C	5	Ivory C	TBD	Mar	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.

**We added 4 international trips for M&E Specialist not included in FY16 approved workplan: SLeone monitoring trip and 3 trips to attend technical meetings in W/DC and/or WHO*

Appendices

Appendix 1: MDA Reporting of Integrated NTD Control

Table 4: Number of people treated, All funding, SAR1 FY2016

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina Faso	Côte D'Ivoire	Total treated SAR1 FY16
LF	0	0	0	NA	0	5,219,091	5,219,091
Oncho	0	0	0	0	0	0	
SCH	2,508,668	0	0	0	0	0	2,508,668
STH	2,320,305	0	0	0	0	0	2,320,305
Trachoma	NA	0	NA	NA	0	0	
Treatments provided	4,828,973	0	0	0	0	5,219,091	10,048,064
Treated for at least one NTD	2,508,668	0	0	0	0	5,219,091	7,727,759

Table 5: Number of people treated through USAID funding, SAR 1 FY2016

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina Faso	Côte D'Ivoire	Total treated FY16
LF	0	0	0	N/A	0	0	0
Oncho	0	0	0	0	0	0	0
SCH	2,508,668	0	0	0	0	0	2,508,668
STH	2,320,305	0	0	0	0	0	2,320,305
Trachoma	N/A	0	N/A	N/A	0	0	
Treatment provided	4,828,973	0	0	0	0	0	4,828,973
Treated for at least one NTD	2,508,668	0	0	0	0	0	2,508,668

Table 6: Gender distribution: Percentage male treated over the females by NTD and by country, SAR 1 2016

Country	LF		Oncho		SCH*		STH*		Trachoma	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Burkina Faso	0	0	0	0	0	0	0	0	0	0
Côte D'Ivoire	47.44%	52.56%	0	0	0	0	0	0	0	0
Ghana	0	0	0	0	46.30%	45.05%	50.05%	48.71%	NA	NA
Niger	0	0	-	-	0	0	0	0	0	0
Sierra Leone	0	0	0	0	-	-	0	0	NA	NA
Togo	NA	NA	-	-	-	-	0	0	NA	NA

*The percentage of gender distribution is not 100% for SCH and STH as some districts in Ghana didn't report the desegregated treatments data by gender.

Table 7: Number of people treated for at least one NTD, USAID funds, annually accumulative number treated, as of SAR 1 FY2016, USAID FUNDS

Country	2011	2012	2013	2014	2015	2016	Accumulative
Burkina Faso	9,953,928	11,425,882	10,766,545	9,806,303	7,896,218	0	49,848,876
Côte d'Ivoire	N/A	N/A	N/A	N/A	N/A	0	0
Ghana	0	8,932,210	8,260,837	9,620,862	4,845,599	2,508,668	34,168,176
Niger	8,672,220	10,226,100	960,145	9,907,579	9,068,274	0	38,834,318
Sierra Leone	3,908,514	5,242,394	5,214,790	4,091,497	4,065,939	0	22,523,134
Togo	1,248,393	2,792,591	2,909,823	230,967	3,210,688	0	10,392,462
Total	23,783,055	38,619,177	28,112,140	33,657,208	29,086,718	2,508,668	155,766,966

Table 8: Accumulative Number Treated, as of SAR1 FY2016, USAID Funds

**ACCUMULATIVE NUMBER TREATMENTS PROVIDED, AS of SAR2 FY2015,
USAID FUNDS**

Country	2011	2012	2013	2014	2015	2016	Accumulative numbers
Burkina Faso	20,842,690	24,460,183	20,094,365	19,815,380	15,988,314	0	101,200,932
Côte D'Ivoire	N/A	N/A	N/A	N/A	N/A	0	0
Ghana	0	20,315,518	14,712,196	14,681,359	5,492,502	4,828,973	60,030,548
Niger	22,417,876	28,004,828	1,822,325	24,523,339	24,920,461	0	101,688,829
Sierra Leone	10,263,686	14,754,384	14,670,706	10,850,359	10,774,071	0	61,313,206
Togo	2,252,012	5,491,657	5,698,210	230,967	6,662,871	0	20,335,717
Total	55,776,264	93,026,570	56,997,802	70,101,404	63,838,219	4,828,973	344,569,232

**Table 9: Districts endemic at baseline and number of districts that stopped MDA, by NTD
SAR 1 FY2016**

Country	# Known endemic districts by September 2015				
	# Districts stopped PC (at least at district level for trachoma), by end SAR1, FY2016				
	LF	Oncho	SCH	STH	Trachoma
Burkina Faso	70	70	70	70	48
	45	64	0	0	29
Côte D'Ivoire	61	67	80	82	9
	0	0	0		0
Ghana	98	85	216	216	37
	76	0	0	0	37
Niger	31	NA	41	41	35
	8	NA	0	0	22
Sierra Leone	14	12	12	14	NA
	0	0	0	0	NA
Togo	8	32	35	28	NA
	8	0	0	0	NA
Total	282	266	454	451	129
	137 (49%)	0 (0%)	0 (0%)	0 (0%)	88 (68.21%)

**#s in red are endemic districts and #s in black are districts that were endemic but have stopped treatment.*

Table 10: Number of districts assessed during SAR1 FY2016

Country	Pre-TAS	TAS	TAS 1	TAS 2	SCH	STH	Trachoma	Oncho
Burkina Faso	0	0	0	3	0	0	4	Epi Eva: 0 Ento: 0
Ghana	6	0	0		216	216	0	Epi Eva: 40 Ento: 18
Niger	9	0	0	0	0	0	5	Epi Eva: 0 Ento: 0
Sierra Leone	0	0	0	0	0	0	NA	Epi Eva: 0 Ento: 0
Togo	NA	NA	NA	0	0	0	NA	Epi Eva: 25 Ento: 0

Table 11: Program and Epidemiological coverage, SAR1FY2016, USAID Funds

	Country											
	Burkina Faso		Côte D'Ivoire		Ghana		Niger		Sierra Leone			
NTD	Program	Epi %	Program	Epi %	Program	Epi %	Program	Epi %	Program	Epi %	Program	Epi %
LF	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-	-
Oncho	0%	0%	0%	0%	0%	0%	-	-	0%	0%	0%	0%
SCH	0%	0%	0%	0%	35.68%	11%	0%	%	-	-	0%	0%
STH	0%	0%	0%	0%	41.27%	9.46%	0%	0%	0%	0%	0%	0%
Trach- oma	0%	0%	0%	0%	-	-	0%	0%	-	-	-	-

Table 12: Total trained during SAR1 FY2016, by country and socio-professional category

Category	Burkina	Côte d'Ivoire	Ghana	Niger	Sierra Leone	Togo	Total
TOT	0	23	90	16	39	0	168
Supervisors	26	9	3,600	42	1,117	0	4,794
Health Providers	0	58	0	0	0	0	58
CDDs	0	0	0	0	0	0	0
Others (Lab & Program Staff)	0	0	0	73	0	100	201
Total	26	90	3,718	131	1,156	100	5,221
Total female	6	20	1,443	46	764	8	2,287
Total male	20	70	2,275	85	392	92	2,934

Appendix 2: Country Program Summaries

Burkina Faso

Implementation of the FY16 workplan for the END in Africa project during this first half of FY16 included many activities related to the coordination and planning of FY16 activities. In addition, some activities planned for FY15 were carried out during the first half of FY16. They included the second SCH MDA round in the Centre-Est region, trachoma impact surveys in four districts, TAS3 for LF in the Hauts Bassins region, and training of biomedical technicians in the Centre-Nord, Centre-Ouest and Boucle de Mouhoun regions as part of passive surveillance for LF, as those regions have stopped MDA. The integrated neglected tropical diseases database training was also completed during this reporting period, after having been suspended in September 2015 during the short-lived coup when the Presidential Guard, loyal to former President Blaise Compaoré, captured the interim president and prime minister and installed Compaoré's former intelligence chief into power.

As noted with the suspension of the database training, the first half of FY16 was impacted by significant tension in the political transition period. This ended with the presidential and legislative elections which marked a gradual return to normal constitutional life. The results of the elections were announced on November 30, 2015. His Excellency Roch Marc Christian Kaboré was elected President of Burkina Faso and was inaugurated on December 29, 2015. While the inauguration marked what is hoped to be the start of new political stability, an attack on the Splendid Hotel in central Ouagadougou on January 15, 2016, resulting in the death of over 25 persons, signals insecurity from terrorist groups.

However, despite the instability in Burkina Faso during this reporting period, HKI organized two work sessions with the National NTD Program to plan out implementation of the FY16 work plan. The goal of these sessions was to reach agreement on the activities to be undertaken immediately and on an objective and effective schedule for the implementation of the activities, given the delays in work plan execution. The delays are primarily due to delayed submission and approval of the FY16 END in Africa workplan. This in turn led to a delay in signing the fixed obligation grants by the implementing parties (central and regional levels). However, the obtaining of signatures at the central and regional levels is in progress, and will enable activities to begin in the coming weeks.

The meetings also provided an opportunity for exchange on immediate technical assistance needs (the integrated database and DQAs). The integrated database training took place from February 1 to 3, 2016. The training brought together the people involved in the National Program and HKI program staff. A total of 26 people attended the training, including six women. The training session was followed by a database design and populating workshop to ensure the availability of complete, harmonized data for the various neglected tropical diseases. In addition, technical assistance was received from the FHI 360 M&E Advisor to respond to all outstanding queries on the workbooks, the tool utilized by USAID's integrated neglected tropical diseases program to capture program data. This took place from February 29 – March 4, 2016 and involved both central level National Program staff and HKI staff. Finally, terms of reference and a budget were finalized for a technical assistance on DQAs at the central level. This workshop took place on March 9 – 11, 2016 and was facilitated by two National Program staff who received training from the WHO. Participants included other staff from the National Program, as well as HKI and other NGOs.

1. MDA Assessment

As no FY16 MDA has happened, the FY16 workbook was not updated with any MDA data.

2. Changes in MDA Strategy

Four districts in Burkina Faso (Karangasso-Vigué, Dafra, Dandé, and Signoghin) stopped trachoma MDA. Results of the trachoma impact survey done in December 2015 had satisfactory results as follows:

- Dafra: TF prevalence of 1.38% in children 1-9 years old
- Dandé: TF prevalence of 1.20% in children 1-9 years old
- Karangasso-Vigué: TF prevalence of 1.29% in children 1-9 years old
- Signoghin: TF prevalence of 0.53% in children 1-9 years old

Please note as part of the FY16 workplanning process, these districts were approved to receive MDA. However, because of these impact survey results, MDA is not needed and will not be conducted in these districts.

3. Training

The training sessions for this reporting period include training activities scheduled for both FY15 and FY16. The FY15 carryover training was for biomedical technicians in the Centre-Nord, Centre-Ouest and Boucle de Mouhoun regions as part of passive surveillance for lymphatic filariasis, as these regions have stopped MDA. This training on LF microscopic diagnosis took place on October 20–23, 2015 in the Centre-Nord region and from October 27–29, 2015 in the Centre Ouest region. FY16 MDA implementation began in March with the training of trainers (March 28–30, 2016), with the first FY16 MDA planned for April 2016 (oncho). During the reporting period, 26 NTDP and HKI NTD Project staff were trained on the Integrated NTD Database from February 1–3, 2016 in Koudougou.

In addition, to ensure compliance with WHO and MOH guidelines and regulations during surveys (trachoma impact assessment and TAS 3) a refresher training for 15 Eye Health Assistants (13 males and 2 female) on trachoma survey implementation to ensure comprehension of the survey protocol initially planned for FY15 was conducted in FY16. For trachoma, the training covered the WHO simplified grading system, a review of survey methodology, and a practical exercise in the field so surveyors understand how the surveys are carried out. For the TAS 3 surveys, the NTDP supported the training, which covered usage of ICT cards.

Finally, the DQA training of trainers took place from March 9–11, 2016 in Koudougou. Training participants included NTDP staff, and certain local NGOs (HKI, Handicap International, and Fondation pour le Développement Communautaire (FDC)) for a total of 23 people (20 men, 3 women). Training for regional and district personnel will follow once dates for the MDA have been determined.

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

No FY16 mobilization activities were carried out during this reporting period because the MDA and assessment follow-up activities were not conducted. The first social mobilization activities will begin in April 2016 since these activities are planned during the MDA. One paper was published during this reporting period: Ouedraogo H., Drabo F., Zongo D., Bagayan M., Bamba I., et al. (2016) Schistosomiasis in school-age children in Burkina Faso after a decade of preventive chemotherapy. *WHO Bull* 94, 37-45. doi: <http://dx.doi.org/10.2471/BLT.15.161885>.

5. Supervision

Supervision of MDA is necessary at all levels and is carried out in a cascade formation. The following FY15 activities carried out during the first quarter of FY16 were supervised by the NTDP team along with regional and district level health staff:

- Trachoma impact survey in the Dandé, Karangasso-Vigué, Dafra and Houndé districts.
- CDTI log updating in the Sud-Ouest and Cascades regions.
- TAS 3 survey data collection in the Hauts Bassins region (Léna, Dafra and Karangasso-Vigué).
- Second round of SCH MDA in the Centre-Est region conducted in October 2015. The training cascaded from NTDP staff to the regional, district, and health center levels.

To ensure the implementation team (e.g. CDDs and Health Unit Nurses) adheres to WHO and MOH guidelines and regulations, they were provided with and instructed in how to use data collection tools. The CDDs were briefed on the methods to enter data in the tools to ensure data quality. The supervisors checked campaign organization as well as data collection quality during monitoring. This is ensured by giving each supervisor a supervision guide, which covers a number of aspects of the MDA, such as: observation of how the drugs are being administered, conducting interviews to determine if social mobilization was effective, drug management, and data reporting.

In addition to ensuring compliance with the guidelines issued jointly for the activities, supervision was also intended to discover any difficulties and shortcomings encountered and to propose corrective measures. For example, if there are areas where populations are refusing treatment or where CDDs are not reaching all targeted areas, the supervisors can visit these areas to encourage participation. One other common issue during the MDA is that many CDDs do not understand the concept of target populations/eligible age groups to receive MDA; therefore, this is an area where supervision is often focused during an MDA. With respect to the impact survey and the TAS 3, the main difficulty encountered was the unfavorable timing of the activity (harvest). To minimize the impact, the surveyors' workday was reorganized to meet targets. The reorganization meant that the workday was extended until sunset.

6. Supply Chain Management

To date, the drugs for the various MDA have not been received by the NTDP and the ICT cards/Filariasis Test Strips (FTS) for the different TAS surveys have not yet been ordered. However, the NTDP quantified the need for PZQ tablets for the FY17 MDA and made projections for PZQ requirements for FY2018, FY2019 and FY2020. A physical inventory was conducted after the 2nd SCH MDA for FY14 in October 2015; however, results have not yet been made available, and the inventory was conducted with funding from the Government of Burkina Faso. No supply chain management (SCM) trainings or physical inventories were conducted during this reporting period.

7. Program Monitoring and Evaluation

All of the M&E activities carried out during the reporting period were planned under the END in Africa FY15 workplan:

- Trachoma impact assessments in four districts (Dandé, Dafra, Karangasso-Vigué, and Léna). All districts surveyed for trachoma had trachomatous inflammation follicular (TF) <5%, indicating that they have reached the elimination threshold and may stop MDA. It should also be noted that the NTDP had included these districts in their plans for MDA in FY16, but due to these results, it is no longer necessary and the districts will not be treated.

- TAS 3 surveys in three districts (Léna, Dafra, and Karangasso-Vigué). There was no evidence of ongoing transmission in the districts that underwent TAS 3. Passive surveillance will continue in districts which successfully conducted the TAS 3 but no further active surveillance is required.

The key challenges for M&E continue to be timeliness and completeness of data transmission. At times, this can affect the speed with which the NTDP can make programmatic decisions, which hinge on results, but it often causes long delays between completing the activity and reporting the data to different partners. This can result in difficulties in planning future support. In order to overcome this, the NTDP has suggested holding a meeting once every six months to review and validate the data collected from MDA and/or surveys during the previous six months. The NTDP will also develop internal timelines to ensure data are transmitted to partners in a timely fashion. This will be discussed during the training of trainers for the MDA.

The first M&E activities for the FY16 workplan are data collection at the LF and schisto sentinel sites, which began at the end of March 2016. Results will be reported in the second half of FY16.

8. Transition and Post-Elimination Strategy

HKI provides technical assistance to the MOH and does not directly implement program activities. Instead, the MOH is in charge of implementing activities, managing data, and presenting the achievements of the program. The FY 15 TAS 3 activities were conducted from November 22 to 28, 2015 in the Léna, Dafra and Karangasso-Vigué health districts. In all, 1,841 children were surveyed out of a minimum sample required of 1,551. None of the children tested positive via ICT card. Once the period of active surveillance has finished in a given evaluation unit, the NTDP ensures passive surveillance. For example, laboratory training for post-stop LF MDA passive surveillance was held in October 2015 in the Centre-Ouest, Centre-Nord and Boucle du Mouhoun regions. In accordance with WHO recommendations, continuous or passive surveillance using routine laboratory tests must be implemented in districts where LF MDA has stopped. This is intended to detect any outbreaks after the MDA is stopped and check that there has been no transmission. Training was provided with financial assistance from USAID for the regions listed above (Centre-Ouest and Centre-Nord).

Monitoring activities have also been taken into account in the 2016-2020 strategic plan. Strengthening of follow-up assessment and surveillance were successful and break down as follows:

- Increased NTD surveillance
- Increased PNMTN performance and results monitoring
- Development of operational research

Until 2014, the government always included a budget line for NTD prevention. This was primarily for the purchase of tetracycline ointment for the trachoma MDA. There was also support for data collection tools. However, due to changes in administrative procedures in FY15, it was not possible for the NTDP to access this budget line.

Finally, the NTDP is planning to upgrade the skills of 102 people for DQA implementation in order to assess the quality of the data collected during the MDAs (concordance, consistency, archiving). The sustainability of the action is assessed by the improved skills of NTDP personnel at the central level, as well as those at the regional and district levels. This will be a significant asset for the continuation of activities once outside assistance ends. In addition, the availability of DQA tools (implementation

manuals, data collection media) at all levels will be an asset for the continuity of the NTDP information system.

9. Short-Term Technical Assistance

As per the plan during FY16 work planning, four technical assistance sessions were planned for the first six months of FY16 but none were provided. However, technical assistance for the integrated NTD database that began FY15 was completed from February 1–3, 2016. This training started on September 15, 2015 but was suspended due to socio-political events. The purpose of this technical assistance was to help Burkina Faso manage their data, because there was no previous integrated database for data management and reporting on NTDs at the country level. This was identified as one of the major weaknesses of the national programs for the prevention of NTDs. The integrated database is intended to improve data storage, management, analysis and transmission capacity for the national programs for the prevention of NTDs. Twenty NTDP members and six HKI staff benefited from the technical assistance provided.

In addition, technical assistance was provided by the END in Africa M&E Advisor from February 29 – April 4, 2016. The purpose was to discuss and resolve outstanding FY13 – FY15 USAID M&E workbooks. The FY13–15 workbooks have been resubmitted to FHI 360, USAID, and RTI for review.

Finally, the DQA training of trainers was conducted on March 9 – 11, 2016 in Koudougou. Actual DQA implementation in the field will be conducted with assistance from independent monitors to be recruited at a later date. The main goal of DQA implementation is to assess the quality of NTD data reported over a given period. It also evaluates the capacity of the systems to collect and report high-quality data for the NTDs.

10. Government Involvement

The prevention of NTDs is a priority in Burkina Faso's health development plan. It is included in the eight strategic directions of the National Program for Health Development and is included in the action plans of every level of the health system (NTDP, regional level, district level). The importance given to the prevention of NTDs is the reason for the creation of a first 2012–2016 strategic plan for the prevention of NTDs and of a second strategic plan for 2016–2020, prepared from January 18 – 22, 2016.

The Burkina Faso government has benefited from World Bank support for the implementation of a project to strengthen the prevention of NTDs with preventive chemotherapy and seasonal malaria chemoprevention (SMC) in children 3–59 months old. The project was approved and implementation began in 2015 with planning meetings. This project's period of performance is 2015 – 2019 with a total cost of \$35,000,000.

The Government of Burkina Faso also provides financial support for communication activities in addition to support for social mobilization. Certain health center management committees (COGES) provide financial support for community drug distributors using COGES resources. However, the amounts are difficult to assess given they have not yet been fully inventoried at the district level.

11. Proposed Plans for Additional Support to National NTD Program

The systematic deworming of children five to fourteen combined with vitamin A supplements is associated with NTD prevention. It provides an opportunity to control soil-transmitted helminths, but will not take place this year. However, deworming could be included within the routine END in Africa SAR: October 1, 2015 – March 31, 2016

vaccination system if funding for additional costs and the drugs are available. In addition, activities to raise awareness about hygiene and anti-vector control are planned as part of the project financed by the World Bank.

With respect to morbidity management, the implementation of activities for the Morbidity Management and Disability Prevention (MMDP) project and the project financed by the World Bank will enable the NTDP to have a more clear idea of the burden of trichiasis, hydrocele and lymphedema; provide training to surgeons and healthcare workers to take care of cases; and provide implementation funds for trichiasis and hydrocele surgery and lymphedema management.

12. Lessons Learned/Challenges

The 2016 MDA activities have not yet been implemented; however, since the NTDP has realized that given the fact that the drug has not yet arrived, the MDAs will take place during peak periods of farming activity. Therefore, the distribution hours will have to be adjusted in order to have as many people as possible in the concessions/households at the time the community drug distributors (CDDs) and health workers (HWs) pass by. This will reduce the number of visits required by distributors and helps ensure coverage thresholds are met. In addition, it has been recommended that all farming towns and gold-mining sites be identified by health care facility before the start of the MDA to facilitate the work of the community distributors in these areas.

13. Major Activities for the next six months

- Organization of training sessions for MDA implementation at all levels (Central, regional district, health center, CDD)
- Advocacy and social mobilization activities before and following the MDAs
- Implementation of the schistosomiasis, trachoma, onchocerciasis, filariasis and STH MDAs
- M&E activities:
 - trachoma impact surveys
 - pre-TAS
 - TAS I, TAS II, and TAS 3
 - SCH+STH surveys in sentinel sites
- Implementation of the MDA coverage surveys
- Workshop to develop the annual work plan for FY17 (workplanning)
- Technical assistance:
 - Review the STH control strategy
 - Utilization of FTS in TAS
 - SCM support
 - DQA
 - Resource mobilization
 - Biomedical technician training

Cote d'Ivoire

FY16 is the first year of USAID support to the NTD program in Cote d'Ivoire through the END in Africa project. This semi-annual report outlines the progress made during the period October 2015 to March 2016, the first half of FY16.

This period was marked by the launch ceremony of the END in Africa project held at the US Embassy in Abidjan. The main activities implemented during this period were related to coordination and capacity building of technical and administrative staffs of the NTDPs. All main activities planned for the first half of FY16 were implemented except the DSA. The other activities were implemented through a series of workshops: to update tools; to develop a monitoring and evaluation plan; on coordination and preparation of the FY16 operational action plan; to leverage NTDP staff capacities on the integrated NTD database NTD and DQA; to train a team from Directorate General of Health (DGS) on supervision of NTDP activities; and to build NTDP capacity on use of Tool for Integrated Planning and Costing (TIPAC).

In December 2015, the NTDP conducted an LF-Oncho MDA campaign, funded by SightSavers/END Fund, in 27 health districts. The NTDP implements its activities through the existing health system organized in Central level office, Health regions and health districts. The NTDP has the appropriate human resources with basic public health background to facilitate the implementation of END in Africa project activities.

The next six months will be marked by activities such as coordination, capacity building, preventive chemotherapy and DSAs. This will include a workshop to develop the annual workplan for FY17.

1. MDA Assessments

No detailed workbook data is reported as no survey or evaluation was performed during the reporting period.

2. Changes in MDA Strategy

Since this is a new program country, no MDAs have been conducted yet under the END in Africa project.

3. Training

Four trainings were conducted during the first half of FY16: NTDP staff training on Integrated NTD Database (BDIM); Data Quality Audit (DQA) training; TIPAC training; and Directorate General for Health staff training on supervision of MDAs. A total of 90 people were trained (20 women and 70 men).

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

No community mobilization, IEC material nor publications were developed during the reporting period

5. Supervision

No supervision activity for MDAs happened during the reporting period.

6. Supply Chain Management

END in Africa Cote d'Ivoire program received a PZQ drug donation of 3.4 million tablets in March 2016. WHO will transfer some of the PZQ drugs previously donated to Burundi through the Merck-WHO donation program to Cote d'Ivoire. FHI 360 issued a shipping purchase order to Bollore Africa Logistics to ship the donated drugs from Bujumbura to Abidjan in early FY16 Q3 to ensure arrival in-country for the June 2016 MDA.

In addition, FHI 360 has purchased a number of diagnostics and pharmaceuticals for the Cote d'Ivoire NTD Program during this reporting period: ICT cards and FTS kits have been received by the NTD Program to conduct LF prevalence surveys in FY16 Q3; SD Bioline Ov16 rapid test kits for evaluation of Oncho from control to elimination; and tetracycline eye ointment for treatment of trachoma in children below six months, have been ordered and will be delivered in FY16 Q3.

7. Program Monitoring and Evaluation

A Monitoring and Evaluation plan was developed and validated in January 2016. It is used as dashboard for monitoring program activities.

8. Transition and Post-Elimination Strategy

Since this is a new country program, no specific steps have been taken to date to plan for how FHI 360 will eventually withdraw from the implementation role, but this thinking was built into the program from the onset.

9. Short Term Technical Assistance

The following STTA was provided during the reporting period (first half of FY16):

- Refining planning tools for implementation of the END in Africa project, which included planning and costing of NTDP activities. The target audience was the END in Africa Cote d'Ivoire project team. It allowed the team to also draft a procurement plan. This STTA was performed from December 7 – 13, 2015.
- Training on the Tool for Integrated Planning and Costing (TIPAC) conducted by Deloitte February 22 – 26, 2016. The audience was composed of staff from NTDP, DGS, and END Cote d'Ivoire.

10. Government Involvement

The Cote d'Ivoire government has shown commitment to the implementation of the USAID-funded NTD program (END in Africa) as reflected in the following activities held during this reporting period:

- The Director General of Health made his first ever visit to the FHI 360 office on February 5, 2016 to witness and receive IT equipment and materials procured by END in Africa for the two NTDPs (PNSOLO and PNLSGF). Equipment included laptops, projectors, digital cameras and printers.
- WHO Cote d'Ivoire office hosted a two-day (December 2 – 3, 2016) coordination meeting of NTD partners in collaboration with PNSOLO and PNLSGF. It was an opportunity for the NTDP to report on FY15 activities and present FY16 plans to get feedback from partners to fill the gaps in terms of funding.
- On December 7, 2015, the Deputy Director General for Health, the US Embassy Chargé d'Affairs, and the Cote d'Ivoire USAID Health Office Director actively participated in END in Africa's project launch ceremony hosted by the US Embassy.
- The NTDP organized a three-day workshop (January 25 – 27, 2016) to develop a detailed operational plan from the FY16 project workplan. This will promote better management and implementation of program activities. Workshop was conducted in Agboville.
- The Director General of Health actively engaged in the first day of a two-day coordination meeting (January 28 – 29, 2016) in Agboville organized to provide an opportunity for END in Africa and the NTDP to harmonize understanding of global goals and objectives of the project; and enhance trust and collaboration between the project partners.
- The MoH NTDs focal person keenly participated in a five-day workshop (February 22 – 25, 2016) to train NTDP staff in the TIPAC. The workshop conducted by Deloitte Consulting in Yamoussoukro.

- The Director General for Health was actively engaged in the opening ceremony of the TAP workshop which convened both international and local partners engaged in the fight against trachoma. The workshop was conducted during the week of March 7, 2016 in Yamoussoukro.

11. Proposed Plans for Additional Support to National NTD Program

Some of the LF-Oncho and Trachoma program activities were underestimated in terms of field activities and coordination stated in the FY16 workplan. As a result some programmed activities were scaled down to make funds available for an additional fixed obligation grant to support the Ministère de la Santé et de Lutte contre le SIDA/Direction Générale de la Santé (MSLS/DGS) conduct capacity building of Regional, Districts, health facility staff and community distributors in LF-Oncho and Trachoma drug management according to the MDA strategy implemented in-country as part of the END in Africa Program. These two cascade trainings (to be completed in the second half of FY16) were not anticipated during the design of the MSLS FY16 grant program, however it is now imperative to include them in the FY16 NTD Program activities to ensure successful implementation of both LF-Oncho and Trachoma MDAs.

- Cascade training of health professionals and CDDs on Trachoma drug distribution in the three endemic health districts which will be undergoing drug distribution;
- Cascade training of health professionals and CDDs on LF-Oncho drug distribution in three lately health districts released to END in Africa;
- Training in logistics for Azithromycin drug management and handling

12. Lessons Learned/Challenges

The END in Africa Cote d'Ivoire program is in its first year of implementation and there haven't yet been any significant field activities, such as MDA or survey, undertaken yet.

13. Major Activities for the next six months

- Production of MDA tools, sensitization & social mobilization materials
- Conduct schistosomiasis MDA reaching 439,760 adults in three health districts
- Conduct SCM for MDA training sessions for 94 drugs store managers at district levels
- Conduct NTD management database and DQA training for 20 regional and district data managers
- Conduct training sessions for district managers prior to the LF-Oncho MDA in 38 HDs
- Conduct cascade training for 19,729 CDDs on LF-Oncho drug distribution in 38 HDs prior to MDA
- Perform LF mapping refinement in 14 health districts
- Baseline microfilaremia (mf) survey of LF Sentinel sites in 41 Health districts
- Epidemiological surveillance in 40 Oncho villages
- Supervision of MDA management training for 14 regional and district health managers in 38 HDs
- Sensitization and social mobilization to reach 13,391,834 people in 38 health districts;
- LF and Oncho distribution targeting 12,319,322 people in 38 Health districts including 1,072,512 people targeted for STH;
- Supervision of LF-Oncho and STH MDA in 38 health districts targeting 13,391,834 people;
- Prospection of Trachoma in 72 health districts
- Sensitization and social mobilization for trachoma to reach 617,993 people in 3 health districts
- Supervision of Trachoma drug distribution in 3 health districts

Ghana

The Neglected Tropical Diseases Program (NTDP) held a 2-day activity planning meeting with stakeholders resulting in schedules for all program activities for the year. This is expected to facilitate activity implementation with maximum support from stakeholders especially the regional and district health administrations and Ghana Education Service. During the first half of FY16, the NTDP conducted two mass drug administration (MDA), pre-TAS, and impact assessment surveys, began work on a pre-validation survey, participated in a SCM workshop, and Ghana Health Service institutionalized Strategic Social Partners (SSPs).

The NTDP conducted MDA for SCH/STH in 105 districts including high risk adults in 10 districts. 2,508,668 school-age children and adults were treated for SCH and 2,320,305 school-aged children treated for STH. The number of districts treated for SCH was largely limited by availability of Praziquantel. In addition, the second round of onchocerciasis treatment was conducted in 44 districts treating 1,879,593 eligible persons, however there is data outstanding from 1 district. Integrated MDA for LF-Oncho-STH scheduled for March 2016 has been rescheduled to April 2016 due to inadequate Ivermectin tablets needed for treatment. However, the Mectizan Donation Program and WHO have indicated the program will receive the necessary medicines this month.

SCH/STH impact assessment survey was conducted in October 2015 and results indicate significant reduction in prevalence. Final results will be available after a consultative meeting to discuss the results and implications for treatment frequency henceforth. A Trachoma Pre-validation survey started in December 2015 is ongoing to collect data which will determine whether trachoma has been eliminated in Ghana. The field data collection was completed at the end of March 2016 and data analysis and plans for preparation of dossier is ongoing. Pre-TAS for LF was conducted in 6 districts in January and samples examined in February 2016. A consultant is expected to examine the samples for quality control purposes before results are finalized.

A 4-day International Health Managers Workshop on Supply Chain Management for MDA customized for NTDs was held in Accra-Ghana for three Anglophone West African countries (Ghana, Nigeria and Sierra Leone) on February 23 – 26, 2016. The workshop was organized by Management Sciences for Health (MSH) under the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS). Participants included staff from NTDPs, Ministries of Health, Country Medical Stores and Pharmaceutical Managers and partners. All participating countries developed action plans to address prevailing poor reverse logistics challenges confronting their respective countries.

The Ghana Health Service has institutionalized Strategic Social Partners following recommendation by FHI 360 for the setting up of the unit as part of financial sustainability strategy for the NTDP. FHI 360 will train staff appointed to run the unit. NTDP Strategic Social Partnership engagement with the private sector has resulted in a private indigenous bank committing about USD 41,000 to support LF morbidity management in the Upper East region.

1. MDA Assessment

The NTDP conducted a country-wide impact assessment survey of SCH and STH in October 2015. Preliminary results indicate significant decrease in the prevalence of both diseases. The NTDP will hold a technical review meeting on the results in the next quarter, FY16 Q3. The final results will inform changes to SCH MDA in the country. Pre-TAS was conducted in 6 districts in January 2016. The samples have been examined. FHI 360 is in the process of procuring the services of a consultant to undertake quality control

before final results of the Pre-TAS is declared. Entomological survey for onchocerciasis was completed in 18 river basins over a three months period ending November 2016. Over the same period epidemiological survey for onchocerciasis was conducted in 89 sentinel sites in 40 endemic districts funded by USAID. The entomological and epidemiological surveys were funded by Sightsavers International.

The NTDP had a technical review meeting on March 21 – 23, 2016 to evaluate its onchocerciasis data (MDA and assessment) and determine steps to reposition the onchocerciasis elimination strategy in line with the new WHO Guidelines for Stopping MDA and Verifying Elimination of Human Onchocerciasis. The review meeting included key partners supporting the NTDP in onchocerciasis – FHI360 and Sightsavers International. The NTDP response/strategy to the WHO 2015 Onchocerciasis guideline will be presented at the Work Planning Meeting in July for wider input from partners.

The NTDP is conducting a Trachoma Pre-validation Survey aimed at collecting data for certification of trachoma elimination in Ghana. Training of trachoma graders was conducted in WHO accredited centers in Nigeria in October and November 2015. While training of field teams and piloting of survey was carried out December 2 – 5, 2015 in the Upper West Region. Data collection started on December 7 – 19, 2015. It resumed on January 12, 2016. The field data collection was completed at the end of March 2016 and data analysis and plans for preparation of dossier is ongoing.

2. Changes in MDA Strategy

No changes have been made to the MDA strategy over the period under review. However, LF MDA has been stopped in 7 districts following passing of TAS 1 conducted between February and March 2015 – Bakwu West, Bolgatanga Municipal, Bongo, Talensi, Nadowli, Daffiama Bussie Issa, and Wa Municipal.

3. Training

Ghana trained 3,718 people (health staff and teachers) to conduct and/or supervise MDAs or to perform other M&E related activities. Only 679 of the 3,718 were new trainees and the rest attended refresher trainings.

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

In FY15 NTDP started development of 20 billboards to improve visibility of target diseases, interventions, and celebrate successes. However, the process delayed and was rolled over into FY16. The billboard designs have been completed and approved by the NTDP. The vendor is expected to mount 2 double-faced large billboards in each of the 10 regions in Ghana by the end of next quarter. During the reporting period, the NTDP continued to use FM Radio, community Public Address (PA) systems, vehicle-mounted PA systems and community durbars as the main channels for social mobilization during school-based SCH/STH, community-based SCH MDA, and second round onchocerciasis MDA conducted.

In March 2016, END in Africa team in collaboration with GHS submitted an abstract for a symposium to ASTMH on the trachoma elimination program in Ghana – *“Shrinking the map for Neglected Tropical Diseases in Africa: Achieving elimination of trachoma in Ghana”*.

5. Supervision

The NTDP was supported through the budgeting and work planning process with resources to conduct supervision of MDAs at all levels of the health system including communities. MDA budgets provided funds for fuel and transportation for cascaded supervision where the regional MDA teams supervised the districts, which then supervised the sub-districts. Sub-districts also supervised the community level activities by community drug distributors (CDD). The NTDP team at the national level also sent out

program staff to supervise MDAs in all target regions. Partners working with the NTDP including FHI 360, Sightsavers International, and GES/SHEP also conducted supervisory visits during MDAs. All supervisors were trained on standard protocols for the MDAs. Supervisors reported field observations to regional and district teams for immediate redress.

6. Supply Chain Management

A 4-day International Health Managers Workshop on Supply Chain Management for MDA customized for NTDs was held in Accra-Ghana for three Anglophone West African countries (Ghana, Nigeria and Sierra Leone) on February 23 – 26, 2016. The workshop was organized by MSH under the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS). Participants included staff from NTDPs, Ministries of Health, Country Medical Stores and Pharmaceutical Managers and partners (including FHI 360 and HKI). The key SCM challenge identified by the Ghana team was reverse logistics for unused medicines from lower levels of the health system. This was also a challenge in all the participating countries. An Action Plan was developed by the Ghana team to address this challenge. FHI 360 will follow up on the action plan for capture in the FY17 annual work plan and implementation.

FHI 360 purchased and delivered 1,587 Filarial Strips 30T kits for the NTDP. The consignment was delivered by WHO (was the consignee) to the NTDP on March 4, 2016.

The NTDP had limited Praziquantel for the school-based MDA in November 2015. Shipment of IVM for 2016 MDA has delayed causing a rescheduling of integrated LF/onchocerciasis MDA to April 2016. The NTDP has received communication from MDP about Albendazole (ALB) and IVM that has been shipped but details are not currently available. As of December 2015, the drug inventory at the central medical stores included the following tablet quantities: 13,782,800 ALB, 788,000 PZQ, and 3,182,000 IVM.

7. Program Monitoring and Evaluation

To improve standardization and accuracy of MDA data reported from the districts and regions, the M&E Advisor developed a data reporting tool that simplified the reporting process. Health Information Officers (HIOs) in all 10 regions were trained by the M&E Advisor and supported with additional budget to train HIOs in all NTD endemic districts. The involvement of HIOs is expected to improve MDA data management and quality at all levels. Districts that used the tool to report MDA data showed clear improvement in data quality. The NTDP will be supported to continue the process of including HIOs in the management of NTD data at the regional and district level as well to use and improve utilization of the data reporting tool by all target districts.

Data quality assessments (DQA) was conducted in November 2015. Results will be shared in the next upcoming National MDA Training of Trainers and Annual Review Workshop scheduled for April 2016. This meeting brings all key NTDP stakeholders and their contributions will be incorporated to produce the final DQA report.

The NTDP conducted six DSAs under the END in Africa program during this reporting period. Pre-TAS was conducted in 6 districts in January 2016. Samples have been examined by the MoH Public Health Reference Laboratory. Assessment of samples by an independent consultant is expected to finalize the results. Trachoma Pre-validation Survey is ongoing to assess in all 18 districts (divided into 37 districts now) previously endemic to collect data towards certification of trachoma elimination in Ghana. The survey which started in December 2015 is expected to be completed in April 2016. After 5 rounds of SCH MDA the NTDP conducted a nationwide SCH/STH impact assessment. Preliminary results indicate significant reduction in SCH prevalence around the country. Oncho entomological survey was completed

in 18 river basins over a three months period ending November 2015. Over the same period oncho epidemiological survey was conducted in 89 sentinel sites in 40 endemic districts. The NTDP with support from CDC and Liverpool School is conducting LF post-treatment surveillance in three regions of the country. This involves examination of blood samples from adults seeking routine healthcare for LF microfilaria. Xenomonitoring is also being conducted in one region.

8. Transition and Post-Elimination Strategy

The END in Africa Ghana program is not yet at this phase, hence there is no information to report.

9. Short Term Technical Assistance

The NTDP requested for technical assistance to value office premises used by the GHS across the country for NTD activities including the NTDP for the purposes for inclusion as Costshare for the project. A consultancy service was procured in November 2015 to conduct the valuation. Final report for the valuation is still pending. The second technical assistance is with respect to quality control for LF Pre-TAS. FHI 360 has started the procurement process; a consultant is expected to be hired for a short period to conduct quality control assessment of Pre-TAS conducted in January 2016. This technical assistance will improve the quality of Pre-TAS results presented by the NTDP.

10. Government Involvement

As part of the END in Africa/FHI 360 technical support to the NTDP in the area of financial sustainability, END in Africa/FHI 360 sought to build NTDP capacity in Strategic Social Partnership (SSP). This is expected to enhance the ability of the NTDP to engage government and social partners to provide additional resources for NTD activities. However, since the NTDP does not have the requisite staff directly on the program the objective has been to have a unit in GHS equipped to implement SSP strategy on behalf of the NTDP with support to other programs and sectors of the GHS. As a follow up on this objective the NTDP management and FHI 360 had a meeting to brief the new director for the PPME division of the GHS and his team on the SSP objectives and process. Following this meeting the Director General of the GHS issued formal communication on March 8, 2016 institutionalizing the SSP Unit under the PPME division and appointing 8 senior and middle level staff to the unit who will be trained by END in Africa/FHI 360.

11. Proposed Plans for Additional Support to National NTD Program

The NTDP was supported by END in Africa/FHI 360 to engagement with the private sector for Strategic Social Partnership. This resulted in commitment of about USD 41,000 from an indigenous private bank (Unibank Ghana Limited) to support lymphatic filariasis morbidity management in the Upper East Region.

12. Lessons Learned/Challenges

None.

13. Major Activities for the next six months

The following are the major activities for the next six months:

- Conduct integrated LF-Oncho-STH MDA in 105 districts targeting at-risk population of 5,799,252.
- Conduct school-based MDA for SCH in 216 districts and STH in 194 districts.
- Conduct community-based SCH treatment for adults in selected high-risk communities of 47 districts.
- Conduct TAS in 69 districts involving 28 EUs (TAS 1 for stopping MDA in 5 districts and TAS 2 in 64 districts).
- Conduct cascaded refresher training for health workers and community drug distributors (CDDs) at all levels from national to the sub-district level for integrated LF/STH/oncho MDA.

- Train 30 Laboratory and Program Officers from the regional level to support oncho DSA activities.
- Organize meeting of NTDP partners, researchers and MoH to disseminate findings of trachoma pre-validation survey.
- Put together a dossier on trachoma elimination in Ghana for submission to WHO.

ADVERSE EVENT AND DRUG DETAILS

Drug

Suspected Drug	Albendazole(400mg) + Praziquantel (600mg)
Dose, frequency	One tablet Albendazole (ALB) + 2 tablets Praziquantel (PZQ)
Date of Administration	26 November 2015
Drug sample obtained?	Yes. Samples of drugs taken to the Food and Drugs Authority for analysis.
Batch no. of suspected drug	ALB: BN 339725, MFG- 09/2014, EXP-09/2019 Manufactured and donated by GSK to WHO PZQ: BN M519830, EXP-02/2017 Manufactured and donated by Merck to WHO

Drug Administration

Source of drug	Albendazole -GSK - Merck
How was the medicine stored prior to delivery to the districts?	Bibiani Bekwai Anwhiaso District Health Directorate- Disease Control Office. Stored at room temperature.
Any contamination?	No obvious indication of contamination
Who administered the medicines? Any likelihood of administration errors?	Class teacher. 1 tablet of 400mg albendazole and 2 tablets of 600mg Praziquantel according to height. No evidence of administration error
Drug administration mode & route	Both ALB and PZQ were taken orally with water under supervision Child was well prior to going to school and had eaten prior to drug ingestion
Was the whole MDA supervised by nurses or teachers or community volunteers?	Supervised by head teacher who had undergone training conducted by the DHMT. The head teacher then trained the teachers in the school upon return

Concomitant Medication and Past medical history

Presenting complaints	Weakness, dizziness, vomiting on and off and left hemiplegia
History of presenting complaints	A day after intake of a tablet of albendazole and 2 tablets of praziquantel (school MDA). Client was taken ill a day afterwards i.e. 27/11/2015. Client vomited, weakness, dizziness and developed paralysis of left arm and leg. Was seen at a private medical Centre. Started on medications and then referred to the Bibiani Government Hosp.
Immediate past medical history. Malaria? Upper respiratory tract	<ul style="list-style-type: none"> No significant past medical history Weighing card shows that child had received all childhood antigens and growth and development had been normal

infection?	
Existing medical conditions - diabetes, asthma, liver function, kidney impairment etc? Known or unknown?	No known existing medical condition.
If child had any condition, was he administered any medicines? If so, which ones? Dosage, frequency etc	N/A
Outcome of post-mortem	
Post-mortem report obtained?	N/A
Case-causality assessment	
Certain, Probable, Possible, Unlikely, Not assessable	(To be done by panel of experts)
SAE Forms	
SAE form filled?	Yes
Obtained copy of SAE form?	Yes
Who filled the original SAE form? Details	District Disease Control Officer.
What is the view of the "receiving doctor" on the patient's condition?	Meningo-Encephalitis. Not related to the MDA

Niger

During the period under review (October 1, 2015 – March 15, 2016), the main activities that took place focused on conducting a physical inventory across the eight regions to ensure an accurate count of the available drug. These data would then be used to help plan the drug needs for the FY16 MDA. An analysis of the inventory revealed a significant quantity of Praziquantel was set to expire between the months of January – March 2016 (11.3 million pills between the stock at the central level warehouse (reported in the 2nd semi-annual report for FY15) and in the field). Therefore, a plan was put into place to conduct an “advanced” mass drug administration to ensure that as much drug as possible would be distributed and not wasted. However, it should be noted that a significant quantity of the Praziquantel will still likely expire. The “advanced” mass drug administration has taken place in four regions (Tillabéri, Dosso, Agadez and Zinder) and all neglected tropical diseases in these areas warranting a treatment in FY16 were treated.

In addition to the MDA, the other main activities implemented during the reporting period included monitoring and evaluation activities. A number of surveys planned in the FY15 workplan were not able to be conducted during FY15, since the MDA finished in May 2015, and WHO recommendations state that surveys should take place six months following the MDA. A total of nine districts in the Zinder and Diffa regions underwent sentinel site and control site surveys for lymphatic filariasis to determine whether or not they may proceed to the transmission assessment surveys (i.e. TAS 1) next year. All districts had microfilaremia prevalence of less than 1%, indicating they all may proceed to TAS 1 in FY17.

Also, a total of seven districts warranted trachoma impact assessments in FY15; as of this report, six have finished. Of these, two had trachomatous inflammation follicular (TF) prevalence of <5% among children ages one to nine years, indicating that they have reached the elimination criteria for active trachoma and can now proceed to the surveillance period. Two other districts had TF prevalence between 5-9.9%, indicating that they may undergo one further round of mass drug administration and an impact assessment. Finally, two districts had TF prevalence ≥10% and <30%, indicating that they warrant an additional three rounds of treatment. The seventh district has not yet undergone impact assessment, as it is the district bordering Nigeria and under sporadic attack by Boko Haram. The National Program plans to survey this district; however, they are currently making arrangements with the military to do so.

For FY16 monitoring and evaluation activities, the National Program carried out an update of schistosomiasis endemic villages to determine where MDA would need to take place.

Furthermore, during this reporting period, the Republic of Niger held a presidential election on February 21, 2016. The incumbent, President Mahamadou Issoufou, received the largest percentage of votes of all the candidates; however, he failed to obtain 50% of the vote, which has resulted in a requirement for a run-off between President Issoufou and the opposition, former Prime Minister and former President of the National Assembly, Hama Amadou. The run-off election took place on March 20, 2016.

1. MDA Assessment

The program and disease workbooks have been updated and are attached to this report.

2. Changes in MDA Strategy

District Name	Disease	Description of Change (ex: Stopped MDA; or Changed from district-level treatment to community-level treatment, etc.)	Rationale for Change (ex: active trachoma prevalence in impact study conducted in August 2011)
Dakoro	Trachoma	MDA will stop and the district will begin surveillance	The impact assessment conducted in December 2015 showed TF below the 5% treatment threshold (TF 2.48%; TT 0.39%).
Tessaoua	Trachoma	MDA will take place for an additional 3 years	The impact assessment conducted in December 2015 showed TF above 10%, indicating that three more rounds of MDA are required, followed by an impact assessment (TF 10.64%; TT 1.59%).
Guidan Roundji	Trachoma	MDA will take place for an additional year	The impact assessment conducted in December 2015 showed TF in the range of 5-9.9%, indicating 1 more year of MDA followed by an impact assessment is required (TF 7.23%; TT 2.42%)
Madarounfa	Trachoma	MDA will stop and the district will begin surveillance	The impact assessment conducted in January 2016 showed TF below the 5% treatment threshold (TF 3.98%; TT 1.40%)
Mayahi	Trachoma	MDA will take place for an additional year	The impact assessment conducted in January 2016 showed TF in the range of 5-9.9%, indicating a need for 1 more year of MDA followed by an impact assessment (TF 9.04% TT 1.63 %)
Mainé Soroa	Trachoma	MDA will take place for an additional 3 years	The impact assessment conducted in January 2016 showed TF above 10%, indicating that three more rounds of MDA are required, followed by an impact assessment (TF 15.43% TT 0.61%)
Gouré	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.11%)
Mirriah	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.63%)
Magaria	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.97%)
Diffa	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.0%)
N'Guigmi	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.0%)
Zinder Commune	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.50%)
Tanout	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.33%)
Matameye	Lymphatic filariasis	TAS 1 will take place in FY17; MDA planned for FY16 will proceed	Pre-TAS conducted December 2015 - January 2016 (mf=0.0%)

3. Training

A training of trainers was held at the central and regional levels for the FY16 MDA. A total of 131 people were trained to conduct and/or supervise MDAs, or to perform other M&E related activities. Fifty eight (58) of the 131 trainees attended refreshers trainings, whereas the rest were new trainees. The majority of trainings conducted during this reporting period were FY15 activities – training of Central level MoH staff; trainers (training of trainers) in 4 regions; other people involved in conducting MDAs such as inspectors/investigators working on the trachoma assessment survey, and Pre-TAS surveyor training, and training of lab assistants for LF diagnosis. The only FY16 training activity implemented in the last six months was training investigators working on villages endemic for SCH. The MDA training data are not complete as data from the “advanced” MDA is still pending. Also, additional trainings will be held in advance of the regular MDA. This particularly involves trainee categories of supervisors, health providers, and community drug distributors.

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

At the community level, the “advanced” MDA campaign began with information and awareness-raising sessions using two strategies: public criers, who traveled throughout villages and hamlets to inform the populations about the date of the campaign and the need to obtain treatment; and female community health workers, who held awareness-raising sessions about the disease within households and about the drug administration strategy, the campaign’s targets, and side effects. This year, the use of female community health workers was emphasized because it is easier for them to obtain access to households.

Approximately 45 community radio stations were used to disseminate messages about the campaign, specifically, the dates and importance of taking the drugs distributed in the villages.

No best practices were documented and published during this reporting period.

5. Supervision

During this period, the NTDP personnel and HKI supervised both the “advanced” MDA and several surveys. Prior to each activity, a detailed timeline is sent before each activity, both to ensure financial resources are released and to schedule the supervision. When the supervision plan is developed, the information is sent to the facilities to be visited and to the field teams to be supervised. This requires regular daily telephone supervision of the teams’ progress in the field to address any program changes.

Joint MoPH/HKI supervision was provided for the “advanced” MDA in the district of Ouallam, Tillabéri. This provided an opportunity to hold discussions with the district management team, certain integrated health center staff, and the teams responsible for distribution in particular Ouallam villages. The goal of the supervision is to discuss the challenges in the field and identify solutions to ensure proper treatment coverage.

Similarly, the END in Africa project supported the NTDP through joint supervision (NTDP and HKI) of field activities in certain districts, including the trachoma impact surveys in the Maradi health districts (Dakoro, Mayahi, Madarounfa, Tessaoua, and Guidan Roumdji), the pre-TAS surveys in the Zinder health districts (Tanout, Gouré, Mirriah, Magaria and Zinder Commune), and the updating of SCH endemic villages in certain health centers in the district of Tillabéri. This support was provided through the NTD monitoring/evaluation manager. The goal is to confirm, in the field, proper implementation of the validated protocol and compliance with WHO directives.

The first phase of the FY16 MDA (the “advanced” MDA) took place between January and February 2016

and was supervised through a joint mission of HKI and the NTDP in Tillabéri region, and all MDA was supervised by the NTDP with support from END in Africa. Discussions with the focal points in the regions and/or health districts provided an overview of progress on the campaign's activities. They revealed how the focal points are managing the activities – campaign preparations (including training, putting the drugs in place, advocacy and social mobilization), supervision of the districts and integrated health centers, and redeployment of drugs within and between districts, if necessary. For example, Ouallam district requested additional drugs and was resupplied.

The field mission with the integrated health centers and the community revealed how the distribution actually took place, identified weaknesses, and provided an opportunity to make corrections. With this in mind, the supervision team made several suggestions to the actors, who implemented improvements.

The issue of lack of motivation among the CDDs arose. They are paid 2,500 CFA per drug packet, or about 5,000 CFA per month of distribution. However, when those same CDDs work for a different program during vaccination campaigns, they receive 2,500 CFA per day. As it is very difficult to increase their pay because of the high number of CDDs, in FY16, the supervisors suggested reducing their workload, calculating on the basis of one CDD per 300 residents instead of one CDD per 500 residents, as was used previously. The hope is that due to the reduced workload, CDDs will be more likely to reach the targeted number of persons to treat, thus improving coverage.

The areas for improvement that emerged from the FY16 MDA supervision involve the organization or breakdown of tasks among the CDDs, involvement of staff in NTD training, and the measurement and number of tablets to be given per person. Certain points were corrected on site.

Supervision of the trachoma impact assessment (first phase) revealed weaknesses in the following: active Guinea worm case finding, census of heads of households, reporting of results to village leaders (sometimes unsystematic), and notification of absences of certain village leaders and populations in some households at the time of the survey. From an environmental perspective, the absence of latrines in most of the villages surveyed is striking and hygiene conditions are poor. The supervisors recommended the actors to conduct the surveys during periods when people are not working in the fields, promote the construction of latrines in the villages, and continue holding awareness-raising sessions on individual and community hygiene.

Supervision of the pre-TAS survey showed compliance with the steps listed. It also revealed that some people who were registered were not tested out of fear of testing or because they felt waiting times were too long, the population did not participate effectively in testing in certain areas (particularly urban areas), the results not read in the field, and this kind of night-time work is not appropriate in cold weather.

The following weaknesses were observed in the supervision of the updating of villages endemic for schistosomiasis: almost none of the populations are updated in the endemic villages in many of the integrated health centers supervised in Tillabéri region; the mobility of the health workers resulted in the failure of the workers on duty to properly monitor the data; the overlap of the national polio vaccination days (January 13 – 16, 2016) and the visits by the PNLBG teams had an impact on the availability of the workers; and data from prior NTD MDA campaigns was not properly archived. Commitments were made to transmit the data to the teams.

6. Supply Chain Management

A number of SCM activities took place over the course of this reporting period. First, complete physical

inventory of the NTD drugs was conducted between November and December 2015. The report was shared with all the in-country partners and a full analysis of the drugs expiring through March 2016 was also previously shared and discussed with FHI 360.

Drug	Expired between January and December 2015	Usable from January 2016	Expiry Date (range)
Mectizan	782,846 tablets	979,162 tablets	Jan 2016 – Dec 2019
Albendazole	31,942 tablets	3,782,666 tablets	Jan 2016 – Dec 2019
Praziquantel	1,439,592 tablets	1,766,044 tablets	Jan 2016 – Dec 2019
Zithromax tablets	102,663 tablets	1,734,359 tablets	Jan 2016 – Dec 2019
Zithromax syrup	23,367 bottles	31,887 bottles	Jan 2016 – Dec 2017
1% tetracycline ointment	18 tubes	588 tubes	December 2016

Second, during the MDA trainings held thus far in support of the “advanced” MDA, SCM was emphasized during each session. The topics included in the trainings are: estimating needs based on the target population (for the district and health center levels); inventory management (quantity received, quantity withdrawn, inventory remaining), systematic post-campaign physical inventory, proper recordkeeping (registers and inventory sheets), preparation of reports, data archiving.

Finally, the NTDP quantified the PZQ need for FY17 and made projections for FY18, FY19, and FY20. The application and projects were submitted to FHI 360 for review.

Also, during the reporting period Niger received the Zithromax required for the FY16 trachoma MDA in November 2015 and the IVM for the LF MDA in February 2016. The entire exemption and drug transport process is handled either by the MoPH or the WHO. The slow place noted here results from insufficient sharing of information, which leads to very long delays in releasing the drugs from Customs. This insufficient sharing of information was noted in dealings among the shippers and the NTD programs and/or the WHO. To resolve this problem, each program coordinator should take responsibility for his/her drugs, from submitting the order until the drugs are stored in the ONPPC warehouses.

Another historical and current challenge for the NTDP in Niger is with the quantification and forecasting of drug needs. This is due primarily to the lack of controls of inventories remaining post-campaign and reverse supply chain to ensure that each district can quantify drugs remaining after the campaign. This has led to over-ordering of drug and consequently to large quantities of drug expiring. However, following the post-FY15 MDA campaign physical inventory, we have complete information about the inventory that is in the country and will be able to monitor the quantities of drugs delivered in the field and have a good estimate of the remaining drug at the end of the FY16 MDA.

Another issue Niger has faced previously and is facing during this current fiscal year is significant delays in the delivery of certain drugs, particularly ALB, which has not yet been delivered as of March 15, 2016. The National Coordinator of the PNDO/EFL has received notice that the drug is in route from the port in Cotonou, Benin to Niamey.

To ensure the drugs and materials (such as dose poles) are delivered to the districts in the correct quantities, the NTDP and HKI partner with the ONPPC. This year, for the “advanced” campaign, drugs were deployed to the four regions selected for this campaign (Dosso, Tillabéri, Zinder and Agadez) following the results of the physical inventory. The ONPPC will also assist the NTDP to deliver drug and materials for the regular MDA, which is slated to take place between March and April 2016 in the Diffa,

Maradi, Tahoua and Niamey regions. However, certain issues with working with the ONPPC have been identified:

- Lack of inventory sheets/stock cards
- Poor storage arrangements in the ONPPC warehouses (i.e. the drugs for the NTDP are stored in 4-5 warehouses, instead of in a single warehouse)
- NTD drug expiration
- An outdated vehicle fleet, which creates delays in delivering the drugs and supplies, due to frequent breakdown

To address these problems, a budget line was added to the FY16 regional FOG budgets for reverse supply chain (from the integrated health centers to the health district or region levels). This will involve a systematic drug inventory at the health centers. The drugs will then be stored in the health districts' or regional public health delegations' warehouses or in the ONPPC's regional warehouses. As the drugs expire as a result of inadequate post-campaign drug management, particularly at integrated health centers, sending all the remaining drugs to the districts or regions should improve the management of the drug and result in less expiration. Another issue with the storage of the NTD drugs is that most health facilities lack warehouses, and therefore, the drugs are generally stored in non-ideal locations without any inventory management or tracking. Providing funds for reverse supply chain to ensure drugs are stored in warehouses specific for medicines should also improve this situation. Finally, the management of the drugs has generally been left to the district NTD focal points, who often do not have the time to keep good track of the drugs. Providing funds for reverse supply chain should also alleviate this issue.

Regarding the outdated vehicle fleet, the ONPPC was asked to contact the MoPH to obtain additional trucks.

A number of other strengths and weaknesses have been identified within Niger's management of NTD drugs:

Strengths:

- Organization of the post-FY15 campaign physical inventory and a complete analysis of the data
- Partnership with ONPPC
- Improved drug management capacity among the various actors

Weaknesses:

- Health centers have not conducted systematic post-campaign inventories in the past
- Drugs expire frequently
- Return of drugs and tools post-campaign is unsystematic
- Lack of inventory sheets at the warehouses
- Poor implementation of the FEFO ("First expired, first out") system
- Mobility of health system staff, who may store drug inventory data on their personal computers and then take data with them once they change positions.

7. Program Monitoring and Evaluation

The FY15 trachoma impact assessments and filariasis impact assessment surveys (Pre-TAS) were conducted between November 2015 and January 2016.

Trachoma assessments – The districts of Dakoro (TF: 2.48% and TT: 0.39%) and Madarounfa (TF: 3.98% and TT: 1.40%) have met the criteria to stop MDA; the districts of Tessaoua (TF: 10.64% and TT: 1.59%)

and Mainé Soroa (TF: 15.43% and TT: 0.61%) will continue the MDA for an additional three years; the districts of Guidan Roumdji (TF 7.23% and TT 2.42%) and Mayahi (TF 9.04% and TT 1.63%) will continue distributions for one more year. The trachoma impact assessment in N'Guigmi district has not yet taken place. This district borders on Nigeria and has been the site of multiple attacks by Boko Haram. The PNSO does plan to conduct this impact assessment but needs to work with the military to receive clearances.

Pre-TAS – We have results from all districts: Zinder region: Gouré: 0.11%, Mirriah: 0.63%, Magaria: 0.97%, Matameye: 0.0%, Tanout: 0.33%; Zinder Commune: 0.5%; and Diffa region: Diffa: 0%; N'guigmi: 0%. As the prevalence of microfilariemia in all of these districts is less than 1%, all the PNDO/EFL will submit a request to the Regional Peer Review Group (RPRG) to approve these districts to undergo TAS in FY17.

TAS survey planned for FY15 in two districts (Niamey II and III) – The RPRG suggested conducting a rapid population census prior to implementing the TAS in the peripheral villages to better understand the actual population and previous MDA coverage. This is because LF is not thought to be a public health problem in the city of Niamey, but only in the peripheral villages, and therefore, it is only these villages that receive MDA. However, the PNDO/EFL lacks a line listing of populations in these villages, and therefore, coverage is calculated on the basis of the total population of these districts (including urban areas), rather than just in the peripheral villages. As a consequence, reported coverage has not met the required 65% coverage for five years, as is required by WHO to proceed to the TAS. The census results should enable the PNDO/EFL to have actual population figures to calculate true coverage. The teams began this census just after the presidential run-off election, which took place on March 20, 2016.

Finally, one FY16 M&E activity took place during the reporting period – The update of the endemic villages for SCH throughout all of Niger's endemic districts in the country's eight regions. While the complete results are not yet available, preliminary results indicate the number of endemic villages has increased. The purpose of this activity was to have a more accurate idea of the number of endemic villages and populations, since the last update was conducted in 2004 and the population being used to calculate drug needs is from 2001 (with an annual growth factor used). MDA reports have shown large variations in coverage (for example, from the FY15 MDA, coverage in Matamaye was reported as 51.1% and that in Maradi Commune as 150%). This activity should enable the PNLBG to more accurately determine target populations, and calculate drug needs and coverage.

DSA Type	# DSA Targeted with USAID Support	Names of districts where DSA to take place
LF Pre-TAS sentinel/spot check site (FY15 activity)	9	Matamèye, Magaria, Mirriah, Tanout, Gouré, Zinder commune, Diffa, Mainé Soroa, N'Guigmi
Updating of endemic villages (FY16 activity)	43	Agadez region (Agadez, Tchirozérine, Arlit), Diffa region (Diffa, Mainé Soroa, N'Guigmi), Dosso region (Dosso, Boboye, Gaya, Doutchi, Loga), Maradi region (Maradi commune, Aguié, Dakoro, Guidan Roumdji, Madarounfa, Mayayi, Tessaoua), Tahoua region (Tahoua Commune, Madaoua, Abalak, Bouza, Keita, Konni, Tchintabaraden, Illéla), Tillabéri region (Tillabéri, Kollo, Say, Téra, Ouallam, Filingué), Zinder region (Gouré, Magaria, Matameye, Mirriah, Tanout, Zinder commune), and Niamey region (Niamey I, Niamey II, Niamey III, Niamey IV, Niamey V,)
Trachoma impact survey (FY15 activity)	7	Guidan Roumdji, Dakoro, Mayahi, Tessaoua, Madarounfa, Mainé Soroa and N'Guigmi (N'Guigmi not yet completed)

Each year, the NTDP experiences delays in implementing the surveys, due primarily to the fact that the MDA is planned for early in the fiscal year (November – December 2015) but is generally not executed until later in the fiscal year (over the past several years, between March – May). According to WHO

guidelines, a district that holds an MDA cannot be surveyed until six months after the distribution.

Another ongoing challenge for Niger is the standardization of the demographic data for all the MoPH NTD programs. This is because each NTD program utilizes different sources for population, which results in variation of target populations and coverages recorded. This has also created discordance between the Workbooks for the USAID Integrated NTD Program and the report sent to WHO. We are considering integrating the populations in the Workbook based on target diseases, instead of using the automatic formula.

Finally, another challenge to M&E in Niger has been insecurity. For example, insecurity has delayed implementation of the trachoma impact assessment survey in N'Guigmi district and was one reason for a need to increase the Pre-TAS budget, as the NTDP had asked for funds to pay for security teams to accompany the surveyors.

8. Short Term Technical Assistance

Niger did not receive any technical assistance during this period.

9. Government Involvement

An NTD coordination meeting was held November 2015. It focused primarily on preparing for the early MDA campaign to make use of the expiring PZQ supplies. Four regions – Dosso, Tillabéri, Zinder, and Agadez – were chosen while waiting for confirmation based on the results of the physical inventory. Three priority activities were identified in order to move ahead as quickly as possible. They involved signing FOG contracts (HKI); sending drug redeployment plans to the ONPPC (PNDOEFL, PNSO, and PNLBG); sending announcements of the campaign; and, organizing cascade training of trainer sessions (National Focal Point). In addition, as an additional show of support from within the MoPH, the Deputy Secretary-General of the MoPH also sent a letter to HKI on December 9, 2015 to notify the organization that an emergency campaign would be held following the results of the physical inventory. The letter also asked HKI to take all necessary steps to facilitate the campaign, which indicates that the Ministry is involved in the NTD activities.

Though part of the annual workplans have included creation of a NTD Task Force, it has not yet been created as it involves higher level MoPH persons to approve their creation. This was to be one of the tasks the NTD Focal Point would spearhead this fiscal year; however, with the presidential and parliamentary elections this year, officials are making few commitments at this time. However, the NTDs were taken into account in the MoPH's annual action plan for 2016. Also, in the new Health Development Plan for the period of 2016-2020, NTDs received a budget line of 103 million CFA for 2016. However, it remains to be seen whether the line may be mobilized in time for activities, as this has been a problem in previous years.

Furthermore, the laboratory constructed for the PNDO/EFL by the Government of Niger is slowly being equipped. This laboratory will receive samples of blood, mf, and flies as part of the surveillance strategy for LF and oncho.

Finally, the World Bank's NTD project has just been approved by the two stakeholders (Government of Niger and the World Bank). Implementation is scheduled to begin in 2016. This project is supposed to cover certain gaps in the END in Africa project in the areas of logistics (vehicle purchase and warehouse construction), drugs (for side effects), and motivation for CDDs (only at border health districts).

10. Transition and Post-Elimination Strategy

In FY15, the MoPH received support to develop surveillance plans for trachoma and LF. These plans will describe the surveillance strategies that the two programs will adopt in order to confirm treatment has ended in the districts that, as of that time, have met the criteria to halt MDA. These plans have been developed and are being validated internally. Following internal validation, they will be shared with partners for review.

Additionally, as part of the FY15 workplan but carried out in November 2015, laboratory technicians were trained in several districts as part of implementation of the LF and SCH post-elimination surveillance system. The LF training covered preparing blood smears and identifying microfilaria. The SCH/STH training focused on procedures for using the Kato Katz and urine filtration kits.

11. Proposed Plans for Additional Support to National NTD Program

In October 2015, the MoPH integrated the national polio vaccination days campaign (JNV Polio) with Albendazole-based deworming and vitamin A supplementation. The goal is to strengthen immunity among children under 5 years of age against wild poliovirus (type 1 and 3, bivalent OPV) and reduce morbidity and mortality associated with vitamin A deficiency and intestinal infections from intestinal worms. In terms of education, the hygiene component is incorporated through instruction on trachoma at school.

For morbidity management, trichiasis surgery is supported in Niger via HKI and The Carter Center. For LF, the PNDO/EFL is currently organizing an active case search for hydrocele in four health zones in the region of Kollo, Tillabéri region, with funding from the Government of Niger. However, the NTDP will require funds to help organize surgical camps for the detected cases.

12. Lessons Learned/Challenges

While there have been no new lessons from the FY15 MDA incorporated into the FY16 MDA, several lessons have been learned over the year that are taken into account on an annual basis. First, in nomadic areas, where the populations are in constant movement and individual household locations may not be known by the community drug distributor (CDD), the strategy of distributing drugs at water points (wells and boreholes) or on a grouped basis at the village leader's home may increase the drug treatment coverage. This strategy will be tried in the FY16 MDA to determine whether it can help with coverage.

Also, Niger has found that using female community health workers as CDDs is a better way to access households, since in many parts of Niger, unrelated males are not permitted to enter into a household. This is not the case for women; they may access any household. Niger continues to use this strategy to try to increase MDA coverage.

Furthermore, as in previous MDAs, community radio stations are used as a means to convey information about the MDA and mobilize populations to participate. One of the most effective uses for the community radio stations is through testimonials. This is when people affected by a specific disease or condition are invited to speak on the radio about their experiences. For NTDs, inviting persons to talk about their experiences taking ALB and actually having visible worms expelled, has been particularly effective in motivating others to take the drugs. Anecdotally in the field, community members have been asked whether they heard the testimonials and whether it influenced their decision to participate in the MDA. In most cases, where community members were asked, they have reported the testimonies as positively influencing their decision to participate in the MDA.

Finally, no coverage survey was conducted during this period; the planned integrated NTD coverages surveys planned for FY16 will take place after the second phase of the MDA and data from that survey will be used in planning for future MDAs.

13. Major Activities for the next six months

- Organize the national NTD campaign launch
- Conduct Phase 2 of the MDA in the other four regions (Diffa, Maradi, Niamey and Tahoua)
- Organize the national MDA evaluation
- Conduct the integrated coverage survey
- Support the MoPH to complete and validate the new 2016-202 strategic plan to combat NTDs
- Conduct the population survey in the NY II and NY III health districts prior to the TAS scheduled in these two districts
- Conduct the TAS survey in the Niamey II and III health districts
- Conduct the trachoma prevalence survey in the N'Guigmi sub-health district
- Organize the national meeting of NTD partners
- Conduct the Schist/STH surveys in the 17 sentinel sites
- Hold the LF surveillance training
- Organize the MDA 2016 microplanning meetings
- Organize the cross-border meeting with Burkina Faso
- Conduct the LF pre-TAS survey in 11 health districts
- Conduct the LF TAS 1 survey in nine health districts
- Conduct the onchocerciasis epidemiological survey in four health districts
- Conduct the onchocerciasis entomological training and survey in four health districts
- Conduct the trachoma impact survey in seven health districts
- Conduct the trachoma surveillance survey in seven health districts
- Provide support to the MoH to develop the 2016 NTD action plan
- Hold the FY17 work plan development meeting

Sierra Leone

Advocacy and social mobilization meetings were held in district headquarter towns, and in various communities to get the support and commitment of stakeholders for mass drug administration for SCH in 7 health districts and LF and STH in Western Area (WA). The participants included council chairmen, ward councilors, religious and traditional leaders, leaders of market women's associations, teachers' union, motor cycle riders, police, and youth and women's organizations. These stakeholders helped sensitize target populations prior to and during the MDAs. As in previous MDAs, an advocacy meeting was also held with private medical practitioners in the WA, so their clients can also be treated. The private practitioners were given drugs to treat their clients, in addition to conducting sensitization. The media is also key to implementing a successful MDA, especially in the Western Area. Several popular discussion programs, such as "We Yus" on the national television and "Good morning Salone" on Radio Democracy were held to sensitize and mobilize the population for MDA.

MDA campaigns for LF and STH in Western Area and for SCH in seven health districts were successfully implemented. The LF/STH MDA in WA was conducted from October 9 – 13, 2015 and the overall treatment figure was 1,419,360 eligible persons with 78% epidemiological coverage. The MDA for SCH in seven districts was conducted from October 20 – 28, 2015 and targeted school-aged children and at-risk adults. The overall treatment figure was 2,294,321 eligible persons with 79% epidemiological coverage. Both MDAs were planned as part of the FY15 workplan but were delayed due to rains and additionally, the SCH MDA was delayed due to modifications required in the Fixed Obligation Grants. The NTD Program also wished to conduct MDA after schools had reopened, as school-aged children are the main group targeted.

End process independent monitoring for the LF/STH MDA in the WA showed 79% of eligible persons had ingested the drugs. There was no significant difference between the NTDP's reported coverage and the independent monitoring results. End process independent monitoring for the SCH MDA in 7 districts showed 73% of eligible persons had consumed the drugs. Overall monitoring and supervision exercises were performed for both MDAs. The supervisions were conducted at the national, district and community levels. At the national level, staff from the NTDP supervised the MDA, whilst at district and community levels, District Health Management Teams (DHMT) and community leaders took leadership in the supervision. HKI also provided supportive supervision during the MDAs.

During the period under review, the NTDP held an annual review meeting in January 2016 with participants from the DHMTs of all 14 HDs and partners to review the previous year's neglected tropical diseases activities. During the review meeting, the proposed timeline for FY16 activities was adopted.

The annual review meeting was followed by the training of trainers, training of peripheral health unit staff, and advocacy meetings for the upcoming FY16 MDA for LF, Oncho and STH in the 12 rural health districts.

All funds received from the various sources, including Sightsavers, for NTD control were integrated into one funding basket and used effectively and efficiently to maximize benefit. To ensure transparency and accountability, each partner's contribution to NTDP was communicated to all partners in order to identify any funding gaps.

As the NTDP seeks to conduct disease specific assessments for SCH, LF, Oncho and STH before the end of calendar year 2016, the key area that requires attention is the continued sensitization of communities in order to rebuild the confidence and trust in health workers and across communities that were hit by the Ebola Virus Disease.

1. MDA Assessment

No MDA assessment was conducted during the reporting period.

2. Changes in MDA Strategy

There has been no change in MDA strategy based on disease-specific assessments during the reporting period. All treatments are currently based on the baseline data.

3. Training

A number of training activities were conducted in preparation for the MDAs. Prior to implementing each MDA, training/refresher trainings were held to ensure all actors were prepared for their role in the MDA campaigns. A total of 1,156 people were trained during this reporting period:

- Training of supervisors for the SCH MDA in 7 HDs took place September 2015; this was not reported in the second FY15 semi-annual report, as the data had not yet been received
- Training of PHU staff for the LF-STH MDA in the WA and the SCH MDA in 7 HDs in September 2015
- Training of community health workers (CHWs) for the LF-STH MDA in the WA in October 2015
- Training of trainers for LF-oncho-STH MDA in 12 districts in January 2016
- Training of PHU Staff for the LF-oncho-STH MDA in 12 districts in January 2016

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

Prior to the MDAs for LF-STH in the WA and SCH in 7 HDs, social mobilization guidelines and Frequently Asked Questions (FAQs) leaflets for both onchocerciasis and LF were revised to include issues raised by communities about EVD and MDA. At the village level, the PHU Staff held meetings for traditional leaders, religious leaders, village headmen, section chiefs, councilors, youth leaders and local teachers. Town criers in villages and street announcers in urban settings were used to inform communities about the dates of the sensitization meetings and the MDA, and to convince every eligible person to comply with the treatment. Several popular discussion programs like “We Yus” on the national television and “Good morning Salone” on Radio Democracy FM 98.1 were held to sensitize and mobilize the population.

A total of 110 integrated training manuals for PHU staff in the WA and 122 banners to announce the MDA were produced and distributed for the LF-STH MDA in the WA in October 2015. Another 810 integrated training manuals (LF-Oncho-STH and SCH) for PHU Staff, 4,750 village treatment registers for Community Drug Distributors (CDDs) and 36,000 FAQs were produced and distributed for the LF-Oncho-STH MDA in 12 HDs scheduled for April 2016.

Well-tailored, pre-tested messages and position statements were aired on community radio stations and the commercial ‘Star Radio’ with nation-wide coverage. These were done through interactive, live panelist broadcasts during the MDAs for both SCH in 7 HDs and LF-STH in the WA. Text messages and phone calls from the public that come in during the live panelist broadcasts serve to heighten the radio discussion, and the feedback from these discussions has been used to update the FAQs.

During the period under review, HKI and the national program also developed a monthly radio discussion to cover various issues about NTDs such as the need for motivating CDDs, responsibilities of communities during MDAs (especially in urban settings), lessons learned and the impact of NTDs in communities to increase awareness about the NTD program. These monthly radio discussion programs invite key stakeholders such as religious leaders, councilors and heads of youth groups to be panelists so as to increase a sense of community ownership and public confidence post-EVD.

Traditional leaders, both male and female, played a vital role during the EVD outbreak. These individuals

also helped raise awareness during MDAs for both LF-STH in the WA and SCH in 7 HDs. They also helped to sensitize communities about the importance and benefits of taking NTD drugs.

Commercial motor bike riders who are frequently on the move were included in advocacy and social mobilization to sensitize them to raise awareness to others and participate in MDA.

During the reporting period two posters and an oral presentation were presented at the 64th annual conference of the American Society of Tropical Medicine and Hygiene in Philadelphia, Pennsylvania in October 2015.

- J. Paye J, M. S. Bah, M. Sonnie, Y. M. Bah, A. Conteh, I. Savage, S. Palmer, Y. Zhang & M. Hodges. *“Impact of Payment of Ebola Hazard Allowance to Community Drug Distributors on their Volunteering in the Neglected Tropical Disease Program in Sierra Leone”* (poster)
- Y.M. Bah, M. Sonnie, A. Conteh, J. Paye, M. S. Bah, I. Savage, S. L. Palmer, Y. Zhang & M. Hodges. *“Restarting Mass Drug Administration for Neglected Tropical Diseases in an Ebola Setting: The Sierra Leone Experience”* (poster)
- Sesay S, J. Paye, M. S. Bah, F. Max McCarthy, A. Conteh, M. Sonnie, M. Hodges, J. B. Koroma and Y. Zhang. *“Progress towards Lymphatic filariasis elimination in Sierra Leone”* (oral)

5. Supervision

During the reporting period, funds were made available to the NTDP for regular maintenance of and fuel for their vehicles to conduct supervision of trainings, social mobilization, advocacy and MDA activities at all levels, including hard-to-reach communities. At the district level, motorcycles were hired for the NTD focal persons for effective supervision, and funds were provided to cover the cost of fuel. Furthermore, at the PHU level, funds were also provided to PHU staff to cover the cost of transportation in supervising their catchment communities during MDA activities.

In order to ensure WHO guidelines and MoHS regulations are followed, HKI held regular meetings with the NTDP. An NTD Task Force meeting was held in February 2016 to discuss major issues relating to NTDs in Sierra Leone and updating the NTD strategic plan which expired in December 2015. Attendees included participants from WHO, HKI, Sightsavers, and senior members of the MoHS, including the Deputy Chief Medical Officer and the Director of Disease Prevention and Control.

In-process and end-process IM was conducted for both MDAs (LF-STH in the WA and MDA SCH in 7 HDs) to ensure MDA targets were met. The in-process IM was done during the LF-STH MDA in WA to report issues such as the maldistribution (e.g. treatment without dose poles, administering either ALB or IVM instead of both) of drugs and eligible persons or communities that were missed, to enable the NTDP to take corrective measures before the end of the MDA. Some of the common problems reported included the distribution of drugs to beneficiaries for their dependents, lapses in direct observed treatment protocol, delays in distribution, and delayed collection of drugs from PHUs.

End-process IM, which was conducted after the MDAs, was used to validate the NTDP and DHMT-WA tallies. Questionnaires were also administered to individuals at the household level to assess the reasons for non-compliance during MDAs. Data on the effectiveness of PHU staff training and community sensitization meetings were also collected by the IMs. These findings were presented during the annual review meeting in January 2016, in order to implement corrective measures to be taken in subsequent activities. Furthermore, supervision was also undertaken at national, district and community levels. HKI, Sightsavers and NTDP supervised trainings, advocacy, some community meetings, and the MDAs. The DHMTs also supervise the community meetings implemented by PHU staff at village and zonal levels in

urban settings. The PHU staff supervised the CHWs during the MDA with support from the community leaders and ensured that best practices were observed.

Also, prior to the LF-STH MDA in WA in October 2015, the Urban Western Area was affected by heavy rainfall, resulting in massive flooding in slum communities. As a way to treat these flood victims during the MDA, special teams were assigned by the DHMT to treat all eligible individuals in the makeshift camp at the national stadium.

Finally, following the refresher training, the CDDs updated their village registers. The data from each village register was collated by the PHU In-charge, verified by the NTD focal person and then forwarded to NTDP at the national level. The results of the eligible village census data was used to request the quantity of drugs needed for MDA. During MDA, the CDDs administered the drugs based on the census data, but were advised to add new community members to the register who were not present during the period of the census and to administer the drugs to them as well.

6. Supply Chain Management

The Supply Chain Management (SCM) activities during this reporting period included placement of MDA drugs and materials (such as dose poles) for the LF-STH MDA in WA and SCH MDA in 7 HDs.

The IVM, ALB and PZQ arrived in country in July 2014 for the FY15 MDA for LF, oncho and STH in the 12 HDs, the LF-STH MDA in WA and the SCH MDA in 7 HDs. PZQ for SCH and IVM for LF-oncho & STH were received in December 2015 and February 2016, respectively. Prior to the two MDAs in October 2015, the different drugs were supplied to the various DHMTs based on the district CDD census for the 7 HDs for SCH and DHMT-WA projected population data, respectively. The DHMTs, in-turn, supplied the various PHUs with drugs based on the PHU CDD census data, and the PHUs gave the drugs to the CDDs in the various communities based on their eligible village census data. Other logistics, such as the dose poles, pencils, pens, and polythene bags were distributed to the various DHMTs and onwards to the communities.

Following MDAs in the 7 HDs for SCH and in the WA for LF-STH, the remaining drugs were quantified and returned to the district drug store in each district headquarters town, and the reports sent to the NTDP. The drugs will be returned to the NTDP warehouse in Makeni. SCM topics were part of the training package for PHU staff and CHWs at all levels.

A 4-day International Health Managers Workshop on Supply Chain Management for MDA customized for NTDs was held in Accra-Ghana for three Anglophone West African countries (Ghana, Nigeria and Sierra Leone) on February 23 – 26, 2016. The workshop was organized by Management Sciences for Health (MSH) under the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS). Participants from Sierra Leone included the NTDP Coordinator and assistant from HKI, two supervisors from NTDP, NTDP pharmacist and store keeper, one representative each from the national pharmaceutical procurement unit, the Sierra Leone pharmacy board, directorate of drugs and medical supplies, and the district pharmacist from Bombali. The goal of the workshop was to trouble-shoot current program implementation challenges in an effort to increase the efficacy of interventions related to supply chain and the pharmacovigilance of NTD drugs, and to promote collaboration with partners.

PZQ for SCH MDA in 7 HDs arrived in December 2015 and was cleared within two days and transported to the NTDP drug store in Makeni without any delay using NTDP vehicles. There was no problem with custom clearance and the importation of drugs during the period under review. Once drugs are in the NTD store,

there are little or no issues in distributing them as long as the necessary logistics are available including vehicles, fuel and overnight allowances for NTDP and the NTD focal persons at district level.

There were no issues with warehouse and stock management during the reporting period. The necessary forms were used for drug supply and distribution supervised by district pharmacists at district level.

No issues of expiration were discovered during the reporting period. Drugs were distributed based on the “First to Expire, First out” rule. A minimal wastage (472 tablets of IVM, 275 tablets ALB and 794 tablets of PZQ) was reported by the DHMT-WA and NTDP during the reporting period.

Drugs remaining after MDA were brought to the PHU staff by the CHWs. The PHU staff quantified and documented the remaining stock for all catchment villages and returned the stock to the district medical store. The remaining stock/drugs were collected from the district medical store by the NTDP staff from the various NTD focal persons and brought to the NTDP central warehouse in Makeni. These drugs are again quantified by the NTDP storekeeper, checked for expiry date, documented, and packed accordingly.

A constraint at the various DHMTs is the lack of functional vehicles to transport drugs to the various PHUs. Most of the vehicles supplied to the DHMTs were engaged during the Ebola outbreak to help with surveillance, making it difficult to distribute drugs in a timely manner. To address these problems, motor bikes and boats were hired for MDA activities, especially in the 7 districts treated for SCH in order to help the focal persons transport drugs where there was a vehicle constraint.

During the period under review, waste management was also not an issue. Empty cups, which are normally reused by the communities for domestic purposes following the completion of MDA, were returned to the PHUs based on recommendations from JSI to be used during subsequent drug distribution. The SCM training received from JSI in FY13 was also cascaded to the PHU staff and CDDs/CHWs in FY15. This improved the tracking of drug movement at each level, which is evidenced by improved reporting, particularly at the PHU level.

The major strength in the supply chain system is the exemption of all NTD drugs from customs payment. In addition, there is a special warehouse for NTD drugs and logistics. This facilitates timely access and distribution of NTD drugs for MDA.

The major weakness in supply chain, as described above, is the lack of functional vehicles to transport drugs and other logistics to PHUs. The NTDP vehicles are no longer road-worthy following their utilization during the EVD epidemic; DHMTs also face similar complication. Both the NTDP and DHMTs vehicles were actively involved in the response against the EVD. A request for the purchase of the two vehicles in the approved FY16 workplan has been submitted internally for review, and awaits approval. It is expected these vehicles will be available in time for the supervision of LF-Oncho-STH MDA in the 12 HDs and SCH MDA in 7 HDs.

7. Program Monitoring and Evaluation

Several monitoring and evaluation (M&E) activities were implemented during the period under review. Funds were provided by HKI to the NTDP to support all data collections including standardized reporting tools for the LF-STH MDA in WA and for SCH. Updated M&E tools such as village registers, tally sheets, census forms and summary sheets are used in all training provided to members of the DHMT, PHU staff, and CHWs. These tools were provided to each level during the MDAs in October 2015. In order to properly monitor MDA activities, community treatment forms were provided to CHWs to capture drug distribution

and other demographic information. This information was sent and summarized at PHU level, district level, and up the hierarchy until it reached the national level and then submitted to HKI and other partners.

In a bid to improve the M&E activities of the DHMTs, HKI reviewed and updated questionnaires to evaluate the knowledge gained by communities during community sensitization meetings. Questionnaires were also developed and administered to health workers (HWs) to determine the effectiveness of HWs training on MDA. After several trainings and refresher trainings of HWs, gaps still exist between knowledge and action, as well as attitudes and best practices among HWs, especially those that are just coming from training institutions. The results of this evaluation exercise was developed into a poster form, and presented during the training of trainers for the LF-oncho-STH MDA in 12 HDs in January 2016.

The mHealth software “ONA” was used during the end-process independent monitoring conducted for SCH MDA in 7 Districts. A global positioning system (GPS) device was installed on the mobile phones and enabled the movement of monitors to be tracked to ensure they went to pre-selected sites. In addition, questionnaires were administered to individuals at the household level to assess the reasons for non-compliance. The most common reasons were ‘out of the area’, ‘did not hear about MDA’, ‘distributors did not come to my house’, ‘was sick at the time of MDA’, ‘had a bad reaction in the previous MDA’, ‘afraid to take the drugs because of Ebola’ and ‘thought the treatment would harm me’. These issues were discussed during the training of trainers and the training of PHU staff to emphasize non-compliance issues in community meetings.

During this reporting period, a major challenge for M&E were accessibility challenges. The national program, HKI and other partners could not monitor some communities that were not accessible due to poor road networks. In addition, IMs find it very difficult to access some places due to inaccurate boundary demarcations from the Statistic Sierra Leone (SSL) enumeration listings and spelling mistakes of villages from the sample frame. These issues will hopefully be addressed by SSL as a recent national population and housing census was conducted in December 2015.

In order to ensure M&E needs are successfully met, the NTDP has requested a TA to train their staff on data quality assessments. This will allow the NTDP to assess the quality of reported NTD data in Sierra Leone and the ability of current data management systems to collect, transmit, document and report quality data. During this TA, an orientation in the use of the WHO Joint Reporting Forms and Joint Request Forms to help with drug requests and MDA reporting will also be discussed, as Sierra Leone is still using the former WHO reporting and drug request forms. All TAs are expected to take place in FY16 Q3 and Q4.

There was no change in M&E strategy during the reporting period. The stop MDA Transmission Assessment Surveys (TAS) in eight districts were previously scheduled for FY14, but have been postponed to FY17 due to EVD and the NTDP’s decision that communities need sufficient time to recover following the official end to the epidemic.

End-Process IM determined whether the reported coverage reflects the actual treatment. During this reporting period, the End-Process IM conducted at the end of the campaign was used to validate the NTDP reported coverage and recommend areas that needed improvement for the next MDA.

No disease-specific assessments (DSAs) were conducted during the reporting period. DSAs for SCH will be done in April (FY16) in 12 HDs and TAS 1 and Pre-TAS will be conducted in November (FY17) in eight and six HDs, respectively.

Furthermore, no Data Quality Assessment (DQA) has been carried out in Sierra Leone. The NTDP has requested a TA for an orientation on the implementation of a DQA which is scheduled for FY16 Q3. The training will help NTDP implement a DQA in order to strengthen data quality through a review of the consistency in data and reporting at all levels.

The NTDP relies on CDD census figures for rural settings and WHO estimated numbers from national immunization days (NIDs) NIDs for urban settings to estimate for drugs and target population during MDA. The 2004 national population census was conducted just after the civil war when many Sierra Leoneans were either internally or externally displaced. The census figures are not representative of the population which presents a significant challenge for the NTDP and partners working in the country. A national population and housing census was conducted in December 2015; it is anticipated the results will reflect the true population of Sierra Leone and hence address the issues of inaccurate denominators in urban settings. However, it is not yet known when the census results will be made available.

A major challenge in M&E activities is the poor road network, especially in the riverine districts (Pujehun, Moyamba, Bonthe). Sometimes DHMTs have to hire boats and canoes to access these areas and additional days are provided for team members in order to monitor and supervise these communities. Another challenge is the imprecise boundary demarcations within chiefdoms and the wrong spelling of communities from the sampling frame developed by SSL; both make independent monitoring difficult across some communities. Sometimes IMs will spend a day just to identify the right community to monitor. With the new census result it is expected all these issues will be addressed.

8. Transition and Post-Elimination Strategy

The Ebola outbreak in May 2014 disrupted NTD activities in the country. As stated above, all DSAs with the exception of SCH have been delayed until FY17 when the population will have recovered from EVD. During the period under review no specific post-elimination strategy was achieved. However, the new strategic plan for 2016-2020 will be strengthened with post-elimination strategies and the inclusion of NTD surveillance in the MoHS surveillance system.

Another step taken by MoHS during the reporting period to ensure sustainability was the geo-mapping of communities with health volunteers, including CDDs, bringing them under one umbrella called "Community Health Workers." This mapping was conducted between October and November 2015. The aim of the exercise is to ensure fair distribution across the country taking into account number of people each CHW should cover during health interventions. Partners are still awaiting the final report from MoHS.

9. Short Term Technical Assistance

No technical assistance was received during the first half of FY16. All TAs will be done in FY16 Q3 and Q4.

10. Government Involvement

Three coordination meetings were held with partners to discuss timelines for the different MDA activities for the LF-oncho-STH MDA 12 HDs, the SCH MDA in 7 HDs and DSA for SCH in 12 districts.

An NTD Task Force Meeting was held in February 2016 to discuss NTD activities and updating the strategic plan (2016-2020). It was agreed this activity will be conducted in FY16 Q3 when LF-oncho-STH MDA in the 12 districts will be completed. This timeframe allows the national program and the DHMTs to have adequate time to do the review.

The MoHS annual work plan includes a budget line to cover administrative costs for the NTDP secretariat. Additionally, a \$6,700 increase in funding was allocated towards morbidity management in the annual budget. Nevertheless, the timely release of these funds to implement NTD activities remains a major barrier. With the exception of funds from Sightsavers, no additional funding was received by NTDP from other partners during the reporting period. A new NTDP staff person (a pharmacist) was assigned to the NTDP to help with drug forecast and quantification. No additional office space was provided during the reporting period.

The NTDP Program Manager was invited to attend the closure of APOC in December 2015. It was highlighted in that meeting that countries that do not have adequate funding for NTDs will be supported by WHO's new framework through the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN).

11. Proposed Plans for Additional Support to National NTD Program

The NSAHP continues to support the NTDP in the SCH and STH programs. The WASH Program of the NSAHP is one of the areas identified for possible collaboration as we move towards elimination. NTDP and NSAHP had planned to integrate messages on SCH and STH in WASH programs with support from UNICEF, but this was greatly affected by the Ebola outbreak in the country and has not yet been accomplished. There are still plans to embark on this, as the MoHS continues to engage the public on how to maintain infection prevention and control (IPC) practices at all levels. The NSAHP, Ministry of Education Science and Technology (MEST), UNICEF and other partners conducted a second round deworming during the reporting period for SAC in September 2015. The final report is yet to be submitted to partners.

No activities were implemented to support morbidity management during the reporting period. The current backlog of hydrocele patients requiring surgery is estimated at 3,600 and the estimated cost to provide surgery services for these individuals is \$265,787. Recently, GoSL in its annual work plan allocated about \$6,700 to support morbidity management.

12. Lessons Learned/Challenges

June has previously been identified as the ideal month to conduct MDA for SCH and a second round of deworming for STH in order to allow the NTDP ample time to plan the LF-STH MDA in the WA. This 'window of opportunity' was not utilized in the FY15 MDA due to the Ebola outbreak, the timing of the Muslim month of Ramadan, and the peak of farming activities in the country. Hence, SCH MDA in 7 HDs was delayed to October 2015. Although the country was still not declared Ebola free, the NTDP and partners planned strategically and worked diligently to accomplish successful MDAs for WA and SCH in 7 HDs. One reason good coverage has been achieved in previous campaigns is the intensive use of community and commercial radios to broadcast jingles, live interactive discussions, and community meetings with stakeholders prior and during MDAs. In the effort to maintain effective drug coverage, social mobilization guidelines and IEC materials were revised to address issues and concerns surrounding post EVD and MDA. In subsequent MDAs, this same strategy will be employed.

In-process independent monitoring (IM) conducted during the MDA has also contributed to improved MDA coverage. The monitors report on a daily basis to HKI, NTDP, and DHMT so that any issues that might affect the campaign, such as noncompliance, mal-distribution (e.g. treatment without dose poles, administering either ALB or IVM instead of both) and stock-outs, are speedily resolved.

13. Major Activities for the next six months

- Technical Assistance on using TIPAC – March/April
- Advocacy meetings and social mobilization for MDA (SCH-STH and LF-Oncho-STH in 12 HD)
 - MDA LF, onchocerciasis & STH in 12 HDs – March
 - Cross-border meetings in support of MDA –March
 - MDA for LF-STH in the WA – May/June
 - MDA for SCH-STH in 7 districts –June
- Training
 - LF-STH MDA in WA for supervisors, PHU staff and Community Health worker – May 2016
 - SCH-STH MDA in 7 districts for supervisors, DHMT staff and PHU staff – May/June 2016
 - Training of laboratory technicians for post MDA surveillance September 2016
- Updating the NTD strategic plan – April 2016
- SCH Impact Assessment in 12 HDs – April 2016
- MDA
 - Distribution of drug for SCH-STH MDA in 7 Districts – May 2016
 - Distribution of drugs for the LF-STH MDA in WA – May 2016
- SCH expert committee and FY17 work planning Meetings – June 2016
- M&E Training Workshop – July 2016

Togo

This six-month period has been very productive in Togo. The Ministry of Health (MOH) conducted a variety of activities, including mass drug administration (MDA) (December 2015 MDA, revision of the MDA distribution plans to reflect the recent impact assessment results, planning for the April 2016 nation-wide MDA), neglected tropical disease (NTD) elimination (generation of a LF dossier for the verification of elimination, formation of a committee for the elimination of three NTDs), surveillance (onchocerciasis), and technical assistance (several training sessions led by Deloitte for the MOH, GIS training for Health & Development International (HDI) headquarters staff). In addition, HDI and the Togo MOH received funds from the Bill & Melinda Gates Foundation (BMGF) to perform surgeries for hydrocele and trichiasis, which has been ongoing during this reporting period.

An MDA was held in December 2015 in high prevalence areas requiring two treatments per year: six districts for Albendazole treatment (funded by USAID) and fifteen districts for Ivermectin treatment (funded by the MOH). The MDA was successful and data were collected in January 2016. The data from this activity have not yet been entered or analyzed, but we expect the coverage rates to be quite high (>95%). The MOH is currently planning the April 2016 nation-wide MDA, which will provide treatment for onchocerciasis, schistosomiasis, and soil-transmitted helminths (STH) in areas that require it, based on local prevalence of those diseases. The training materials are being reviewed and edited, including the educational flip charts, which will be reprinted this year. A program review and detailed planning workshop was held in February 2016, and involved all of the major stakeholders. One issue was identified with some of the June/July 2015 MDA data in which the census for some geographic areas yielded populations much lower than was expected. The MOH is investigating this issue, which will be resolved during the April 2016 MDA.

Distribution plans have been updated by the MOH and HDI to reflect the prevalence of STH and schistosomiasis calculated during the integrated impact assessment in early 2015. Prevalence of these parasitic infections decreased dramatically on a national scale; however, there are geographic areas that did not experience significant decreases. Treatment frequencies for STH and SCH were adjusted in the distribution plans based on World Health Organization (WHO) recommendations.

Elimination of NTDs is a priority for the MOH, and there has been a lot of progress during this period. A dossier confirming elimination of LF as a public health problem in Togo has been drafted and will be submitted to the WHO shortly. The Minister of Health and his cabinet have established a committee for the elimination of NTDs, in particular LF, onchocerciasis and human Africa trypanosomiasis. The first meeting of this committee on oncho elimination was expected to occur in late March 2016, but it has been postponed. Instead, the MOH is planning an internal-experts only meeting in late April 2016, and then a larger meeting including four pre-selected external onchocerciasis experts (who will be members of the committee) along with other external participants is tentatively planned for late July 2016.

Onchocerciasis surveillance using skin snips and Ov16 rapid tests was implemented in 60 villages. The incorporation of Ov16 will be critical to the Togo's transition from skin snip to serological surveillance, in accordance with the most recent WHO guidelines, and the data will be essential for the newly established Committee for the Elimination of Onchocerciasis.

Deloitte conducted several technical assistance trainings for the Togo MOH during this period. The MOH personnel were trained on fixed obligation grants (FOGs), advocacy, and the Tool for Integrated Planning and Costing (TIPAC). These trainings were valuable opportunities for the Togo MOH personnel to expand

their knowledge on the stated topics, and increase the sustainability of this integrated program. In addition, FHI 360 provided GIS training in North Carolina and one GIS license to HDI headquarters staff. This training will allow HDI to assist Togo with the production of maps, which can be used for program planning, evaluation, and public communications (feedback to communities, scientific conferences).

The MOH was able to build upon the USAID-funded MDA activities to obtain additional money to fill a gap in the integrated NTD program. During the previous fiscal year, the BMGF awarded \$100,000 to HDI and the Togo MOH to provide surgery to individuals with hydrocele or trichiasis. Community drug distributors (CDD) identified potential cases during the course of the house-to-house visits during the June/July 2015 MDA, and those individuals identified as having hydrocele or trichiasis in a subset of districts were evaluated, and if surgery is indicated, will receive surgical treatment in March/April 2016. The MOH has identified 17 trichiasis and 101 hydrocele cases that require surgery so far; additional hydrocele cases are being investigated. A full report of this activity will be drafted in May 2016.

1. MDA Assessment

The workbooks have not yet been updated with the December 2015 MDA numbers. We will update them as soon as they are finalized and confirmed by the MOH.

2. Changes in MDA Strategy

The MDA treatment strategy has been updated by the MOH based on the prevalence data from the integrated impact assessment for schistosomiasis and STH of 2015. The new treatment algorithms are in line with WHO guidelines.

District Name	Disease	Description of Change (ex: Stopped MDA; or Changed from district-level treatment to community-level treatment, etc.)	Rationale for Change (ex: active trachoma prevalence in impact study conducted in August 2011)
All districts	Schistosomiasis	2012 to present: Expanded treatment strategy to include treatment of school-age children in low prevalence areas twice during primary school	Desire to more closely follow WHO recommendations
All districts	Schistosomiasis	2014 to present: Expanded treatment to include adult women in peripheral health units with moderate prevalence of schistosomiasis (10%-49% prevalence)	As per table A2.2 in the WHO Guidelines on Preventive Therapy in Human Helminthiasis, we are treating adult women, a group felt to be at high risk of schistosomiasis because of their domestic duties, with PZQ.
Yoto, Est Mono, Oti, Tandjoare	STH	2012 to present: Addition of second round of treatment in highest prevalence districts	Desire to more closely follow WHO recommendations
All districts	STH	2013 only: Addition of women of child-bearing age to target groups, with Albendazole donation from UNICEF. Unfortunately, UNICEF donation of Albendazole for this population was not available in 2014	Desire to more closely follow WHO recommendations
Haho, Ogou	STH	2015 to present: Addition of these two districts to the second round of treatment	Annual treatment has had no significant impact on STH prevalence, which remains high in these districts.

3. Training

A total of 100 people were trained during this period. A training was held prior to the initiation of the onchocerciasis surveillance activities. Field workers experienced at performing skin snips were trained on

how to perform the Ov16 rapid test. In addition, several short-term technical assistance trainings were implemented during this period; Deloitte implemented trainings on FOGs, advocacy, and TIPAC for the MOH in Togo, and FHI 360 provided GIS training to HDI headquarters staff.

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

As with all of the Togo MDAs, town criers were successfully utilized to publicize the December 2015 MDA. Revisions to the flip chart page are currently in progress to simplify and streamline the key public health messages, and this new flip chart will be used in the April 2016 MDA. Training materials for the April 2016 MDA are being revised. No best practices were documented or disseminated during the first half of FY16.

5. Supervision

The Togo Integrated NTD Program conducts training and supervision using a cascade approach. Each level trains and supervises the next lower level, from central to region-, district-, and finally to the peripheral health unit (PHU)-level. During MDA activities, drugs are delivered to each level, and ultimately reach the CDDs. After the MDA is complete, CDDs return any remaining medication along with treatment records to their local nurse supervisor, who then collates the medications and data and returns them to his or her district supervisor. Supervisors also examine registers and summary sheets to confirm data have been correctly recorded in the registers. Problems in implementation of the integrated MDA are identified during field supervisory visits, during post-MDA reviews when drugs and data are returned to the nurses and district supervisors, and at the central level after data are analyzed. Problems identified during supervision are corrected immediately. If implementation problems are identified in a particular geographic area, these problems are addressed during the next round of training and more attention is paid to that area during future MDAs by the central supervisors in order to resolve the issues.

PHU-level drug distribution guides that conform to WHO treatment guidelines (based on disease prevalence) are distributed to every PHU. After the MDA, reported coverage is calculated and compared to the intended distribution plan. Feedback on any errors is given to the PHUs and CDDs where the error occurred.

6. Supply Chain Management

Albendazole was distributed to the six districts in which a second MDA occurred in December 2015 and, after the MDA, the remaining Albendazole and data forms were collected from the CDDs. The Togo MOH has consistently achieved success in the distribution and collection of MDA medications, and continues to refine the process. Ivermectin distribution by the CDDs also occurred in December 2015, funded by the MOH.

The preparation of applications, forecasting, and supply planning has been accurate and losses of medications have been minimal. The biggest problem the Togo MOH has experienced with SCM is on-time delivery of medications. The Albendazole delivery in 2015 was delayed, and it appears the 2016 delivery will also be delayed, as the MOH has not yet received final shipping dates from WHO. An integrated NTD program requires all medications and materials be received on schedule for the integrated activity. Failure to have all of the necessary items stresses the collaboration among stakeholders.

A physical inventory conducted after the December 2015 MDA shows the country has the following NTD drugs in stock – 1,080,000 IVM tablets, 78,000 ALB tablets, and 11,006,618 PZQ tablets. However, the ALB and IVM numbers have not yet been finalized for the program to determine if and how many drugs were lost, expired or wasted.

7. Program Monitoring and Evaluation

The Togo MOH is continuing to use the existing M&E framework and tools supplied by FHI 360. An integrated impact assessment for SCH and STH occurred in early 2015, and the results of that survey indicate that MDA has been very successful in most places, resulting in decreased prevalence of these diseases compared to the mapping results from 2009. However, there are some areas that have persistently or newly higher levels of disease where higher frequency of treatment is needed. The distribution plans for the second round of 2015, as well as the first round of 2016, have been updated to reflect the new prevalence data, using WHO guidelines (e.g., those described in “Helminth control in school-age children”).

8. Short Term Technical Assistance

During this period, Deloitte conducted three short-term technical assistance activities in Togo. In October 2015, Deloitte conducted a FOG training in Togo for four days. Following that training, the MOH personnel who attended the ASTMH meeting in Philadelphia in October 2015 met with Deloitte and discussed the need for an advocacy training session, which was held in February 2016. Finally, Deloitte conducted a TIPAC training in March 2016. In addition, FHI 360 provided GIS training to two HDI headquarters staff in December 2015. The MOH has approved an international committee meeting to discuss the elimination of NTDs in Togo (with a focus on onchocerciasis) and the date of the meeting will be set shortly.

9. Transition and Post-Elimination Strategy

The MOH is demonstrating commitment to the integrated NTD project in a number of important ways. The Togo MOH has had an NTD five-year plan in place for several years and is taking on additional responsibility for management and analysis of the Integrated NTD Program data, including the completion of drug requests, analysis of the MDA data, and FOG deliverables. The Togo MOH will submit a portfolio to WHO (for review at their April 2016 meeting) for verification of the elimination of LF as a public health problem in Togo. Finally, the MOH has recently approved a committee meeting to discuss the elimination of NTDs in Togo, in particular onchocerciasis, and the date for that meeting will be set soon.

10. Government Involvement

The government of Togo continues to be strongly supportive of the Integrated NTD Control Program. The MOH has held numerous coordination meetings over the past six months to discuss the December 2015 MDA implementation and April 2016 MDA preparations. The Togo MOH is also developing their data management and analytical capabilities. The MOH successfully obtained funds from the Bill and Melinda Gates Foundation to implement a search for hydrocele and trichiasis cases through the MDA framework, followed by surgical repair of confirmed cases, and those activities are ongoing. Additionally, the MOH obtained funding from Sightsavers to supplement the cost of the annual NTD program review and detailed planning workshop, allowing for more participants. The Minister of Health signed a directive to establish a committee for the elimination of three key NTDs: onchocerciasis, LF, and human African trypanosomiasis, with subcommittees tasked with conducting disease-specific work to achieve elimination of all three diseases.

11. Proposed Plans for Additional Support to National NTD Program

The Togo Integrated NTD Program has relied on broad partnerships to accomplish goals and continues to encourage active participation by a variety of partners. For example, the MOH works with WHO to successfully obtain the duty-free release of the MDA medication and materials for epidemiologic assessments from Customs, and with the Onchocerciasis Program to implement integrated MDAs. The collaboration with the Onchocerciasis Program will be strengthened in order to facilitate integrated MDAs over the short-term, and over the long-term, to more easily accomplish the goal of onchocerciasis

elimination in Togo. Finally, HDI has used USAID-funded activities to leverage support from multiple other organizations: PATH, the NTD Support Center at the Task Force for Global Health, Emory University, and the Bill & Melinda Gates Foundation. As an example, the MOH and HDI received funding from the BMGF to train CDDs to identify cases of hydrocele and trichiasis in their communities. This occurred during the June/July 2015 MDA, and case confirmation activities are nearly complete. Surgeries will be provided to cases confirmed (in Savannes region for both trichiasis (10 cases) and hydrocele (101 cases), and for trichiasis in Kara (7 cases). We are grateful this funding fills a gap in the existing integrated NTD activities. Morbidity management funding was previously available to train nurses to help the community members afflicted with lymphedema or hydrocele; however, this funding source is no longer available so there are no morbidity management activities ongoing.

12. Lessons Learned/Challenges

During the sixth year of integrated MDAs to treat oncho, SCH and STH in the northern regions (fifth year in the south), an integrated impact assessment for SCH and STH was conducted. The data were then used to update the distribution frequency for ALB in the second round of MDA for calendar year 2015. ALB distribution is based on district level prevalence for STH. Two districts, Haho and Ogou, demonstrated a minimal decrease in STH prevalence despite four years of annual treatments, indicating that once a year treatment may be insufficient in these districts. The MOH was not only able to identify enough ALB locally to implement this activity in six districts (instead of the originally planned four districts) during the second round of MDA in 2015, but also made sure the personnel and other resources were available in Haho and Ogou for implementation. MOH personnel were active discussants in updating the ALB distribution plan and they were able to make the suggested changes very quickly, which will hopefully result in lower STH prevalence in the future in those two districts.

Also, Togo's MOH is improving its ability to advocate for funding from donors for activities related to NTDs. The MOH held a Program Review/Planning meeting from February 29 – March 4, 2016, and was able to obtain funding from Sightsavers to support the participation of MOH personnel from Kara and Savannes. This example of financial integration demonstrates increased communication among the programs, which may have been inspired by activities such as increased integration of funding for onchocerciasis activities within the integrated NTD program, coordination on a Gates Foundation grant to provide surgical repair of hydroceles and trichiasis, and advocacy training provided to the MOH by Deloitte. We see the increased financial participation in the Program Review planning meeting by Sightsavers as an indicator of the MOH's increased ability to sustainably manage and fund integrated NTD activities.

13. Major Activities for the next six months

- March 2016 – Submit LF dossier to WHO for verification of elimination; enter, clean and analyze data from December 2015 MDA; first meeting of Togo's Committee for the Elimination of Onchocerciasis; and data entry and analysis from oncho surveillance.
- April 2016 – Receive all medications; Implement training of supervisors, nurses, and CDDs; Implement social mobilization activities; Conduct April/May 2016 MDA; USAID site visit
- May 2016 – Complete April/May 2016 MDA; Collect, enter, and analyze data from April/May 2016 MDA; Finalize ALB application; Draft FY17 Work Plan for discussion; Work Plan meeting for FY17
- June 2016 – Generate report of April/May MDA; Revise FY17 workplan based on meeting results
- July 2016 – Disseminate results of April/May 2016 MDA, conduct coverage validation survey
- August 2016 – Begin preparations for October 2016 MDA
- September 2016 – Finish preparations for October 2016 MDA