



End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

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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

ADS	Automated Directives Systems
ALB	Albendazole
AOTR	Agreement Officer's Technical Representative
APOC	African Program for Onchocerciasis Control
CB	Capacity Building
CBE	Capacity Building Event
CDD	Community Drug Distributors
CERMES	Center for Medical and Health Research (CERMES is the French Acronym)
CNTD	Center for Neglected Tropical Diseases
CPIRs	Commodity Procurement Information Requests
CRS	Catholic Relief Services
DHMTs	District Health Management Teams
DSA	Disease Surveillance Activity
DRS	Regional Health Directorate (DRS is the French acronym)
EMMP	Environmental Management and Mitigation Plan
FDC	Fund for Community Development (FDC is the French Acronym)
FGAT	Financial Gap Analysis Tool
FM	Financial Management
FOG	Fixed Obligation Grant
GHS	Ghana Health Services (GHS)
GSK	GlaxoSmithKline
HCWM	Health Care Waste Management
HD	Health Districts
HDI	Health & Development International
HKI	Helen Keller International
HQ	Headquarters
IVM	Ivermectin
ICCC	Intra Country Coordinating Committee
JSI	JSI Research and Training Institute, Inc.
KM	Knowledge Management
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MDG	Millennium Development Goals
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRU	Mano River Union

MSP	Ministry of Public Health (MSP is the French Acronym)
NOCP	National Onchocerciasis Control Program
NTD	Neglected Tropical Diseases
NTDCP	NTD Control Program
OAA	Office of Agreements and Acquisitions
Oncho	Onchocerciasis
ONPPC	The National Office of Pharmaceutical and Chemical Products (ONPPC is the French Acronym)
PCT	Preventive Chemotherapy
PD	Program Description
PHU	Peripheral Health Unit
PZQ	Praziquantel
RFA	Request for Application
R4D	Results for Development
RISEAL	International Network for Planning and Control of Schistosomiasis (RISEAL is the French Acronym)
SAC	School-aged Children
SAR	Semi-Annual Report
SAT	Subaward Tracking
SCH	Schistosomiasis
SCM	Supply Chain Management
SFRS	Subawardee Financial Reports
SOP	Standard Operating Procedures
SOW	Scope of Work
STH	Soil-Transmitted Helminthiasis
TA	Technical Assistance
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
TOR	Terms of Reference
TOT	Training of Trainers
USAID	United States Agency for International Development
USG	United States Government
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 five (FY 2015) of the five-year Cooperative Agreement No. AID-OAA-A-10-00050, “End Neglected Tropical Diseases in Africa,” or “END in Africa.” The five countries chosen by the United States Agency for International Development (USAID) for the operational portfolio include: Burkina Faso, Niger, Togo, Ghana, and Sierra Leone. These countries have remained in the portfolio with no changes during the period under review. During this reporting period, FHI 360 and its partners undertook the activities outlined in the FY2015 work plan (October 2014 – September 2015).

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 Diseases Control Programs (NTDCPs) within the Ministries of Health (MOHs) to ensure that 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.

Disease surveillance activities (DSA) were conducted in the 5 END in Africa implementing countries:

- Pre-TAS was conducted in 17 HDs: 15 in Ghana and 2 in Niger. Field activities for Pre-TAS were conducted in 15 districts in January-February 2015 in Ghana. Results will be submitted when the microscopy is completed for Ghana.
- TAS1 for stopping MDA was conducted in 22 HDs: 9 in Burkina Faso, 7 in Ghana and 6 in Niger. Results are not yet available for Ghana.
- TAS3 (i.e. the second post-MDA TAS for LF) to confirm the interruption of LF transmission was conducted in 13 previously endemic HDs: 5 in Ghana and 8 in Togo.
- District-level trachoma impact surveys were conducted in 7 HDs in Niger. Results show that 6 out of the 7 HDs had TF prevalence below 5% among children ages 1-9 years. These HDs will stop MD for trachoma in FY2016.
- Integrated schisto-STH evaluations were done in Niger (2 HDs) and Togo (35 HDs). In Niger, Arlit had an *S. haematobium* prevalence of 1.2%, and N’guigmi had a prevalence of 12.8%. The Togo results will be reported in the next SAR.
- Oncho evaluations: Entomological evaluations were conducted in 8 HDs in Ghana; and epidemiological evaluations were conducted in 30 HDs in Ghana and 3 HDs in Niger.

Overall, 118 out of 213 LF-endemic health districts have stopped MDA, and 81 out of 100 trachoma-endemic health districts have stopped MDA, which brings the number of districts to be treated in FY2015, to 95 for LF and to 19 for trachoma.

Preventive chemotherapy (PCT) was provided through MDAs in this period as follows:

- **Burkina Faso:** Burkina Faso has faced political disruptions since the start of FY2015, but the situation has stabilized. The first MDA campaign will take place in April 2015. Based on the timeline prepared by the Ministry of Health, the FY15 MDAs are scheduled as follows: Oncho MDA in the Sud-Ouest in April 2015; schisto MDA in April 2015; Trachoma MDA in May 2015; and LF MDA in June 2015.
- **Niger:** Due to the delay of the FY14 integrated MDA for LF/schisto/trachoma, which was conducted in March 2014 instead of November 2013, and the cascade effect of this delay, other FY14 and FY15 activities were delayed. This was further compounded by the late arrival of albendazole in February 2015, which was needed for LF treatment. However after the drugs were distributed to the regions, the MDA started before the end of March 2015. Results of the integrated MDA will be reported in the next SAR (FY15 SAR2).
- **Sierra Leone:** No MDA was conducted during the reporting period due to an unprecedented Ebola epidemic in Sierra Leone. The NTDP held a planning meeting on February 16, 2015, to discuss resumption of NTD activities. It was decided to restart the training of trainers in March 2015, for 12 NTD focal persons, 12 school and adolescent health focal persons, and 12 maternal and child health aides for LF/oncho/STH MDA in 12 HDs. These trainers will in-turn train 1,117 peripheral health unit (PHU) staff in 12 HDs. The NTDP has proposed that MDA for LF/oncho/STH be conducted in 12 HDs in May/June 2015.
- **Togo:** In October-November 2014, a second USAID-funded MDA for STH occurred in four HDs with high STH levels (>50% prevalence). In addition, Togo's MOH funded a second MDA for oncho in eleven HDs with high oncho levels. The data from these MDAs are yet to be entered in the workbooks. Togo's NTDP plans to conduct integrated schisto/STH/oncho MDA in April/May 2015.
- As we can see in this graph, the cumulative number of people treated for at least one NTD through END in Africa is nearly 124,171,000, while the cumulative number of treatments provided is over 275,902,000.
- **Ghana:** MDA that had been planned for June-July 2014 was actually conducted for both schisto and STH using praziquantel and albendazole in November-December 2014. So far, out of the 107 districts that were treated, 100 districts have submitted their treatment data. The data that have been received indicate that out of the 1,969,323 school-aged children (SAC) targeted for treatment, 1,670,999 were actually treated, representing 84.85% program coverage.

The cumulative number of people treated for at least one NTD through END in Africa is nearly 124,171,000, while the cumulative number of treatments provided is over 275,902,000.

END in Africa is making good progress toward eliminating LF, oncho and trachoma, and controlling SCH and STH; however, this progress must be validated through technically sound surveillance to

ensure that MDA can be stopped and the achievements preserved. Country surveillance plans will be reviewed by the USAID NTD Program, END in Africa, and the ENVISION project of RTI, to ensure that they are sound and that areas to be strengthened and potential pitfalls are identified. Further discussion about hot spots and cross-border collaboration will be needed to identify issues that require high-level talks involving USAID and the governments of END border countries with weak NTD programs. This will facilitate the coordination of time and resources in efforts to eliminate the targeted NTDs.

Over the past six months, John Snow International (JSI) implemented the following main procurement and supply chain management (SCM) activities:

- Supported Burkina Faso and Togo's national NTD programs and implementing partners as they prepared to receive and clear 2015 PZQ consignments through customs.
- Traveled to Burkina Faso (Youssof Ouedraogo on September 22 – October 3, 2014) to strengthen the knowledge of trainers on supply chain management (SCM) of NTD drugs and participate in two initial trainings of trainers.
- In regard to SCM standard operating procedures (SOPs)
 - Drafted job aids for district-level personnel that review their role before, during, and after an MDA and finalized job aids on MDA waste management for CDDs. These are being customized for each NTD country program; and they will be distributed during MDA trainings.
 - Developed standard operating procedures for all countries, most recently Burkina Faso and Niger. Both countries are beginning to implement them, along with the complementary training materials that have been developed.

On the financial management (FM) and capacity building (CB) component, Deloitte has been working with the country teams to enable stronger strategic planning for their NTD programming. Special emphasis has been placed on considering 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), as well as collaborating on financial sustainability planning in Ghana and other countries.

The specific activities outlined in the FY15 work plan that support the financial management of the NTDCPs and for which Deloitte has been engaged include:

- Supporting the implementation of Ghana's NTD finance strategy and promoting sustainability and effectiveness.
 - In Ghana, the Deloitte END team worked with the NTDCP to support their use of TIPAC through an implementation workshop that finished on March 7, 2015.

- The Deloitte END team supported the Ghana NTDP/GHS in submitting two proposals for lymphatic filariasis (LF) management, one each to uniBank and TRB.
- The Togo TIPAC workshop occurred the week of March 23, with heightened attention on considering how to use TIPAC data for program planning.
- Expanding the Platform for Refresher Finance Training for Managing Fixed Obligation Grants (FOGs):
 - Activities to expand the platform for managing FOGs and related capacity building efforts in Ghana and Burkina Faso will continue in FY15Q3.
 - In Togo, the initial plan for providing TA and capacity building support in financial systems has been delayed due to challenges in coordinating with different actors regarding initial activities.

In mid-November, the END in Africa project was highlighted in a piece published in the **Devex #Healthymeans Campaign**. The article, which can be found on the [Devex website](#), discusses Ghana as a case study in mobilizing private sector investment for public programs as a means to reduce the need to rely on donor funding to sustain NTD control and elimination programs. The article publicized the great, ongoing resource mobilization work in Ghana and promoted the END project overall. The article has been promoted on FHI's website and other social media avenues. It will also be translated into French and distributed to Francophone country stakeholders. An abstract was developed for the International Health Economics Association (iHEA) Conference focused on the financial sustainability of NTD programming. We have not received notification of acceptance yet.

In the next six months, FHI 360 and partners will continue to implement END in Africa project activities as outlined in the FY2015 annual work plan. FHI 360 and partners will work to support HKI and HDI on 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 FY2015. 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 assisted with hosting USAID's NTD Partner's meeting in December 2014 to bring together USAID, country programs, and technical partners. The goal of the meeting was to review NTD progress, surveillance, and cross-border issues, as the latter may be contributing to abnormal disease prevalence despite years of MDA campaigns.
- FHI 360 recruited a contract and grants manager/senior administrative officer to assist the Ghana portfolio.
- FHI 360 is currently recruiting for a new M&E advisor.
- The END in Africa project team visits the 5 supported END in Africa implementing countries at least once each year to discuss country-level NTD program management with the sub grantee and the Neglected Tropical Diseases Program (NTDPs). During these visits, field trips are organized for the END in Africa team to observe the implementation of NTD activities. The TA and Project Director visited Burkina Faso, Niger and Ghana in March 2015, to discuss progress and challenges in each country with the respective NTDP, and in the case of Burkina Faso and Niger, with the sub grantee HKI. They also conducted field visits to observe ongoing NTD activities. The END in Africa team also supported the sub grantee and NTDPs in meetings and discussions to address various critical challenges facing the NTDPs of the 3 countries.

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 FHI360 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.
- No FOG packages were submitted for UASID approval during the reporting period.

Summary of Sub-grantee Activities by Country

Competitively selected sub grantees are currently supporting the NTDCPs in the MOHs of the five END in Africa countries. HKI is working in Burkina Faso, Niger and Sierra Leone; HDI in Togo; and FHI 360 in Ghana.

Burkina Faso

During this reporting period (October 2014 – March 2015) a variety of activities were undertaken, primarily focused on planning and coordinating NTD control efforts in FY15. The national NTD control program has not carried out any mass drug administration to date. The MDA campaign that had been planned for February 2015, to target schistosomiasis, was rescheduled for April 2015, due to delays in receiving the praziquantel. To avoid lag-times between training sessions and distribution, the pre-MDA training for trainers' sessions were also postponed. The central level plans to hold these sessions in March 2015.

Based on the timeline prepared by the Ministry of Health, the FY15 MDAs are scheduled as follows:

- Oncho MDA in the Sud-Ouest: March 23-27, 2015
- Schistosomiasis MDA: Second week of April 2015
- Trachoma MDA: May 2015
- Lymphatic filariasis MDA: Second week of June 2015 with END in Africa support. Will not be eligible for the TAS in FY15.

Several surveys have been underway over the past six months or are currently in the preparatory phase:

- In October – November 2014, TAS 1 surveys were held in three HDs in the Cascades region, five HDs in the Nord region, and one HD in the Hauts Bassins region. These had originally been planned to take place in FY14, but were delayed due to the LF MDA in September 2014. No evidence of continued transmission was found in these HDs; and surveillance will continue.
- The TAS protocol was updated; and TAS 1 and 2 surveys that will take place in six evaluation units as soon as ICT cards arrive (estimated to be in late April). TAS eligibility forms for these surveys were submitted to and approved by the RPRG in February 2015.

To align with WHO recommendations and national standards, the national blindness prevention program drafted trachoma control surveillance protocol during a workshop on November 26-29, 2014. Once validated, the protocol will be shared with partners.

Given the importance of monitoring and evaluation and to ensure full compliance with WHO guidelines, HKI requires that the national program submit its protocols to HKI headquarters and the regional office before implementing any surveys. All levels must also submit supervision reports for analysis. Last, it should be emphasized that HKI and the Ministry of Health conduct follow-up/supervision visits for all activities. Two supervisors have thus been hired by HKI to support the monitoring efforts.

In comparison with previous years, the National Program experienced more problems in launching activities this year. Since the start of FY2015, Burkina Faso has faced political disruptions due to protests against the President at that time, Blaise Compaoré. This led to Compaoré's forced resignation at the end of October 2014. These events caused changes in key Ministry of Health officials (the Minister of Health and the General Secretary of the Ministry of Health), which in turn had repercussions on the ability of the country's health system to function normally during the transition period. This also resulted in funding delays. However, the situation has since stabilized, and activities have been able to take place as per normal. Several program planning activities took place during the reporting period:

- Work sessions were held with the national NTD control program with the goal of reaching agreement on the final budget and activities for 2015, and on the implementation calendar. In addition, all 12 fixed obligation grants (FOGs) were drafted and signed with the central level and the 11 regions involved in carrying out NTD control activities. Contact was established with the technical assistance managers (JSI and Deloitte) to plan the dates and objectives for each technical assistance activity.
- Four monthly meetings of the national NTD program were held, involving all members of the program coordination team, to plan and schedule program activities for the coming month.

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

Niger

MDA that had been planned for November 2014 could not be completed for several reasons. First, a previous delay in FY14 postponed MDA from November 2013 until March 2014, which meant that disease specific assessments (DSAs) could not be started until September 2014; these DSAs were finally finished in January 2015. Several other issues contributed to the delayed start of MDA in FY15: 1) the albendazole (ALB) did not arrive in Niger until the beginning of February 2015; 2) the FOGs were not signed until January 2015; and 3) the production of the bags that the CDDs will use to carry drugs during the distribution took longer than specified in the contract by the vendor. However, drugs are currently being transported to the districts, and MDA will start as soon as this is completed.

Several surveys have been underway for the past six months or are currently in the preparatory phase:

- The TAS for LF in six HDs and the trachoma survey in seven HDs were aimed at determining whether MDA can be stopped (see results in the Executive Summary). The result of the TAS shows that five out of the six HDs will not require MDA in FY16 and will commence both active and passive surveillance. All districts where MDA was planned for FY15 will still receive treatment as planned. MDA will be stopped in six out of the seven HDs for trachoma in FY16 and surveillance activities will commence. However, no specific strategies have been put in place for trachoma surveillance. Technical assistance for surveillance protocol development has been requested for later in FY15.
- The objective of the SCH-STH surveys in two HDs was to determine whether the frequency of MDA needed to be changed based on prevalence after at least 4 rounds of MDA. Based on the results of the assessments for SCH, effective as of FY16, 25 districts will receive MDA once every 2 years, 11 districts will receive treatment annually and 4 districts will receive treatment twice annually (see attached table comparing the current and new strategies).
- An epidemiological survey for onchocerciasis was also conducted in three HDs (Kollo, Say and Téra) with the aim of determining the presence of disease recrudescence. The prevalence in all districts was 0%, indicating that Niger is in a position to begin preparing its elimination dossier.
- Two districts also passed the Pre-TAS in the first quarter of FY15 (Niamey II & III) and will implement TAS in the last quarter of FY15.

During the reporting period, no coverage surveys were conducted and none are planned. Instead, as a way of ensuring that the reported coverage reflects the actual treatment, the End-Process IM that is conducted at the end of the campaign is used to validate reported coverage and recommend areas for improvement in the next MDA.

No Data Quality Assessment (DQA) has been implemented in Niger to date. The NTDP has requested TA for the implementation of a DQA in FY15. The results from the DQA will help strengthen data quality by reviewing data and reporting consistency at various levels.

Several program planning activities took place during the reporting period:

- HKI and other partners work continuously with the Ministry of Public Health (MoH) to make sure all endemic communities are included in the MDA. Currently, all NTD endemic communities are taking part in MDAs. During the reporting period, two coordination meetings were held with the MOH. The first meeting was held in October 2014, to plan the MDA and the SCH experts meeting. The second was held in December 2014, to determine how to treat refugees from Mali. As Niger moves toward elimination, it is important to ensure that the influx of refugees does not reverse the gains made thus far, and also that all people who need treatment can access it.
- Following the coordination meeting in October, the meeting of SCH experts was held on November 19-20, 2014, to discuss the assessment results and the future MDA strategy,

with the objective of aligning the latter with WHO guidelines. Participants included representatives from the National NTD Program and other Niger MOH entities, the WHO, FHI360, RISEAL, SCI, and the HKI regional and Niger country offices, along with other partners. Please see the attached report from this meeting for additional information.

- The NTD Program (NTDP) currently has a five-year master plan for 2012-2016. However, the Monitoring and Evaluation (M&E) section still needs to be validated by HKI. This is planned for April or May 2015.
- HKI had planned to support the development of the NTD action plan as part of the overall MOH annual plan for 2015. However, the meeting that was held for this purpose was unexpectedly moved to an earlier date (in September 2014), and HKI was not informed in time to provide support. HKI will provide support for the 2016 action plan at the end of FY15.
- As Niger has borders with seven other countries, most of which are endemic for one or more NTD, the possibility of cross-border transmission is a reality throughout the country. In FY15, Niger had planned to organize a cross-border meeting with Burkina Faso to harmonize cross-border activities as a way of sustaining the gains made in the NTDP. However, since the upcoming END in Africa partners meeting in Accra, scheduled for April 21-23, 2015, will be focused on these issues, and representatives from a number of the bordering countries will be present, HKI will reassess the necessity of assisting the NTDP in holding this cross-border meeting following the partners' meeting.

The roads in the rural areas are either poorly constructed or nonexistent, which causes fatigue among survey team members and accounts for the large amount of time needed to carry out surveys. In addition, the bad roads often lead to vehicle breakdowns, particularly if the vehicle is old. This was the case multiple times during the TAS and trachoma surveys in the first two quarters of FY15—multiple times, either old Ministry of Health vehicles or rented vehicles broke down, necessitating rescue.

Security issues in some districts also pose serious problems for M&E and for the entire NTDP. Recent attacks have led to the cancellation of IM in every district in the Zinder and Diffa regions. In addition, during the TAS in Tillabéri, certain villages that were supposed to be in the sampling frame could not be accessed, as they fell into the “red zone” where only authorized persons may travel.

Another major challenge for M&E in both the NTDP and HKI is insufficient personnel. Niger is a very big country with 42 districts and rough terrain. The NTDP has only three NTD program staff, which is not sufficient to adequately monitor activities, particularly the MDA. During the MDA, the NTD team requests the services of HKI staff from other programs to help supervise different districts. HKI plans to use local interns to assist if qualified individuals can be found. The lack of personnel that are available for surveys has increased the amount of time required for their completion; for example, the TAS spanned a period of three months, as the same teams were

used throughout. However, it may be possible to engage other government entities to assist, such as the statistical bureau and research arms. HKI will advocate with the National Program to integrate these services into the surveys to ensure more timely completion.

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

Sierra Leone

Sierra Leone has been challenged with an unprecedented Ebola epidemic during the period under review. Officially declared in May 2014, it gradually brought NTD program activities to a halt in July 2014. The 'state-of emergency' declared by the Government of Sierra Leone on Wednesday July 30, 2014, has remained in effect to date. The Ebola situation has had an impact on the timeframes and extent of implementation of MDA for schistosomiasis (SCH) and soil transmitted helminthes (STH) in 12 health districts (HDs), MDA for lymphatic filariasis (LF) and STH in the Western Area (WA), a transmission assessment survey for LF, and MDA for LF, onchocerciasis (Oncho), and STH in 12 HDs. As a result, the neglected tropical diseases program (NTDP) has missed one year of its treatment cycle.

Although transmission of the Ebola virus disease (EVD) is still occurring in Sierra Leone, a lot of progress has been made in reducing the new infection rate, and more people are surviving the disease. Most districts, particularly in the southern and eastern parts of the country, have surpassed the WHO-recommended 42 days without recording a new EVD case. The new cases that continue to be recorded in the north region and the WA of the country are localized in particular settings or communities, while the rest of these district remain disease-free.

In light of the above, the NTDP held a planning meeting in Freetown on February 16, 2015, where the District Medical Officers and NTD focal persons unanimously agreed to restart implementation of NTD activities. The timeline for activity implementation was reviewed for MDA for LF, Oncho & STH in 12 HDs, and for SCH & STH in 7 HDs. It was also agreed that robust social mobilization strategies should be put in place to achieve high coverage. This will include a review of the "frequently asked questions" list to address issues around the MDA in the context of Ebola and about the health districts (HDs) that failed pre-TAS.

The major activity conducted during the reporting period was a training of trainers session for 12 NTD focal persons, 12 school and adolescent health focal persons and 12 maternal and child health aides for the MDA for LF, Oncho & STH in 12 HDs. Following a refresher training, these trainers will in turn train 1,117 peripheral health unit (PHU) staff in 12 HDs.

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

Togo

This six-month period has been very productive in Togo. During this time, the United States (US) Embassy and Togo government celebrated the US government's generosity and success in funding one billion neglected tropical disease (NTD) treatments, and the Ministry of Health (MOH)

conducted a variety of activities, including an October 2014 mass drug administration (MDA) in those high-prevalence districts requiring two distributions per year, the third lymphatic filariasis (LF) transmission assessment survey (TAS) (the second post-MDA TAS), and an integrated disease specific assessment (DSA) for schistosomiasis (SCH), soil transmitted helminths (STH) and onchocerciasis. In addition, Health & Development International (HDI) received Bill & Melinda Gates Foundation (BMGF) funding to conduct surgeries for hydrocele and trichiasis and began preparing for the April MDA.

The October MDA was implemented in four districts with albendazole (in areas with >50% prevalence of STH, funded by USAID) and in 11 districts with ivermectin (in areas with historically high rates of onchocerciasis, funded by Togo MOH). Coverage rates have not yet been finalized, but appear to be >95% in all areas for albendazole.

The following assessments occurred during the reporting period:

- The final TAS (second post-MDA TAS) for LF was implemented in January in order to confirm the interruption of LF transmission in Togo. The survey was implemented in two evaluation units (EU); 1547 primary school children were surveyed in one EU and 1701 in the other EU by ICT card and strip test. Results of this TAS should be available in April. An integrated disease specific assessment (DSA) for STH, SCH, and onchocerciasis was implemented nationwide in February and March. More than 16,000 school-aged children were tested for schistosomiasis and STH, and more than 9,000 were tested for onchocerciasis using the Ov16 rapid test. The data will be available in May, and will be used to assess progress in the control of STH, SCH, and onchocerciasis, and evaluate the treatment strategies for these diseases.
- An integrated impact assessment for SCH and STH is underway, measuring the prevalence and intensity of infection with SCH and STH in school-aged children (SAC). This activity employed urine examination for *S. haematobium* using urine dipsticks and urine filtration, and stool examination for *S. mansoni* and STH using Kato Katz assays. The Ov16 rapid test is also being employed in children ages 6 to 9 years, as part of the country's effort to determine the prevalence of onchocerciasis and the extent of onchocerciasis transmission in this cohort of children, born since the start of nationwide MDA for onchocerciasis. Data will be used to assess progress in the control of these diseases and also to evaluate the treatment strategies for these diseases. The results will provide the most definitive evidence of the success of the NTD program, which can be used to lobby both within and outside Togo for support to sustain these gains.
- Togo has a very detailed implementation plan for its MDAs that allows highly targeted treatment, which reduces over- and under-treatment and generates cost savings. However, its refined treatment algorithms create challenges in working with the data. The approach to presenting the treatment data, including the definition of the at-risk and target populations, has evolved over the five years of USAID funding in Togo, both within

and beyond Togo's program. The peculiarities of Togo's implementation have meant that small changes in the definition of a denominator have at times resulted in large changes in the reported coverage, particularly epidemiological coverage, from year to year. As a result of these changing definitions, the trajectory of Togo's program, with its increases in geographic coverage and addition of new target populations over the years, as well as the high coverage of Togo's MDAs, have been underappreciated. There is consistency and stability in the estimates of coverage in Togo over the past two years, which more clearly demonstrate Togo's successes with its integrated NTD program. It should be noted that these denominator issues arose when new reporting requirements to USAID were instituted and the definitions of "at-risk" and "target" populations changed over time, particularly for schistosomiasis and onchocerciasis; programmatic coverage has always been high within Togo's integrated NTD program.

During this period, HDI received \$100,000 to help the MOH fund surgeries for individuals with severe trichiasis and hydrocele, and we will continue to seek out opportunities to build upon Togo's successful model of community-based activities. HDI has already used the success of Togo's integrated NTD program to engage PATH and the Taskforce for Global Health in programmatic and operational research activities aimed at onchocerciasis and LF surveillance in Togo. HDI is engaged in similar discussions with other partners about additional onchocerciasis surveillance and operational research activities that will provide important data as Togo transitions from control to elimination of onchocerciasis.

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

Ghana

The main activities implemented during this period include surveillance, MDAs, and several advocacy and social mobilization events.

The following assessments occurred during the reporting period:

- The first half of the year has seen the conduct of pre-TAS in 15 districts; and TAS in the EUs are scheduled to start next week.
 - Adequate samples (12,808 samples, with a 85.4% participation rate) were obtained from all sentinel and cross-check sites. The Efutu Municipality in the Central region recorded microfilaria prevalence of almost 1% in one of the cross-check sites used for the Pre-TAS conducted in 2007; hence the RPRG recommended a repeat of the Pre-TAS to validate the result. Sample collection for the repeat Pre-TAS was conducted on February 26-29, 2008. MDA was conducted in 2008 – 2010 in the Efutu Municipality, followed by TAS in 2010, which the municipality passed.
- Onchocerciasis epidemiological and entomological surveys were conducted in September - December 2014. There is an urgent need to build capacity for onchocerciasis

epidemiological and entomological surveys within the Ghana Health Service (GHS). The NTDP intends to start the training of regional biomedical scientists to augment this capacity. For the entomological survey, 6,187 black flies were collected and dissected, and 1,240 were parous, indicating that active transmission of the *Onchocerca volvulus* is still ongoing in the Tain, Oti and Tano river basins.

- The epidemiological survey conducted in 56 sentinel villages showed that worm prevalence in the sentinel sites sampled ranged for 0 – 17.2%, with 14 sites recording worm prevalence above 1%. While 75% of the sentinel sites recorded prevalence less than 1%, this falls short of the required 90%. The second round of onchocerciasis MDA has been delayed due the loss of over 36 million tablets of ivermectin in the Central Medical Stores fire. However, the Programme has since received over 27.7 million tablets of ivermectin from Merck & Co.; hence, the second round of MDA is scheduled for April 2015.
- Post-treatment surveillance has started in the Greater Accra Region for the districts that stopped MDA for LF in 2014. The sampled population consists of OPD and in-patient clients in selected health facilities, who are required to take blood samples to manage their current conditions. The study is designed and funded by the CDC.

The following MDA campaigns were carried out during the reporting period:

- The NTDP conducted school-based MDA for SCH and STH in 107 districts selected from all 10 regions of the country in November-December 2014. The limited number of districts treated was due to inadequate availability of PZQ. Results of the school-based MDA are incomplete, with data from 90 districts reported so far. A second round of Onchocerciasis MDA for 45 hyperendemic districts that was planned for January 2015, has not yet taken place, due to challenges with securing adequate ivermectin for the treatment. The Central Medical Stores of the Ministry of Health in Ghana burned down, resulting in loss of almost 35 million tablets of ivermectin. The NTDP is currently working to mobilize the 4.5 million remaining tablets required to carry out this MDA, but this has been difficult. However, the NTDP received about 27.7 million tablets of ivermectin from Merck & Co. on 9th March. This will enable the program conduct the second round of community-based MDA for onchocerciasis in the 45 hyperendemic districts as soon as the drugs arrive.
- All 216 districts are targeted for school-based MDA for STH using albendazole. Twenty-nine districts will receive STH treatment as part of the integrated LF, onchocerciasis and STH treatment funded by USAID. The remaining 187 districts will be treated with support from Partnership for Child Development (PCD), which conducts child nutrition-related interventions in selected districts in the country. With 107 districts treated via school-based treatment in November – December 2014, the remaining 80 districts are expected to be treated in the second half of FY15.

- The NTDP collaborated with Ghana Education Service (GES) to carry out the school-based MDA in FY15. Teachers were the drug distributors in the school-based MDA.

Several advocacy activities took place during the reporting period:

- The NTD Program continued to engage the media for both education and advocacy purposes. The public service broadcaster, GTV provided free airtime for advocacy and education preceding the school-based MDA for SCH and STH in November – December 2014. This included two different slots on the primetime morning show - BREAKFAST SHOW. Resource persons were drawn from the NTDP and the School Health Education Programme (SHEP) unit of the Ghana Education Service.
- The Ghana NTD ambassador, Dr Joyce Aryee, made contact with the telecom organization VOTO mobile, which approached the NTDP with proposals to secure funds from the Bill and Melinda Gates Foundation to support the NTDP with mobile phone technology to facilitate data reporting. This partnership is being followed.
- Advocacy and fundraising initiatives of the NTD Program aimed at raising funds from the private business sector to support NTD control activities in Ghana, led to the Program making presentations to two commercial banks - Royal Bank and uniBank. A proposal for morbidity management of LF in four regions was subsequently presented to uniBank for consideration. The bank has approved USD 85,000.00 to conduct LF morbidity management in one region, Upper East region, as the first test case, after which it will consider support for other regions based on favorable outcomes. Currently, the NTDP is engaging the bank to finalize key activities to be implemented, agree on budget details, and sign a Memorandum of Understanding that will kick start implementation of the LF morbidity management intervention in the Upper East region in the next quarter.
- A national level training of trainers' workshop was organized for regional GHS NTD and GES SHEP coordinators prior to the school-based MDA. In all, 10 regional NTD coordinators and 10 regional SHEP coordinators were trained – one per category from each of the 10 regions. Participants were expected to train district health and SHEP staff. The session on social mobilization emphasized the importance of educating school children prior to MDA focusing attention on key messages. School children were also an effective mode of disseminating information to parents, guardians and communities as a whole. The 2,000,000 notification forms produced in the previous reporting period were distributed to schools through the regional medical stores. A few measuring strips were distributed to augment the supply of strips left over from previous school-based MDAs. Large billboards were developed in the second half of FY2014 to increase awareness of the PCT for NTDs, and mounted in nine out of the ten regions in Ghana. The tenth region is being followed up to attain space to mount the billboard.

Further details on Ghana'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 CB technical and administrative support with all the sub-grantees and the NTDCPs. It took the lead in providing assistance related to compliance with USAID requirements. In this regard, it strengthened the NTDCPs' and sub-grantees' capacity to manage projects, work planning, M&E, data, supply chains and quality assessment. Deloitte was the lead partner in FM systems and reporting, including budgeting. JSI provided technical assistance related to planning for procurement and SCM for essential NTD drugs. An M&E advisor from Liverpool Associates in Tropical Health (LATH) supported M&E, particularly MDA reporting and implementation of the M&E aspects of the END in Africa and country work plans. Technical assistance (TA) and CB assistance provided for M&E was challenged with the illness of the M&E advisor, whose contract was terminated on March 31, 2015, due to his inability to continue his work with the project. Recruitment of another M&E advisor is currently ongoing and it is expected that the new M&E advisor will address the countries' TA requests in the 3rd and 4th quarters of FY15. Below is a list of TA that has been or will be provided to the End in Africa countries in FY2015.

NTD Technical Assistance

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

Technical Assistance Requests in FY2015

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
Burkina Faso	An expert review and update of the LF elimination strategy in Burkina Faso	The LF elimination strategy has not been reviewed since 2001, when the LF elimination program was created. The expert/s will also need to advise on strategic changes based on findings of the planned study to determine causes of the persistent LF microfilaremia prevalence $\geq 1\%$.	Expertise on LF elimination efforts	1 week (Second quarter FY2015)	TAF	Not implemented	It is now hoped that the LF elimination strategy in Burkina Faso will be reviewed by experts at the partners meeting that will take place 21-23 April 2015 in Accra, Ghana
	Training of members of the NTDP coordination and HKI NTD teams on post-MDA surveillance for trachoma and LF	To build NTDP M&E capacity	Expertise in implementation of the NTD program and M&E for NTDs	1 week in November 2014	TAF/ENVISION	Not yet implemented	This topic will be covered by experts at the partners meeting that will take place 21-23 April 2015 in Accra, Ghana
	Capacity building on financial planning and resource mobilization to be able to address financial gaps in the execution of the NTD program	To increase financial planning and advocacy skills for resource mobilization to improve sustainability of the NTDP	Expertise in financial planning and resource mobilization	2 weeks (first quarter of FY2015)	END in Africa (Deloitte)	Planning stage – on-going process	This is being piloted in Ghana and Burkina Faso will be the second country where the strategy will be tried.
	Sustainability Workshop	Support NTDCPs in financial sustainability planning, including NTD Finance Strategies, and	Advocacy, stakeholder mapping,	4 trips x 10 days; FY15Q4	Deloitte	On-going	The sustainability workshop will span 5 days and will combine theoretical

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
	Preparation and Implementation	support execution of related strategies	business case development, data use, proposal development, private sector engagement, financing.	(2 trips US -> BF/Togo; 2 trips Senegal -> BF/Togo)			presentation, group work, and panels with businesses/companies and government agencies. The workshop will emphasize: defining sustainability goals; prioritizing advocacy objectives related to financial sustainability; increasing knowledge of stakeholder mapping; business case development; and proposal writing. Within each workshop there will be a panel discussion from private sector stakeholders to present their perspectives on social investing.
	Expand platform for managing FOGs and capacity building efforts in financial systems and operational management	Provide ongoing support to the Burkina country team on financial planning and financial management system strengthening	Expertise in management and planning	2 weeks	END in Africa (Deloitte)	On-going	Building on the TIPAC output
	Support on SCM and standard operating procedures (SOPs) for NTDs	To improve capacity of NTDP staff and other actors involved in SCM for NTDs	Expertise in SCM	1 week (first quarter 2015)	END in Africa (JSI)	Not yet implemented	To be coordinated by JSI in the second half of FY2015

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
Ghana	TA on preparing for and supervising an impact assessment of SCH/STH treatment after 5 years of MDA.	The last survey was done over 6 years ago and the technical team will require refresher training to conduct this assessment	Expertise in Kato Katz and filtration techniques	3 weeks (1 week for training and 2 weeks for field supervision)	END in Africa (A local consultant from the School of Public Health in Accra will be hired)	Not yet implemented	The survey is planned for May/June 2015, six months after the last MDA in October-November 2014.
	Update the NTDCP Advocacy Plan in Ghana	The current NTD Advocacy Plan is outdated and also does not reflect the recent focus on financial sustainability and resource mobilization.	Advocacy, stakeholder mapping, strategic planning, health financing	1 trip x 5 days; FY15Q3 (US -> Ghana, combined with Partners' Meeting attendance)	Deloitte	On schedule	Working with Project Communication Specialist
	Advance PPPs in Ghana via a working session with the private sector	To continue building momentum in financial sustainability, it is important to continue engaging private sector and public sector players to articulate the business case for NTD investment, and discuss scenarios if they do not invest (i.e. impact on labor, market expansion, etc.)	Private sector engagement, financial management and resource mobilization, simulation design and scenario planning	1 trip x 5 days FY15Q3 (US-Ghana, combined with Partners Meeting)	Deloitte	On-going	Working with NTD team to extend support to ICCC
	Expand platform for managing FOGs and capacity building efforts in financial systems and operations management	To increase evidence-based decision-making and planning; illustrate the importance of using data for decision-making; and demonstrate how data can inform specific decisions using finance departments as case studies; including program design and management. This activity was requested by the NTDP in the FY	Expertise in management and planning	1 week	END in Africa (Deloitte)	On-going	Building on the TIPAC output

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
		2014 approved work plan and therefore represents a carry-over in training needs.					
	Continue improvements in the SCM system.	Develop additional inventory control tools for use at the district level .	Expertise in NTD SCM	2 weeks	End in Africa (JSI)	Not yet implemented	To be coordinated by JSI in the second half of FY2015
Niger	Orientation in the National NTD database and roll-out	To assist the NTDP with data management	Expertise in the use of the USAID NTD database	1 week	End in Africa (LATH)	Not yet implemented	To be coordinated in the second half of FY2015
	TIPAC training	To identify program and funding gaps in reaching control and elimination targets	Expertise in TIPAC	2 weeks; 3 rd Quarter	END in Africa (Deloitte)	Not yet implemented	To be coordinated in the second half of FY2015
	Capacity building in program planning, management and implementation	To strengthen the operational capacity of the NTD secretariat	Expertise in management and planning	2 weeks	END in Africa (Deloitte)	On-going	Building on the TIPAC output
	Continue to strengthen SOPs for SCM	Niger needs support to implement the guidelines provided in FY2014 by JSI	Expertise in SCM	1 week; period to be determined	END in Africa (JSI)	Not yet implemented	To be coordinated by JSI in the second half of FY2015
Sierra Leone	Development of TAS Protocol and training field personnel to conduct TAS in the 8 HDs that passed Pre-TAS in FY2013	The NTDP has indicated the need for a TAS protocol and for training field agents	Technical knowledge in protocol development and TAS implementation	3 weeks	END in Africa	Not yet implemented	All surveys have been postponed until FY2016 due to the Ebola outbreak

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
	Training in the tool for integrated planning and costing (TIPAC)	The NTD program decided to postpone this training until FY2015, since it is expected to take 15 days	TIPAC Expertise	2 Weeks	END in Africa (Deloitte)	Not yet implemented	NTD MDA-related activities resumed in March 2015, after their halt due to the Ebola outbreak. May be implemented in the second half of FY15.
	Orientation in the National NTD database and roll-out	The NTDP has indicated the need to create a national NTD database for effective M&E	Expertise on the M&E database	1 week	END in Africa (LATH)	Not yet implemented	NTD MDA-related activities resumed in March 2015, after their halt due to the Ebola outbreak. May be implemented in the second half of FY15.
	Continue training on SCM	Training of trainers for the District Health Management Team and training for the NTD warehouse manager	Expertise in supply chain and logistics management for infectious diseases	2 weeks	END in Africa (JSI)	Not yet implemented	NTD MDA-related activities resumed in March 2015, after their halt due to the Ebola outbreak. May be implemented in the second half of FY15.
	Biomedical training for laboratory technicians on LF surveillance	To equip a local organization with the necessary skills	Expertise in night blood surveys for LF, including preparation of thick blood films and microscopy	1 week	END in Africa	Not yet implemented	NTD MDA-related activities resumed in March 2015, after their halt due to the Ebola outbreak. May be implemented in the second half of FY15..
	Review of the 2011-2015 NTD Master Plan and development of NTD Master Plan for 2016-2020	The current NTD Master Plan will expire in 2015, and there is a need to have a new NTD Master Plan for 2016-2020	Expertise in NTDs targeted through PCT	1 week	END in Africa	Not yet implemented	NTD MDA-related activities resumed in March 2015, after their halt due to the Ebola outbreak. May be implemented in the second half of FY15.

Country	TA requested	Justification	Technical skills required	Number of days required	Suggested source	Status	Comments
Togo	Capacity building in use of the TIPAC	To build capacity in generating useful outputs for program planning from the TIPAC	Experience in using the TIPAC to generate outputs for program planning	2 Weeks (first quarter)	END in Africa (Deloitte)	Completed	Workshop ended in March 2015
	Sustainability Workshop Preparation and Implementation	Support NTDCPs in financial sustainability planning, including for NTD finance strategies, and support execution of related strategies	Advocacy, stakeholder mapping, business case development, data use, proposal development, private sector engagement, financing.	4 trips x 10 days; FY15Q4 (2 trips US -> BF/Togo; 2 trips Senegal -> BF/Togo)	Deloitte	On-going	The sustainability workshop will span 5 days and will combine theoretical presentation, group work, and panels with businesses/companies and government agencies. It will emphasize: defining sustainability goals; prioritizing advocacy objectives related to financial sustainability; increasing knowledge of stakeholder mapping; business case development; and proposal writing. Within each workshop there will be a panel discussion from private sector stakeholders to present their perspectives on social investing.
	Capacity building in program planning, management and implementation	To strengthen the operational capacity of the NTD secretariat	Expertise in management and planning	2 weeks	END in Africa (Deloitte)	On-going	Building on the TIPAC output

Supply Chain Management

Procurement Support Services:

- Supported the Burkina Faso and Togo national NTD programs and implementing partners as they prepared to receive and clear their 2015 PZQ consignments through customs. Documentation requirements were coordinated with the IDA Foundation. Documents and information regarding the shipments were provided to implementing partners via email, who then shared the information with the national programs to enable expedited processing.
 - Burkina Faso received 19,735,000 tablets on February 27, 2015. Proof of delivery was received. An additional 1,019,000 tablets are needed to complete their order for 2015. Unfortunately, a few batches of praziquantel did not pass the procurement agent's quality inspection. We are waiting for a fresh batch from the supplier. Once information regarding the remaining quantity has been received, this information will be shared with HKI and the national program.
 - Togo received 6,594,000 tablets on February 19, 2015. Proof of delivery was received. An additional 511,000 tablets are needed to complete their order for 2015. Similar to Burkina Faso, a few batches did not pass the procurement agent's quality inspection. We are waiting for a fresh batch from the supplier. As soon as information regarding the remaining quantity is received, this information will be shared with HDI and the national program.
 - Due to the Ebola outbreak in Sierra Leone, the NTD program has been on hold until the emergency situation improves. Thus, the 2015 shipment of PZQ has been on hold until we receive clearance to proceed with it.
 - Ghana has not yet received its PZQ consignments, as the IDA Foundation is still working to comply with national importation regulations.
- JSI staff Danielle Cuénoud met with IDA Foundation Regional Manager, Menno Krijger on November 17, 2014, to review plans for the 2015 PZQ consignments.

Quantification support:

COUNTRY	2016 PZQ ORDER <i>(as of March 13, 2015)</i>	Desired Delivery Date	Comments
Burkina Faso	29,634,491 tablets	January 2016	
Ghana	21,969,040 tablets		To be covered by WHO donation.
Niger	8,349,958 tablets	October 2015	Please note the early desired delivery date
Sierra Leone	4,937,144 tablets	December 2015	
Togo	7,338,554 tablets	mid-February 2016	Togo is currently undergoing an impact assessment for SCH,

COUNTRY	2016 PZQ ORDER <i>(as of March 13, 2015)</i>	Desired Delivery Date	Comments
			and it is likely that significantly fewer PZQ tablets will be needed. The results from the impact assessment will not be available until late April or early May, at which time the NTDP will be able to update its order.

- Supported national NTD programs and implementing partners as they developed their 2016 praziquantel forecasts. At the time this report was prepared, the country programs were finalizing their requests. The final requests will be submitted to FHI360 the week of March 16, 2015.
- In reviewing praziquantel forecasts over recent years, the team has observed that, while some countries have greatly improved the quality of their forecasts, others still require significant oversight to ensure that the methodology is followed appropriately, so that timely and accurate shipments can be ensured.

Standard operating procedures and training materials:

- Standard operating procedures have been developed for all countries, most recently for Burkina Faso and Niger. Since they are still new for Burkina Faso and Niger, these countries are beginning the implementation process while using the complementary training materials that have been developed.
- The job aids that were drafted for district level personnel on their role before, during, and after an MDA, and for CDDs on MDA waste management, were finalized and are being customized for each NTD country program. These job aids will be distributed during MDA trainings. Their status at the time this report was prepared was as follows:
 - Ghana: The job aids have been customized. Changes were reviewed by JSI and we are now reviewing options to have them printed in country.
 - Sierra Leone: The job aids have been customized. Changes were reviewed by JSI and we are now investigating options to have them printed in country.
 - Niger: The job aids have been customized. Changes were reviewed by JSI and we are now investigating options to have them printed in country.
 - Burkina Faso and Togo: We have not yet received final proposed revisions to the job aids. Togo has been undergoing an impact assessment for schistosomiasis and Burkina Faso's national program is reviewing the proposed draft.
- Translated finalized job aids into French.

- Obtained quotes for re-printing the JSI | DELIVER “Guide to Health Care Waste Management for the Community Health Worker,” which will be distributed to district teams as a reference document to complement the job aids.
- Youssouf Ouedraogo traveled to Burkina Faso (September 22 – October 3, 2014) to strengthen the knowledge of trainers in supply chain management of NTD drugs and to participate in two initial trainings of trainers. The MOH and the implementing partner (HKI) conducted an additional training on their own. The initial training sessions on NTD drug supply chain management were conducted in Bobo Dioulasso and Koudougou. Thirty-five trainers were trained in Bobo and thirty-six trainers were trained in Koudougou.
- JSI staff members, David O’Brien, Youssouf Ouedraogo, and Danielle Cuénoud met with Bolivar Pou at FHI360 on January 6, 2015, to review progress on work plan activities for Q1 FY2015.
- Reviewed the EMMRs submitted by country programs.

Travel to be undertaken in coming 4 months:

- Youssouf Ouedraogo will travel to Burkina Faso in April 2015 to monitor the roll-out of the SOPs and tip sheets, and to assess progress to date and address any ongoing concerns. Youssouf will also follow up on the implementation of the action plan activities that were developed in 2014.
- Youssouf Ouedraogo will travel to Niger in May 2015 to conduct a logistics system assessment and document accomplishments and best practices. Youssouf will also assess the level of implementation of the action plan developed since the last logistics system assessment and the roll-out of the SOPs and tip sheets. If time allows, a training on de-junking can also be done. Given the potentially large scope of work for this trip, a second advisor, Valentin Coulibaly (who participated in the development of the SOPs and training materials), may be needed.
- In the event that the Ebola situation in Sierra Leone is sufficiently resolved prior to July 2015, JSI is prepared to assist with the supply chain management activities that were previously planned for FY2014 (i.e., roll-out of SOP and TOT).

Financial Management

Capacity Building and Strategic Planning

Deloitte has been working with the country teams to enable stronger strategic planning of their NTD programming, specifically considering the financial needs of program execution and using financial and program data more effectively for evidence-based decision-making, so as to enable stronger, more efficient, and more sustainable programming.

This work has included providing guidance on implementing the Tool for Integrated Planning and Costing (TIPAC), as well as collaborating on financial sustainability planning in Ghana and other countries.

TIPAC Implementation and Data-Use for Policy and Program Decision-making

Activities related to TIPAC implementation and data-use of TIPAC during this SAR reporting period were mainly focused in Ghana and Togo. Additional consultations with Burkina Faso and Niger also have been underway, as described below.

Ghana: The Deloitte END team worked with the NTDCP to support their use of TIPAC through an implementation workshop that was completed on March 7, 2015. The workshop included: a brief TIPAC refresher to review tool updates; a review of converted data from 2014 files to 2015 data entry; and an update of 2015 operational plan costs. In addition, the team introduced basic data interpretation activities to set the stage for broader data analytics and to encourage data-use in decision-making. The TIPAC implementation in Ghana leveraged lessons learned from previous workshops that enabled more efficient and effective implementation.

Togo: TIPAC implementation is occurring the week of March 23, 2015. The schedule and agenda in Togo will be similar to Ghana's, with heightened attention on thinking about how to use the data generated in program planning.

Niger and Burkina Faso have both experienced scheduling delays for the TIPAC work. END project support to both countries for TIPAC implementation will occur in the next 6 months.

The TIPAC workshops in Ghana and Togo went beyond basic data entry, which was the previous focus, to yielding ready-to-use 2015 data for analysis during the country programs' planning and costing processes for all NTDs. For example, the FY2015 TIPAC exercises emphasized the provision of tools and methods to strengthen TIPAC data-use with government entities, partners and the private sector. Workshops also supported institutionalization of the TIPAC and data use, in that it helped NTD teams to more clearly understand the process for using the tool and extracting data to inform program planning. Previous workshops only focused on generating data. Having a broader understanding empowers teams to use the tool more effectively and increases the chances for its continued use beyond the life of the project. Technical support and ongoing mentoring will be extended based on country needs and as opportunities to use TIPAC data arise, further supporting future, independent TIPAC data entry and use.

Effective use and management of financial resources

Expand platform for managing Fixed Obligation Grants (FOGs) and capacity building efforts in financial systems and operational management

Activities for expanding the platform for managing FOGs and related capacity building efforts in Ghana and Burkina Faso will continue in FY15Q3. Workshops in both countries have been planned

in this SAR reporting period and will cover FOGs and program planning and monitoring. In addition, change management will be discussed and interventions will be initiated related to evidence-based decision-making (i.e. identifying organizational determinants to increase data use for decision-making and creating an enabling environment to support such use). Ghana's FOG and Financial Management workshop will occur on April 13-17, 2015. Burkina Faso is still determining the dates for this work, and thus, a delay is anticipated.

In Togo, the initial plan for providing TA and capacity building support in financial systems has been delayed due to challenges in coordinating with different actors regarding initial activities. To overcome these challenges, the March 2015 TIPAC workshop in Togo will include an interactive working session with key counterparts to further define the vision and needs for capacity building in financial systems and operational management. The END team will work closely with HDI and the NTDCP to clearly identify areas for mentoring and future TA, with provisions aimed at recovering from the slight delays.

Financial Sustainability Planning

Support the Implementation of Ghana's NTD Finance Strategy

To build on the momentum of the Financial Sustainability Planning workshop (in which a private sector panel was organized to initiate dialogue between the GHS/NTDP and selected private entities), the Deloitte END team worked with the GHS/NTDP to revisit the stakeholder mapping exercise that was developed during the Sustainability Planning workshop. We helped the team identify potential partners for NTD support, define their potential "stake" in the program (i.e. why would/should they care), and align un-funded NTD program needs and anticipated outcomes with potential investor interests.

Two potential investors were prioritized with whom to initiate discussions on partnering and proposal submission. The Royal Bank and uniBank are local commercial banks operating across Ghana. Both have an interest in expanding their services to bottom-of-the-pyramid markets, as well as strong Corporate Social Responsibility (CSR) goals.

The Deloitte END team supported the Ghana NTDP/GHS in submitting two proposals for lymphatic filariasis (LF) management, one each to uniBank and TRB. Each proposal addressed different regions and proposed financial support for case management and monitoring, as well as LF elimination activities in priority regions that were identified by the TIPAC as facing current funding gaps. The funding requests totaled \$522,798 USD.

As of March 2015, uniBank has pledged to partially fund the LF Morbidity Management campaign in the priority Upper East region, in the amount of approximately \$85,000 USD. Based on the experience and use of these initial funds, uniBank expressed interest in engaging in follow-on discussions to expand their funding to include additional region(s).

The Deloitte END team worked with the GHS to develop a Memorandum of Understanding (MoU) to manage expectations between uniBank and the GHS, and to organize preparations for implementation kick-off at the end of March.

A decision from The Royal Bank Foundation regarding funding for the LF management campaign in the Greater Accra and Eastern region is expected in March or April 2015.

Key considerations:

1. The decision to request private sector funding was directly supported by both the NTD finance strategy that was developed with support from the END Project, as well as the analysis and use of TIPAC data to identify funding gaps.
2. An important consideration in uniBank's decision to only partially fund the proposal was its concern regarding the financial management capacity of the GHS to effectively manage the funds and achieve the desired targets. Given that they have not worked with the GHS previously, combined with their perceptions of financial management ability of Government of Ghana agencies, they decided to finance one of the four regions proposed.

Ongoing support includes engaging with the GHS Finance Strategy Steering Committee to reinforce reporting capabilities for resource management; strengthening the NTDP's relationship management capabilities; and working with the GHS/NTD Deputy Program Manager to update the NTD Finance Strategy PMP.

Financial Strategy and Financial Sustainability Planning for NTDPs

In anticipation of replicating the Financial Sustainability Planning workshop in other END countries (specifically, Togo and Burkina Faso, both of who have requested it), we have updated the workshop materials based on the Ghana experience. Much was learned during that session in terms of areas that require greater focus and additional time, and areas that are suitable for inclusion in follow-up refresher trainings, or in the annex for further reading.

The Deloitte team has been working with the Burkina Faso NTDP team to prepare for the development of their NTD Finance Strategy. We are having preliminary working sessions to help them define the Finance Strategy targets and expectations for the workshop, prepare the data needs in advance of the workshop, and finalize the process, deadlines, and responsibilities. This working session will be combined with the Burkina 2015 TIPAC update workshop, now scheduled for May (although much preparation has been done during this reporting period, as the workshop was originally supposed to occur in March). The session will identify opportunities for organizational strengthening using a maturity model and benchmarking tool that will assess the readiness of the NTDP to implement a financial sustainability action plan.

Advocacy

The team is working with the Communications Specialist in Ghana to refine the GHS/NTDP sustainability goals and update the Advocacy Strategy to align with the Ghana Finance Strategy and Sustainability Plan. The Advocacy Strategy will outline activities to generate the appropriate organizational and financial support to reach the NTD Action Plan targets. The team expects to finalize the Strategy in FY15, recognizing that the final Advocacy Strategy will need to align with the anticipated 2016-2020 GHS Master Plan.

Short Term Technical Assistance

Number of TA trips requested for the reporting period: Travel dates were not specified in submitted work plan. However, 7 trips are anticipated over the next 6 months.

Number of TA trips provided: 3 trips occurred in the past 6 months.

Explanation of discrepancies:

- Sierra Leone activities suspended, reducing anticipated travel to the country;
- TIPAC 2015 Data Entry Workshop postponed in Burkina Faso and Niger at the request of the NTDPs. Generally, there have been challenges in coordinating dates for activities in Togo, Niger, and Burkina Faso with the respective NTDPs, leading to postponed activities.
 - During future TA trips, the team will review and validate proposed workplan activities for the coming quarter with the country teams. This will facilitate advanced notice of expected delays and provide additional time for budget and technical scope preparation for future trips. The team's experience in Ghana demonstrates the extent to which regular direct contact with the NTDP assists in timely planning and execution of activities.

Government Involvement

GHS played a key role in crafting proposals for private sector resource mobilization in Ghana. During this process, we worked closely with Dr. Nana-Kwadwo Biritwum, GHS NTD Program Manager, and Dr. Benjamin Marfo, GHS NTD Deputy Program Manager. Dr. Nana, Dr. Marfo, and certain other individuals in the GHS NTDP, have integral roles in implementing campaigns and evaluating private sector partnerships for eventual funding. To date, GHS has secured an additional \$85,000 in LF management funding from uniBank as a result of the effort to increase domestic resource mobilization for NTDs, part of the Finance Strategy facilitated by END advisors. This effort and the associated increase in funding is a major achievement in the government's efforts to close the NTD funding gap.

Partnerships

NTD partners working in country and summarized activities

Partner (illustrative examples below)	Location	Activities	Is USAID providing financial support to this partner?
Organizations with whom we have initiated dialogue for possibly NTDP co-financing in Ghana (no formal partnerships established): <ul style="list-style-type: none">• Volta Regional Authority• uniBank• MTN Foundation• The Royal Bank• CalBank• Kufuor Foundation	Akosombo	Sustainability workshop	No
Other organizations with whom we have discussed this approach: <ul style="list-style-type: none">• Global Network for NTDs• The END Fund	DC, NY	Introductory and working meetings	No

Collaboration and Coordination

END in Africa- General

FHI 360 continued to coordinate with USAID, the MOHs for each country, and existing USG-funded NTD programs to ensure effective program execution. END in Africa's NTD Technical Advisor has been coordinating actively with the ENVISION Technical Assistance Facility for the provision of approved TA for our countries.

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

Burkina Faso

- Resources were made available in the Ministry of Health's budget in the sum of approximately 200-250 million CFA (\$330,000) to support NTD control activities. The National Program also is eligible for a loan through the World Bank to support NTD and malaria control efforts. In

that regard, a project to strengthen preventive chemotherapy for NTDs and seasonal treatment for malaria was developed and submitted for validation (2015-2017); however, this proposal has not yet been submitted to the World Bank.

- HKI has been named the prime awardee of a five-year initiative from USAID to manage trachoma- and LF-related morbidity cases, and Burkina Faso was recently selected as a recipient of these funds. This new funding opportunity will fill the funding gap for a priority activity of the National Program, and will further strengthen the existing partnership between HKI and the Ministry of Health as part of NTD control efforts.
- The Washplus project will incorporate NTD control messages in its action plan and encourage populations to participate in MDA.
- END in Africa is coordinating with the NTDP to develop a three-year proposal and budget (2016-2018) to continue the END in Africa project in Burkina Faso. This plan will likely enable Burkina Faso to reach stop MDA criteria for both LF and trachoma throughout the country.
- Deworming is also supported on a twice-yearly basis for children under age five, coupled with Vitamin A supplementation. The first round took place in January.

Niger

- A meeting of SCH experts, led by the National Program, was held in November 2014 to discuss SCH treatment strategies following the completion of impact surveys. Please see the strategic planning section and attached meeting report for additional details.
- The National Program does not currently have a Task Force; however, there are plans for its creation in the second half of FY15, though this will require increased advocacy within the Government to obtain a charter.
- The government did not hire or appoint any new staff for the NTD program during the reporting period. In particular, there is still no dedicated NTD Coordinator, which means that functionally, the vertical program coordinators still operate programs separately in many respects.
- During the period under review, there was no additional funding pledged or received from the government. However, the government plans to procure drugs to treat adverse events during the upcoming MDA. This has been a serious gap in the MDA, as several minor adverse events have been reported in the past, but fully treated because the program did not have any drugs available to manage these situations.
- The new partnership with the World Bank, announced in FY14, aims to fill gaps in NTD and malaria funding in Niger. A total of \$25 million is being made available over four years to the Government of Niger for NTDs and malaria; a proposal was submitted to the World Bank at the end of February and includes items such as vehicles, increased funding for CDDs, and operational research.
- A partnership meeting was held in November 2014, with a Niamey-based organization called The Leprosy Mission, concerning support for trichiasis and lymphedema management in Maradi. No formal partnership has been established. It appears that the

organization is still in the research phases of a lymphedema management procedure and is not ready to fund implementation.

- Currently, trichiasis surgery is supported through HKI and The Carter Center, with funding from the Conrad N. Hilton Foundation. The government is also currently providing funds for lymphedema management and hydrocele surgeries.

Sierra Leone

- A planning meeting was held on 16th February 2015 in Freetown, with MoHS central level staff, and staff from the NTDP, DHMTs and partners. During the meeting, the District Medical Officers and NTD focal persons unanimously agreed to restart implementation of NTD activities. The activity implementation timelines were reviewed for MDA for LF, Oncho & STH in 12 HDs and MDA for SCH & STH in 7 HDs. It was also agreed that a robust social mobilization strategies be put in place in order to achieve high coverage, including a review of frequently asked questions to ensure that they address issues around MDA in the context of Ebola and around health districts (HDs) that failed pre-TAS.
- The National School and Adolescent Health Program (NSAHP) continues to support the NTDP in the SCH and STH program. The water sanitation and hygiene (WASH) program of the NSAHP is one of the areas considered for possible collaboration in regard to the NTDP targets of SCH for elimination and STH for control. NTDP and NSAHP had planned to integrate messages on SCH and STH in WASH programs with support from UNICEF. However, this has been greatly affected by the current Ebola situation in the country. There are still plans to embark on this as soon as normal health activities resume.
- As of 2010, there was an estimated backlog of 23,500 people living with hydrocele, and 8,300 living with lymphedema. Support from Johnson & Johnson has been limited to training doctors, with 200 surgeries performed during training. Since those with LF generally have little/no disposable income to pay for transport to a surgical center, doctors' expenses, and surgical consumables, few hydrocele surgeries are currently being performed. The Chief Medical Officer has indicated the need for the MoHS to support NTD-morbidity management, proposing that hydrocele surgeries be performed free by the district medical superintendents. This will require support from other partners for provision of surgical consumables and referrals. HKI and NTDP will advocate with the NGO liaison office for support from other NGO partners working with disabilities.

Togo

- The MOH has held numerous coordination meetings over the past six months to discuss the October 2014 MDA implementation, LF TAS, integrated DSA, and April 2015 MDA preparations. The MOH is also developing its data management and analytical capabilities; MOH staff members were entirely responsible for entering and cleaning the October 2014 MDA data, and analysis is currently underway. The government helped to develop several applications to the BMGF for NTD funding, one of which was successfully funded for trichiasis and hydrocele surgeries. The MOH will coordinate surgical treatment

of trichiasis and hydrocele cases identified by CDDs during the April MDA using the BMGF funding.

- The MOH is developing partnerships within the government (e.g., WASH, malaria, onchocerciasis, education, etc.), as well as with other non-governmental organizations (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 2014 MDA to deliver albendazole and vitamin A to preschool-aged children, and we hope that collaboration will continue for the April 2015 MDA. There is much to be gained from an expanded integration network, and we are optimistic that the MOH can build upon the successful integration of community activities even further.
- Collaboration among the Integrated NTD Program, HDI-Togo, and the Onchocerciasis Program is being strengthened as a first step toward onchocerciasis elimination. The MOH, HDI, and Onchocerciasis Program are developing ways to further incorporate onchocerciasis into the integrated platform, including collaborative development of detailed and integrated implementation plans for distribution of medications and data analysis. HDI is also working to bring together other partners (CDC, the Taskforce for Global Health) to support onchocerciasis surveillance and elimination activities. Collaboration with the WASH sector is also building, through the recent incorporation of a page in the educational flip chart that describes improved WASH practices.
- The MOH and HDI are currently working on methods to expand integration with the WASH program; specifically, the inclusion of additional WASH messages in MDA trainings. The involvement of UNICEF in the April/May 2014 MDA added value to the integrated framework, and allowed for the distribution of albendazole and vitamin A to preschool-aged children; hopefully, this successful integration can be repeated in April 2015. Finally, the MOH and HDI have received funding from the BMGF to train CDDs to identify cases of hydrocele and trichiasis in their communities, and once cases have been identified, to provide surgery to those requiring it. We are grateful that this funding fills a gap in the existing integrated NTD activities. Although morbidity management funding was previously available to train nurses to help community members afflicted with lymphedema or hydrocele, that funding source is no longer available, so there are no morbidity management activities ongoing.

Ghana

- The Director of Public Health of the GHS took time off from an important high level meeting to participate in the Intra-Country Coordinating Committee meeting and to spell out key points from the government. He charged the ICC with supporting the program with strategic and policy direction to ensure the sustainability of gains made so far, and to meet elimination targets.
- The Directors General of the GHS and GES are collaborating to facilitate implantation of school-based MDA. The SHEP unit of the GES continues to participate in planning school-based MDAs and the TAS, which uses school children as the sampled population. The

NTDP has engaged multiple partners – FHI 360, Sight Savers International, the London School of Hygiene and Tropical Medicine, the Noguchi Memorial Institute for Medical Research and WHO—to design, fund and conduct the blinding trachoma post-treatment survey.

- The NTDP is developing an Integrated National Data Base to serve the reporting needs of multiple partners simultaneously.
- Detailed best practices were documented and disseminated during the reporting period.

Monitoring and Evaluation

FHI 360 continues to support END in Africa countries in implementing robust M&E systems. 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 Senior M&E Technical Officer 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 FY15 SAR1 workbooks were submitted to USAID and RTI for review. In collaboration with USAID and RTI, the Senior M&E Technical Officer, assisted by the project Technical Advisor, actively participated in the review of the FY15 SAR1 workbooks for the five END in Africa-supported countries. The review process was quicker and more productive than in previous years, as USAID, RTI, and FHI 360 reviewed the workbooks separately, put all comments in a single document, discussed the feedback in a group, and sent joint USAID/RTI/FHI360 feedback to countries. The project Technical Advisor provided country background/specificities, when necessary. This process was shorter and more efficient in that it reduced the back and forth between reviewers and the countries.

As there are still outstanding issues with some of the FY13 and FY14 workbooks, the review team (USAID, RTI and FHI360) has agreed to review FY13 and FY14 workbooks that are still outstanding together with FY2015 workbooks, with the aim of approving them along with the FY15 SAR1 workbooks.

There was collaboration with JSI staff to review country estimates for PZQ for FY16.

It was agreed by the review team that data for all activities should be reported in the workbooks in the period in which the activities are planned, rather than the period when they are actually implemented. The schisto MDA conducted in Ghana in November/December 2014 is reported in the FY14 SAR2 workbooks and not the FY15 SAR1 workbooks because the MDA had originally been planned for June/July 2014. Several MDAs that were conducted in the second half of FY14 have not yet been reported: the second schisto and second oncho MDAs in Togo.

Country-specific details are below:

Burkina Faso

Since the start of FY2015, Burkina Faso has faced political disruptions due to protests against the President at that time, Blaise Compaoré, which led to Compaoré's forced resignation at the end of October 2015. These events caused changes in key Ministry of Health officials (the Minister of Health and the General Secretary of the Ministry of Health), which in turn had repercussions on the ability of the country's health system to function normally during the transition period. This also delayed the release of funds. However, the situation has since stabilized, and activities have been implemented since January 2015.

The national NTDP did not conduct any MDA during this reporting period for reasons elaborated above. The first MDA campaign was planned to target schisto in February, 2015. However, this MDA could not take place due to delays in receiving the praziquantel needed for the MDA. The MDA had to be postponed to April 2015. The training of trainers (TOT) sessions were also postponed in order to avoid a lag between training and distribution. Based on the MOH's timeline, the FY15 MDAs are scheduled as follows: Oncho MDA in the Sud-Ouest in April 2015; schisto MDA in April 2015; trachoma MDA in May 2015; and LF MDA in June 2015.

During the reporting period a surveillance protocol for trachoma was developed by the national blindness prevention program during a workshop on November 26-29, 2015, to align trachoma surveillance with WHO recommendations and national standards. The protocol will be shared with partners after validation. The protocol for trachoma prevalence surveys was also updated for HDs with baseline trachomatous inflammation follicular (TF) prevalence among children aged one to nine of between 5% and 9.9% (Kaya, Barsalogo, Fada and Gayeri). The NTDP has decided to conduct another survey in early March 2015, to determine the present trachoma prevalence in these HDs. However, administrative challenges have delayed the surveys; they were not started during the report period.

The FY14 Disease and Program workbooks were updated based on the results received from the National Program from the LF MDA in September 2014, which had not been previously reported, as well as other M&E activities that had been planned for FY14, but conducted in FY15. The FY15 workbooks will be updated once the MDA campaigns planned for FY15 are conducted.

Based on recommendations of an experts' review workshop on schistosomiasis that was held on November 28-29, 2013, in Ouagadougou, Burkina Faso's treatment strategy for schistosomiasis was revised in accordance with WHO guidelines and recommendations. The treatment strategy in terms of MDA frequency (annually, every two years, or twice yearly) has been adjusted based on the latest prevalence for each district; and this will be implemented starting in FY15.

Ghana

The Central Medical Stores of the Ministry of Health in Ghana accidentally burned down, resulting in loss of almost 35 million tablets of ivermectin. The second round of Oncho MDA in 45 hyperendemic districts that was planned for January 2015, still had not taken place by the end of March 2015, due to the challenge of securing adequate ivermectin for the treatment. Concerted efforts by the MOH, FHI 360 and WHO/AFRO succeeded in fast-tracking the country's 2016 Ivermectin request, enabling the drugs to be delivered earlier than planned in 2015, thus replacing some of the tablets that had been lost in the fire. In this regard, However, the process of securing Ivermectin allocated for 2016 was fast-tracked through concerted efforts by the MOH, FHI 360 and WHO/AFRO, and such that the NTDP received 27.7 million tablets of ivermectin that was requested for 2016 from Merck & Co earlier than planned on 9th March 2015, which . This will allow enable the program to conduct the both second oncho MDA for 2015 and also the community-based MDA for LF/oncho/STH in 111 HDs in May/June 2015.

The AFRO NTD RPRG reviewed and approved results of the 2014 TAS conducted in 24 EUs for 64 HDs in February 2015, and MDA will be stopped in these 64 HDs in 2016.

Post-treatment surveillance funded by the CDC was started in Greater Accra Region for the 8 districts that stopped MDA for LF in 2014. The surveillance will be conducted among health facility out-patients and in-patients that provide blood samples as part of their treatment. Some of the blood collected for their treatment is used for the post-MDA surveillance survey instead of being discarded completely.

To improve M&E for NTDs, the NTDP started the rollout of an Integrated National Database Template to address the needs of different donors and partners with regard to reporting. When completed, NTDP officers will receive capacity building on the use of the Database and generation of customized reports. Program staff at all levels will be oriented in DQA Tools, the development of Action Plans to improve data quality, and the data management system.

The Program will also roll out a data entry tool developed to help the districts to manage their data and provide feedback to the sub-districts. Selected staff from the targeted districts and regions will be trained to use the tool. This will ensure data availability at all levels of the health

system. It will also encourage districts to take ownership of their own work and support them in analyzing data and giving feedback to their sub-districts and the communities they serve.

Coverage surveys were conducted in two districts in FY14. The results shall be shared with partners, and the NTDP will also review the results with the regions and particularly, the HDs where the surveys were carried out.

Niger

Due to the delay of the FY14 integrated MDA for LF/schisto/trachoma that was planned for November 2013 and finally conducted in March 2014, the DSAs planned for FY14 were also delayed. They were conducted during the first half of FY15. This also led to the delay of FY15 activities, since the DSAs had to be completed before the FY15 integrated MDA started. This was further compounded by the late arrival of albendazole (ALB) in February 2015, which was needed for LF treatment. However, some preparatory activities have been successfully implemented, including the training of trainers (TOT) for MDA at the national and regional levels, and the district-level micro-planning meeting. In addition, the FY15 regional fixed obligation grants (FOGs) were signed in January 2015, and the funds in the regional FOGs were released to the regions for the integrated MDA. In addition to MDA preparations, a number of DSAs were conducted for all the NTDs in selected districts.

In January 2015, an epidemiological survey for onchocerciasis was conducted in three HDs (Kollo, Say and Téra), with the aim of determining the presence of disease recrudescence. The prevalence in all districts was 0%, indicating that Niger is well positioned to prepare its elimination dossier.

A technical assistance request was made by HKI-Niger to HKI-Sierra Leone to provide support in the areas of MDA, M&E and impact assessment training for schisto and STH. This TA was initially requested for a period of two months, beginning in September 2014. It was later extended twice, through the end of March 2015.

Sierra Leone

There were no M&E activities in Sierra Leone during the reporting period due to the Ebola crisis.

Togo

Post-MDA LF surveillance is ongoing, and the third and final TAS (i.e. second post-MDA TAS for LF, or TAS3) was completed in January 2015 to confirm the interruption of LF transmission in the eight previously endemic districts of Togo. Final results of this TAS will be available in April 2015, but the preliminary results confirm that there is no ongoing LF transmission in Togo. The MOH will now begin preparing a dossier to submit to the WHO for verification of LF elimination in Togo.

An integrated impact assessment for SCH and STH started in February 2015, and is still ongoing. It aims to measure the prevalence and intensity of infection with schisto and STH among school-aged children (SAC).

The October MDA occurred from mid-October to mid-November 2014 in four HDs with high levels of STH (>50% prevalence), and in eleven HDs with high levels of oncho. USAID funded the MDA in the four HDs with high STH levels, while the Togo MOH funded the MDA in the eleven HDs with high oncho levels. The data from these MDAs have not yet been entered in the workbooks, as they are being reviewed.

Finally, the MOH has been preparing for the April 2015 MDA and revising training materials to include water, sanitation, and hygiene (WASH) messages and more specific instruction about increasing the use of the flip charts and obtaining equivalent coverage among boys and girls in the populations. In addition, the MOH has been working to edit village registers and MDA materials to help identify individuals in need of hydrocele and trichiasis surgery during the integrated April 2015 MDA, as the sub-grantee for Togo, HDI, was able to receive supplemental funding of US\$100,000.00 from the Bill and Melinda Gates Foundation to support hydrocele and trichiasis surgery for morbidity management in the second half of the FY15.

Data Management and Dissemination

All 5 country FY15 SAR1 workbooks have been submitted to USAID and reviewed jointly by USAID, RTI and FHI 360, with joint feedback sent to the countries. The review team will address all remaining outstanding issues in the FY13 and FY14 workbooks, so that they can be approved together with the FY15 workbooks.

Since it has been decided that MDA data will be reported for the period when they were planned to be implemented, no MDA data was reported in the FY15 SAR1 workbooks. This occurred because all MDAs conducted in the 1st and 2nd quarter of FY15 had either been postponed from the period corresponding to FY14 SAR2 (as in the case of Ghana's schisto MDA of November/December 2014), or did not have complete data, since the data had not yet been released by the NTDP (as in the case of Togo's second round STH and oncho MDA of October/November 2014).

Some of the countries have therefore updated their treatment data for FY2014, and this is reflected in the cumulative data on the number of persons treated in FY2014. Since Niger, Sierra Leone and Togo did not report new treatment figures after the last SAR (FY14 SAR2), the cumulative number of persons treated for FY2014 is the same (9,907,579, 4,091,497 and 230,967 for Niger, Sierra Leone and Togo, respectively). For Burkina Faso, an extra 4,287,516 persons were added to the cumulative total in the last report (FY14 SAR2), increasing it from 5,518,787 to 9,806,303 persons treated. This increase reflects the submission of FY14 MDA results from all districts for all 5 targeted NTDs. The same is true for Ghana, as the results of the community-based LF-oncho-STH MDA conducted in June/July 2014 were submitted for all the districts treated. The results of the schisto MDA conducted in November/December 2014 were also included in the FY14 workbooks, since this MDA had been planned for June/July 2014.

Routine Program Monitoring

FHI 360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. Thus, it 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 Senior M&E Technical Officer, assisted by the project Technical Advisor, monitored country M&E activities on a regular basis. Information was collected through phone calls, monthly reports, workbooks, work plans and emails.

With receipt of almost all treatment data for USAID-funded MDAs in FY14 (only the second round STH MDA in 4 districts in Togo is yet to be reported), a total of 33,657,208 persons were treated for at least 1 NTD, and 70,101,404 treatments were provided in FY2014 overall.

MDA

Burkina Faso: The first MDA campaign was planned to target schisto in February 2015 but could not take place due to delays in receiving the praziquantel needed for the MDA and so the MDA had to be postponed to April 2015. The FY15 MDAs are scheduled as follows: Oncho MDA in the Sud-Ouest in April 2015; schisto MDA in April 2015; Trachoma MDA in May 2015; and LF MDA in June 2015.

Ghana: MDA was conducted for both schisto and STH using praziquantel and albendazole in November-December 2014. This was actually MDA that had been planned for June-July 2014 (i.e. FY2014), but postponed due to unavailability of praziquantel. The results are therefore reported in the Ghana FY2014 workbooks. So far, only 100 out of the 107 districts treated with praziquantel and albendazole have submitted their treatment data. The rest are outstanding due to a delay in reporting by Ghana Education Service (GES), a key partner to the Ghana Health Service (GHS) for MDAs conducted in schools. The data received to date indicate that out of the 1,969,323 school-aged children (SAC) that were targeted for treatment, 1,670,999 were actually treated, representing 84.85% program coverage. Two SAEs were reported in connection with the schisto/STH MDA involving a 15-year-old girl and a 19-year-old boy, and both were hospitalized. The girl's condition deteriorated and she died in the hospital, while the boy was discharged the following day. The laws of Ghana demands immediate post mortem under such circumstances and the post mortem report indicated that the girl was suffering from another disease when she took the NTD treatment. The other disease was listed as the cause of death. The limited number of districts treated was due to the limited availability of praziquantel. The NTDP collaborated with Ghana Education Service (GES) to carry out the school-based MDA, and teachers were the drug distributors in this MDA.

Niger: Due to the delay of the FY14 integrated MDA for LF/schisto/trachoma that was conducted in March 2014 instead of November 2013 and the cascade effect of this delay, other FY14 and FY15 activities were delayed. This was further compounded by the late arrival of albendazole in February 2015, which was needed for LF treatment. Drugs were subsequently distributed to the regions and MDA started before the end of March 2015. Results of the integrated MDA will be

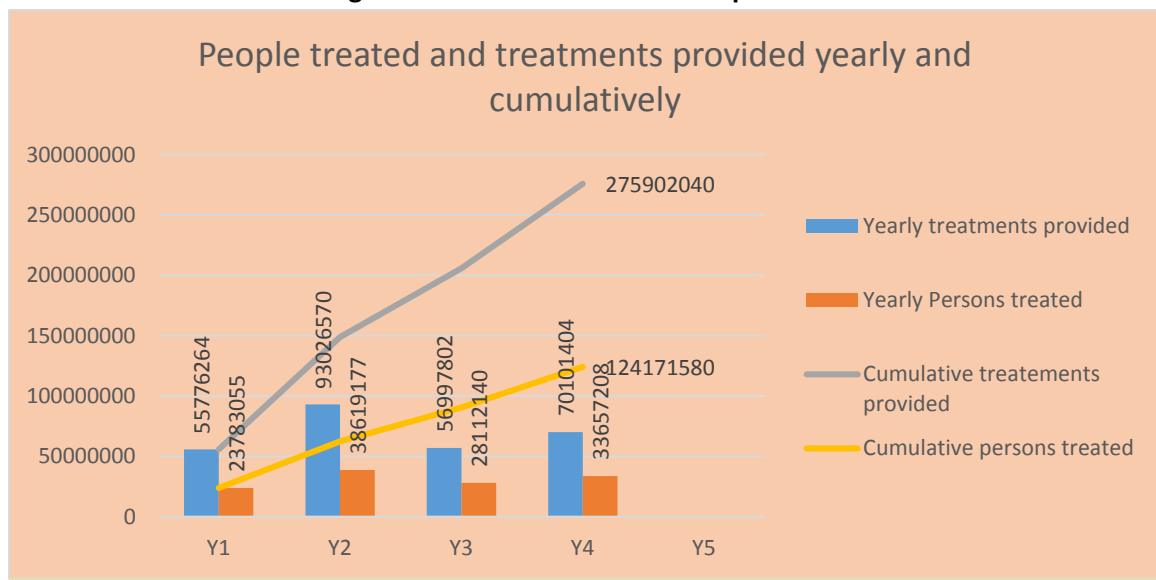
reported in the next SAR (FY15 SAR2). Furthermore, as part of the collaboration with partners to support MDA activities, RISEAL carried out MDA for schisto in all endemic villages in 6 districts (Kollo, Say, Téra, Tillabéri, Loga and Fillingué) in November 2014. These are districts targeted by the Schisto consortium for operational research and evaluation (SCORE) studies and this MDA is linked with SCORE activities.

Sierra Leone: There was no MDA in Sierra Leone during the review period.

Togo: The October MDA occurred from mid-October to mid-November 2014 in four HDs with high levels of STH (>50% prevalence) that was funded by USAID and in eleven HDs with high levels of oncho that was funded by Togo MOH. The data from these MDAs are yet to be entered in the workbooks as they are being reviewed. The NTDP in Togo plans to conduct integrated schisto/STH/oncho MDA in April/May 2015.

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 exceeds 124,171,000, while the cumulative number of treatments provided is over 275,902,000. After 2012, the number of people treated and the number of treatments provided per year has decreased, as the number of districts stopping MDA has increased (see table 10 and 11). There were several reasons for the difference in the number of people treated and number of treatments provided in FY2013 and FY2014: 1) Sierra Leone was unable to conduct TAS in 8 eligible districts due to the Ebola outbreak; 2) 6 out of the 9 health districts that conducted TAS in 2013 in Niger did not pass; 3) the results for Niger's FY2014 TAS

have not yet been reported; 4) the 75 health districts (64 in Ghana and 11 in Burkina Faso) that reached the criteria for stopping MDA will stop in 2015; and 5) Niger conducted MDA in only 2 health districts in FY2013.

In the first program year, Ghana did not conduct MDA due the lengthy transition from RTI to END in Africa, and the late signing of the contract with the latter.

In year 2, MDA for schistosomiasis was delayed in 4 END in Africa countries due to manufacturing capacity constraints at the pharmaceutical company that was contracted to produce and supply praziquantel.

In year 3, Niger conducted MDA in only 2 districts (Mahayi and Guidan Roumdji), and Ghana did not conduct MDA for SCH. Treatment of SCH in Ghana resumed in November 2014 (FY15). However, the treatment was reported for FY14, since the MDA had been planned for June/July 2014. Program coverage at the national level was quite high in all countries.

Finally, it's worth noting that the only SAEs that were reported were two cases in Ghana in connection with schisto MDA conducted in November/December 2014. Although one person died after reaching the hospital, the post mortem report indicated that the death was not directly linked to the ingestion of praziquantel and albendazole.

Impact Assessment

To measure the impact of MDA on disease prevalence, the NTDCPs supported the following DSAs:

- Pre-TAS was conducted in 17 HDs: 15 in Ghana and 2 in Niger. Field activities for Pre-TAS were conducted in 15 districts in January-February 2015 in Ghana. Adequate samples (12,808 samples with 85.4% participation rate) were obtained from all sentinel and spot check sites. Microscopy is currently ongoing for the slides prepared for the 12,808 samples and results will be submitted when the microscopy is completed. In Niger, 2 districts (Niamey II & III) conducted Pre-TAS in October 2014, and passed with microfilaria prevalence <1%. TAS will therefore be implemented in these HDs in FY15.
- TAS1 for stopping MDA was conducted in 22 HDs: 9 in Burkina Faso, 7 in Ghana and 6 in Niger. Results are not yet available for Ghana, but among the 9 HDs in Burkina Faso, all of them passed the TAS for stopping MDA. Among the 6 HDs in Niger, 5 out of the 6 districts passed. Therefore, 14 districts (9 in Burkina Faso and 5 in Niger) will stop MDA in 2016. In Sierra Leone, TAS for stopping MDA in 8 HDs will be conducted in 2016 due to the Ebola epidemic.
- TAS3 was conducted in 13 HDs: 5 in Ghana and 8 in Togo. Results will be released and the workbooks updated for Ghana as soon as official results are available. For Togo, the third and final TAS or second post-MDA TAS for LF (TAS3) was completed in January 2015 to confirm the interruption of LF transmission in the eight previously endemic districts of Togo. Final results of this TAS will be available in April 2015, but the preliminary results confirm that there

is no ongoing LF transmission in Togo. The MOH will now begin preparing a dossier to submit to WHO for verification of LF elimination in Togo.

- District-level trachoma impact surveys were conducted in 7 HDs in Niger. Results show that 6 out of the 7 HDs had below 5% TF prevalence among children ages 1-9 years. These HDs will stop MDA for trachoma in 2016.
- Integrated schisto-STH evaluation:
- In October 2014, two HDs were assessed for the impact of MDA with praziquantel on schisto in Niger. Arlit had a prevalence of 1.2% *S. haematobium* and N'guigmi had a prevalence of 12.8%. Since all districts endemic for schisto have completed assessments following at least 7 consecutive rounds of MDA, the results of all of these assessments were reviewed in a meeting in November 2014 by schisto experts, and the treatment strategy was revised based on the survey results to ensure treatment is in line with WHO and National Program guidelines. Participants in this meeting included experts from the NTDP, FHI360, HKI, Schistosomiasis Control Initiative (SCI) and RISEAL. Based on the results of the assessments for schisto, effective as of FY16, 25 HDs will receive MDA once every 2 years, 11 HDs will receive treatment annually and 4 HDs will receive treatment twice annually.
- An integrated impact assessment to measure the prevalence and intensity of SCH and STH infections among school-aged children (SAC) started in Togo in February 2015, and is still ongoing. This activity employed urine examination for *S. haematobium* using urine dipsticks and urine filtration and stool examination for *S. mansoni* and STH using Kato Katz assays. The Ov16 rapid test is also being employed in children ages 6 to 9 years as part of the country's effort to determine the prevalence of onchocerciasis and the extent of onchocerciasis transmission in this cohort of children, who were born after the start of nationwide MDA for onchocerciasis. Data will be used to assess progress in disease control and to evaluate the treatment strategies for these diseases. The results will also provide the most definitive evidence of the successes of the NTDP, which can be used to lobby both within and outside Togo for support to sustain these gains.
- Oncho evaluations: Entomological and epidemiological surveys funded by Sightsavers were delayed and undertaken in September-December 2014 in Ghana. An entomological survey was conducted in 8 districts in 5 regions along identified river basins. Black fly samples were collected from 8 communities. Out of the 6,187 black flies collected and dissected, 1,240 were parous. The results indicate that active transmission of *Onchocerca volvulus* is still ongoing in the Tain, Oti and Tano river basins. An epidemiological survey was conducted in 56 sentinel villages along the Black Volta, Pru, Tano, Asukawkaw, Tain, Oti, Daka, Densu, Birim and Bia river basins. The microfilaria prevalence in the sentinel sites sampled ranged for 0% to 17.2%, with 14 out of 56 sites recording microfilaria prevalence above 1%. This means that only 75% of the sentinel sites recorded prevalence of less than 1%.

- In January 2015, an epidemiological survey for onchocerciasis was conducted in three HDs (Kollo, Say and Téra) in Niger, with the aim of determining the presence of disease recrudescence. The prevalence in all districts was 0%, indicating that Niger is well positioned to prepare its elimination dossier.

Overall, 118 out of 213 LF endemic health districts have stopped MDA, and 81 out of 100 trachoma endemic health districts have stopped MDA, which brings the number of districts to be treated in FY2015, to 95 for LF and to 19 for trachoma.

Training

In this reporting period, 21,113 people were trained to conduct and/or supervise MDAs, or to perform other M&E related activities. Training sessions were cascaded and organized mainly around MDA or DSA activities. Some countries, notably Burkina Faso, did not disaggregate trainee data by gender. A reminder was sent to Burkina Faso that disaggregation by gender is mandatory from USAID's perspective. Available data suggests that nearly 75% of the trainees were female (15,960 out of 21,366). The number of trainees by category is presented in table 15 in appendix 1.

Technical Assistance and Capacity Building on M&E

FHI 360 and partners continued to support the selected five countries in developing sustainable M&E systems for the NTDPs. TA comprises routine activities and ad hoc activities that are requested, based upon country needs. It is worth noting that a large number of HDs in the supported countries are stopping MDA for LF and trachoma (52% of districts targeted for LF and 81% of HDs targeted for trachoma). The END in Africa project has therefore prioritized capacity building in post-MDA surveillance for LF and trachoma. During the reporting period, the END in Africa project continued to collaborate with NTD partners (Task Force for Global health, WHO HQ and RTI international) to determine the way forward on post-MDA surveillance for LF and trachoma, based on current WHO guidelines on the 2 diseases and the experience in post-MDA surveillance in the 5 END in Africa countries. These guidelines will be further discussed during the joint END in Africa/ENVISION meeting for elimination planning that will take place in Accra on 21-23 April 2015, with the participation of the USAID NTD program and other NTD partners such as RTI International, HKI, HDI, NTDPs, Task Force for Global health, CDC, and the World Bank. It is hoped that appropriate recommendations for post-MDA surveillance will be made to countries in respect to LF, trachoma and onchocerciasis.

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 semester:

- Coordinated, researched, wrote, edited and produced a series of 5 country brochures outlining the END in Africa project's achievements and activities in each country.
- Developed, coordinated and produced materials for the April 2015 USAID NTD Partners Meeting in Accra, Ghana.
- Updated content on the Approach, Progress and Impact 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 8 success stories, articles or blog pieces. See below for the publication schedule. These included:
 1. [Finance strategy: A must for NTD program sustainability](#)
 2. [Train, build trust before treating: Lessons from Ghana's 2014 schistosomiasis MDA](#)
 3. [WHO/TDR calls for nominations for solutions to NTDs in Africa](#)
 4. [Niger revises strategies for schistosomiasis treatment and assessment](#)
 5. [A challenge like no other: How Sierra Leone's NTD Program is weathering the Ebola epidemic](#)
 6. [Diversification is good for business...and for NTD Programs](#)
 7. [With Progress Comes Challenges: As Countries Approach Lymphatic Filariasis and Trachoma Elimination, NTD Programs Look for Ways to Verify, Hang onto Success](#)
 8. [Collaborating for Results in Ghana: Public-Private Partnerships and NTDs](#)
- 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 interaction and information exchange with the public and the NTD community.

- Between September 18, 2014 and March 31, 2015, the END in Africa website had 1,695 total visits, who viewed a total of 3,010 pages. Of these visitors, 1,381 were "unique visitors" (meaning first-time visitors); the remaining 314 were repeat visits from people who had visited the website previously at least once. This represents a 19% increase in overall website usage and a 30% increase in first-time users, as compared to the last semester.
- END in Africa's influence in the Twittersphere has grown by almost 20% between September 18, 2014 and April 13, 2014, increasing from 236 to 280 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 17 times in tweets by other organizations; and END in Africa tweets were retweeted 13 times by others.
- Updated END in Africa's SharePoint site with photos, videos and KM-related content.
- Added new photos to the [PhotoShare](#) photo repository as well as incorporated appropriate descriptive data, identifiers, and credit information for each photo. Using the PhotoShare platform for the END in Africa photo repository minimizes project costs while enabling the project to share photos with USAID, project partners, the NTD community and other relevant global health and international development organizations.
- 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 and other knowledge products with the same. Worked with the World Health Organization's Special Programme for Research and Training in Tropical Diseases (TDR), the Bertha Centre for Social Innovation at the University of Cape Town and the Skoll Centre for Social Entrepreneurship at Oxford University to raise awareness about opportunities to share NTD innovations and solutions. Coordinated with Ghana's Society of Private Medical and Dental Practitioners (SPMDP) on focusing its recent annual meeting on new trends in healthcare and issues of common interest in relation to NTDs.
- Provided editorial and quality control services to END in Africa partners and sub grantees on various END in Africa 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.

- Wrote and disseminated the Winter 2015 issue of the END Notes e-newsletter to the END in Africa contact email list. The e-newsletter serves as a tool for disseminating END in Africa's accumulated project knowledge, as well as for engaging and collaborating with partners and others in the NTD community on issues of shared concern.
- Contributed to group discussions on the NTD Communicators Google Group 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 to expand collaboration and joint communication efforts. Monitored the 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.
- Coordinated with HDI staff and FHI360's Design Lab on translating and producing a [video of Togo's Billionth Treatment Campaign event](#) for the END in Africa Website.
- Collaborated with the Global Health Council and the Global Network on NTDs on publishing and disseminating via social media an END in Africa success story from Sierra Leone in the GHC's Global Health Briefing Book, titled "[In the Rough: A Success Story from Sierra Leone.](#)"
- Collaborated with Deloitte and USAID's Senior Communication Advisor on disseminating to a broader audience an article from END in Africa published in Devex, titled "[How to leverage the private sector to sustain health programs: A case study from Ghana.](#)"

Table 4: Proposed Publication List for FY2015 (Oct 2014 – Sept 2015)

S. No.	Suggested Title	Summary	Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B)			Time frame	Responsible	Comments
			PRP	A	B			
1.	Strategic changes within END in Africa project as countries move towards LF and trachoma elimination	A brief assessment of the changes in terms of post-MDA surveillance and project continuation beyond 2015.			Yes	Oct 2014	JBK and Kathy	Published in the END website
2.	How the Ebola Viral Disease has impacted on the END in Africa project	A brief update on the effect of the EVD in Sierra Leone			Yes	Nov 2014	JBK and Kathy	Published in the END website
3.	Witnessing mass drug administration for schistosomiasis in Ghana	A report on field visit to be written by the FHI360 team working with the NTDP Ghana			Yes	Dec 2014	JBK and Kathy	Published in the END website
4.	Review of Schistosomiasis treatment strategies in Niger	This will be based on the planned review in November 2014			Yes	Jan 2015	JBK and Kathy	Published in the END website
5.	Update on schistosomiasis (Bilharzia) elimination in Ghana	This will be a discussion on the planned survey to determine situation of schistosomiasis in Ghana after 5 years of treatment			Yes	Feb 2015	JBK and Kathy	Published in the END website
6.	Using a Finance Strategy to Enable Sustainability	Discusses the benefits of a finance strategy and Deloitte's experience working with the GHS in Ghana			Yes	Mar 2015	Deloitte & Kathy	Published: END website
7.	The way forward for trachoma elimination in Ghana	This will be a discussion on the challenges with verification of elimination for trachoma			Yes	Summer/Fall 2015	JBK and Kathy	To be published END website
8.	A Review of Burkina Faso's NTD Program: Progress, Challenges and Next Steps	Discusses progress to date in Burkina's NTD control and elimination efforts as well as ongoing challenges and proposed solutions to the same.			Yes	April 2015	JBK, Kathy	To be published END website

9.	A Review of Niger's NTD Program: Progress, Challenges and Next Steps	Discusses progress to date in Niger's NTD control and elimination efforts as well as ongoing challenges and proposed solutions to the same.			Yes	May 2015	JBK, Kathy	To be published END website
10	Niger's MDA Launch	Will showcase the launching ceremony and related activities.			Yes	May 2015	JBK, HKI & Kathy	To be published END website
11	Moving towards elimination of LF in Ghana	A brief update of progress made in Ghana so far			Yes	Summer/ Fall 2015	JBK and Kathy	To be published END website
12	Oncho situation in Togo: Can Togo be among the first group of countries to eliminate oncho in Africa?	A summary of the findings of the situational analysis in September 2013			Yes	Summer/ Fall 2015	JBK and Kathy	To be published END website
13	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	June 2015	JBK and Kathy	To be published END website
14	Addressing causes of persistent high LF microfilaremia prevalence in Burkina Faso	This will be based on the planned study in September 2014			Yes	July 2015	JBK and Kathy	To be published END website
15	Blog from Deloitte: Capacity building on financial planning and resource mobilization in Ghana	This will include the workshop in August 2014 and progress made since then			Yes	Aug 2014	Kathy and Deloitte	To be published END website
16	Blog from JSI: capacity building on SCM in END in Africa countries	The situation in Niger and what was done, and the support to other END in Africa countries			Yes	Sept 2015	Kathy and JSI	To be published END website
17	Planning for FY2016 within END in Africa implementing countries	Brief report on the planning			Yes	Summer/ Fall 2015	JBK and Kathy	To be published in the END website

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 Project sub grantees and NTDPs in countries where project is operating, including design, development, planning, implementation, execution, capacity-building, evaluation of NTD projects and programs operating at country and regional level.
- The technical advisor will provide technical assistance to address requests from the NTDPs in the END in Africa implementing countries in FY2015 in line with TA requests made for FY2015.
- Support development of survey protocols, support training of research teams and supervise field activities relating to all disease specific assessments (DSAs) that will be conducted in Ghana in FY2015.
- Continue to improve coordination and collaboration with other agencies and organizations that are 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 to improve visibility of the END in Africa project.
- Collaborate with the RTI/ENVISION project to organize a joint END in Africa/ENVISION meeting for elimination planning in April 2015 in Accra, Ghana, in which the 5 END in Africa implementing countries and 5 ENVISION countries will participate. The joint meeting for elimination planning will be used to monitor progress, identify challenges, discuss pertinent issues relating to elimination of LF, trachoma and onchocerciasis and discuss ways of addressing hotspots for the 3 diseases in these USAID supported countries.
- Continue to support general coordination of the END in Africa project by ensuring that the NTDPs of the 5 END in Africa implementing countries submit requests for impact assessment surveys (pre-TAS, TAS, trachoma impact assessment) to the WHO NTD RPRG for approval before surveys are conducted and ensure reports of these surveys are submitted to the NTD RPRG for review, acceptance and guidance on the way forward.

Burkina Faso:

- Implement the lymphatic filariasis mass treatment campaign in 41 health districts in nine health regions.
- Train 120 actors (pharmacists, government pharmaceutical assistants and regional and district team manager) in drug and NTD consumables logistics management, with support from JSI.

- Conduct the post-MDA surveillance surveys for lymphatic filariasis (TAS1 and TAS2) in the Cascades, Hauts Bassins and Nord regions.
- Support the national program's publication of four articles on the program (one each on LF, schistosomiasis, trachoma and STH) to obtain more visibility for the NTD program.
- Prepare the orders for the ICT cards for the FY2015 evaluations.
- Purchase drug stock and NTD consumables management software and provide training in its use.
- Conduct the study on the determinants of the persistence of microfilaraemia in three regions in Burkina Faso after more than 10 rounds of treatment.

Niger:

- Awareness-Raising Caravans at the Community Level
- Conduct FY15 MDA in targeted districts
- Evaluate the MDA FY15 campaign:
- Conduct post-treatment evaluations:
 - PréTAS for LF
 - TAS for LF
 - Epidemiological evaluation of Onchocerciasis
 - Trachoma impact survey
- Prepare the FY 16 MDA campaign:
- TIPAC training with technical assistance of Deloitte
- Task Force creation and meeting
- Development of protocols for LF and Trachoma surveillance plan

Sierra Leone:

- Training
 - MDA LF-oncho in 12 HDs for DHMT staff, PHU staff and CDDs: March-April
 - MDA SCH-STH in 7HDs for supervisors, DHMT staff and PHU staff: June-July
 - MDA against LF in the WA for supervisors, PHU staff and Community Health worker: September
- Advocacy meetings and social mobilization
 - MDA for LF-oncho in 12 HDs: March
 - MDA for SCH-STH in 7 HDs districts: June-July
 - MDA for LF in the WA: August-September
- Distribution of drugs/MDA LF-oncho-STH in 12 HDs: May-June
- Distribution of drugs/ MDA SCH-STH in 7 HDs: July
- Distribution of drugs/MDA LF in the WA: September-October

Togo:

- April 2015 – Analyze data from integrated DSA and generate final report; Receive all medications; Implement training of supervisors, nurses, and CDDs; Implement social mobilization activities; Conduct April 2015 MDA; Attend End in Africa Partners meeting in Ghana
- May 2015 – Collect, enter, and analyze data from April 2015 MDA; Work Plan meeting for FY2016; Finalize albendazole application
- June 2015 – Generate report of April 2015 MDA; Revise FY2016 Work Plan based on meeting results
- July 2015 – Disseminate results of April 2015 MDA, conduct coverage validation survey
- August 2015 – Begin preparations for October 2015 MDA
- September 2015 – Finish preparations for October 2015 MDA

Ghana:

- Conduct integrated community MDA for in 29 LF endemic districts, 135 onchocerciasis endemic districts and 216 districts targeted for STH using ivermectin and albendazole.
- To conduct second round MDA in 45 onchocerciasis hyperendemic districts
- Examine sample slides from 15 districts where pre-TAS was conducted
- Start a series of training for Biomedical scientists to assist with DSA
- Conduct work planning sessions to discuss activities for FY2016
- Procure the services of a vendor to develop GIS maps and epidemiological maps for NTDP
- Develop and produce IEC materials for NTDP

SCM

- Support national NTD programs and implementing partners as they finalize their 2016 praziquantel forecasts.
- Print and ship the JSI | DELIVER “Guide to HCWM for the CHW” to each country program and assist country programs with distributing them.
- Assist country program with printing and distributing customized job aids.
- Ensure a smooth transition as JSI’s agreement with FHI360 for END in Africa will be concluding. This will include arranging for an orderly transition of technical responsibilities in procurement and supply chain management as well as the necessary end of contract financial management processes.

M&E

- Participate in and support the MOH-led process for developing USAID-funded Annual Work Plans for subsequent years with the participation of the sub grantees, USAID, FHI360 and other key NTD stakeholders. Ensure that M&E aspects of country level work plans comply with international NTD guidelines provided by WHO, USAID policies and best practices.

- In collaboration with all stakeholders/partners in the End in Africa coalition, support and monitor implementation of annual country-level work plans and support MOHs and sub grantees in the implementation of the M&E aspects of the annual work plans.
- Support general capacity building efforts within countries by directly providing technical assistance to countries on M&E related activities according to approved work plans, as agreed with USAID.
- 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 FHI360 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 5 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 ensure that reports of these surveys are submitted to the NTD RPRG for review, acceptance and guidance on the way forward.
- 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.
- Coordinate data management, documentation and dissemination within the END in Africa project. The M&E Specialist 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.
- Monitor project performance including NTD program coverage and NTD program progress in stopping district and/or sub-district MDA.
- Participate in the supervision of MDA campaigns in each of the 5 END in Africa implementing countries.
- Participate in the writing and review of the Reports that the END in Africa project submits to the USAID NTD program. These include 2 End in Africa Semiannual Progress Reports submitted in October and April each year, and the End in Africa Annual Work Plan submitted in September each year.
 - Follow up on Ebola situation in Sierra Leone.

Financial Management

Ghana

- Identify strategic information needs of NTDCP related to costing and financial planning in order to institutionalize use of TIPAC data
- Continue to mentor and train NTD team in program planning, management, and implementation to support FOGs and financial systems
- Finalize GHS/NTDP Advocacy Strategy

- Work with the GHS/NTDCP to develop a business case for the Ministry of Finance and Economic Planning (MoFEP) and Parliamentary Select Committee on Health to advocate for increasing the share of government expenditures for NTDs
- Conduct Program Design, Management, Performance Measurement and FOG workshop for NTDP staff (cascaded approach with a small group of the NTDP technical and relevant finance staff from National and Regional levels) to increase evidence-based decision-making and planning; and define how data can inform specific decisions using finance departments as case study, including concepts on program design and management
- 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 a quarterly review meeting with all partners (both resource and implementation) to assess the performance of the NTDP Finance Strategy and PMP; use the outcome of the reviews to identify areas of the GHS/NTDP financial management system that require strengthening through refresher trainings

Sierra Leone

- END implementing partner HKI closed their office in the country in August 2014. After several months of suspension of activities due to the escalation of the Ebola outbreak, HKI is resuming work in Sierra Leone. Accordingly, activities over the next six months will be focused on confirming the country direction given the evolving environment; and prioritizing previously planned activities versus activities which may have shifted in importance or feasibility due to the effect of the Ebola outbreak.

Togo

- Support Togo finance team in drafting/updating financial policies, standard operating procedures and processes for FOG Management and more accurate fiduciary management
- Develop NTD Finance Strategy
- Implement Financial Sustainability Workshop
- Based on lessons learned in Ghana, identify opportunities to institutionalize TIPAC data use

Burkina Faso

- Implement TIPAC 2015 update workshop and finalize data entry
- Support Burkina Faso finance team in drafting/updating financial policies, standard operating procedures and processes for FOG Management and more accurate fiduciary management
- Develop NTD Finance Strategy
- Implement Financial Sustainability Workshop

- Based on lessons learned in Ghana, identify opportunities to institutionalize TIPAC data use

Niger

- Implement TIPAC 2015 workshop to introduce tool to Niger country team and populate accordingly
- Implement Capacity building on financial performances management of NTD program

Table 6: Travel Plans for Fiscal Year 2015

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana	5	1 week each	May June July	FY2016 Country work planning sessions with key stakeholders.
M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	May June July	Participate as NTD M&E technical resource in the development of country work plans.
Joseph Koroma NTD Technical Advisor	Ghana	Burkina Niger Togo SLeone	4	1 week	May June July	Participate as NTD technical resource in the development of country work plans.
Bolivar Pou, Project Director Nosheen Ahmad SPO	W/DC	Ghana	2	1 week	April	Semi-annual review. Cross border meeting.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	August	End in Africa Work plan 2016
M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Capacity building on database, DQA tool and workbooks management prior to semiannual reports submission to ensure data quality and timely reporting.
Yousouf Ouedraogo, Senior Logistics Advisor JSI	W/DC	Niger	1	2 weeks each	May	TA on inventory management and implementation of drugs distribution tracking tools.

Traveler	From	To	# Trips	Duration	Month	Purpose
Youssef Ouedraogo, Senior Logistics Advisor JSI	W/DC	Burkina	1	2 weeks each	April	Support the implementing SOPs and training materials.
David Paprocki, Logistics Advisor JSI	W/DC	S Leone	1	2 weeks	TBD	Assist with TOT for DHMTs and conduct a follow-up on-the-job training (OJT) visit with Mr. Kargbo at the Makeni warehouse. This activity was cancelled by the MOH in FY2014 due to the Ebola outbreak.
Justin Tine Health Financing/Costing Specialist Deloitte	Senegal	Togo Burkina Niger	3	2 weeks in each country	TBD	Continue support for TIPAC implementation and yearly update. FOG refresher training.
Kingsley Frimpong Financial Management Deloitte	Ghana	S Leone	1	2 weeks	TBD	Continue support for TIPAC implementation and yearly update. FOG refresher training.
Kimberly Switlick-Prose Resources Mobilization Deloitte	W/DC	Ghana Burkina	2	1 week in each country	April	Continue capacity building on Resources Mobilization in Ghana.
Justin Tine Health Financing/Costing Specialist Deloitte	Senegal	Burkina	1	2 weeks	TBD	Initiate TA on capacity building for resources mobilization in Burkina.
Justin Tine Health Financing/Costing Specialist Deloitte	Senegal	Togo	2	1 week/each	TBD	Capacity building on program management/administration for MOH/NTDP in Togo.

Traveler	From	To	# Trips	Duration	Month	Purpose
NTD Technical Advisor Joseph Koroma M&E Specialist	Ghana	W/DC WHO Niger Burkina Togo S Leone Others	15	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.
MOH NTD Focal points	Burkina Niger Togo S Leone APOC	Accra	10	3 days	April	Accra meeting with key stakeholders to address cross border issues and coordination with Government Agencies. Two participants/country.
MOH NTD Focal Points TBD	Ghana Burkina Niger Togo S Leone	TBD	10	TBD	TBD	Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops. USAID individual approval will be request for each trip.
US-based short-term technical assistance (STTA) provider	W/DC	Togo Niger Burkina Niger S Leone	5	TBD	TBD	Short-term technical assistance according to specific countries needs per MOH requests. This is a place holder for a pool of trips for STTA in response to country requests, upon USAID approval of each individual trip.

Appendices

Appendix 1: MDA Reporting of Integrated NTD Control

Table 7: Number of people treated, All funding, FY2015*

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina Faso	Total treated FY15
	Ghana	Niger	Sierra Leone	Togo	Burkina Faso	Total treated FY14
LF	0	0	0	NA	0	0
Oncho	0	NA	0	0	0	0
SCH	0	0	0	0	0	0
STH	0	0	0	0	0	0
Trachoma	0	0	NA	NA	0	0
Treatment provided	0	0	0	0	0	0
Treated for at least one NTD	0	0	0	0	0	0

* Since MDA for schisto in Ghana was planned to be implemented in June/July 2014 (FY2014), it is reported in FY2014SAR2 and so not captured under treatment for FY15SAR1.

Table 8: Number of people treated through USAID funding, FY2015

NTD	Ghana	Niger	Sierra Leone	Togo	Burkina	Total treated FY14
LF	0	0	0	NA	0	0
Oncho	0	NA	0	0	0	0
SCH	0	0	0	0	0	0
STH	0	0	0	0	0	0
Trachoma	0	0	NA	NA	0	0
Treatment provided	0	0	0	0	0	0
Treated for at least one NTD	0	0	0	0	0	0

Table 9: Gender distribution: Percentage male treated over the females by NTD and by country, 2015*

Country	LF		Oncho		SCH		STH		Trachoma	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Burkina Faso	-	-	-	-	-	-	-	-	-	-
Ghana	-	-	-	-	-	-	-	-	-	-
Niger	-	-	-	-	-	-	-	-	-	-
Sierra Leone	-	-	-	-	-	-	-	-	-	-
Togo	-	-	-	-	-	-	-	-	-	-

* No data reported for FY2015 because MDAs planned for FY2015 have not yet been reported.

Table 10: Number of people treated for at least one NTD, USAID funds, annually accumulative number treated, as of SAR1 2015, USAID FUNDS

Country	2011	2012	2013	2014	2015	Accumulative
Burkina Faso	9,953,928	11,425,882	10,766,545	9,806,303	0	41,952,658
Ghana	0	8,932,210	8,260,837	9,620,862	0	26,813,909
Niger	8,672,220	10,226,100	960,145	9,907,579	0	29,766,044
Sierra Leone	3,908,514	5,242,394	5,214,790	4,091,497	0	18,457,195
Togo	1,248,393	2,792,591	2,909,823	230,967	0	7,181,774
Total	23,783,055	38,619,177	28,112,140	33,657,208	0	124,171,580

Table 11: Accumulative Number Treated, As of SAR1 FY2015, USAID Funds

ACCUMULATIVE NUMBER TREATMENTS PROVIDED, AS of SAR1 2015, USAID FUNDS

Country	2011	2012	2013	2014	2015	Accumulative numbers
Burkina Faso	20,842,690	24,460,183	20,094,365	19,815,380	0	85,212,618
Ghana	0	20,315,518	14,712,196	14,681,359	0	49,709,073
Niger	22,417,876	28,004,828	1,822,325	24,523,339	0	76,768,368
Sierra Leone	10,263,686	14,754,384	14,670,706	10,850,359	0	50,539,135
Togo	2,252,012	5,491,657	5,698,210	230,967	0	13,672,846
Total	55,776,264	93,026,570	56,997,802	70,101,404	0	275,902,040

Table 12: Districts endemic at baseline and number of districts that stopped MDA, by NTD, SAR1 FY2015

Country	Known endemic districts by 2009				
	# Districts stopped PC (at least at district level for trachoma), by end SAR1, FY2015				
	LF	Oncho	SCH	STH	Trachoma
B. Faso	63	6	63	63	30
	33	0	0	0	25
Ghana	98	85*	216	216	37
	69	0	0	0	37
Niger	30	NA	42	42	34
	8	NA	0	0	19**
Sierra Leone	14	12	7***	14	NA
	0	0	0	0	NA
Togo	8	32	35	40	NA
	8	0	0	0	NA

* the 50 Oncho hypo-endemic districts are not included in this number

**7 HDs undertook trachoma survey this year and 6 of the 7 HDs has <5% TF prevalence among children 1-9 years. MDAs will be stopped in these 6 HDs from 2016.

*** 5 other districts are hypo-endemic, not treated yet.

Table 13: Number of districts assessed during FY2015

Country	Pre-TAS	TAS	TAS 1	TAS 2	SCH	STH	Trachoma	oncho
B. Faso	0	9*	0	0	0	2	0	Epi Eva: 0 Ento: 0
Ghana	15	7	0	5	0	0	0	Epi Eva: 30****; Ento: 8
Niger	2	6**	0	0	2	0	7***	Epi Eva: 3 Ento: 0
Sierra Leone	0	0	0	0	0	0	NA	Epi Eva: 0 Ento: 0
Togo	NA	NA	NA	8	35	35	NA	Epi Eva: unknown Ento: 0

* Burkina Faso: TAS1 was delayed due to the late arrival of ICT cards but conducted in 9 HDs and all passed the TAS.

** Niger: TAS1 conducted in 5 EUs for 6 HDs and 4 EUs out of 5 passed the TAS. 5 HDs will stop MDA starting 2016.

*** Niger: Impact assessment survey conducted in 7 HDs and 6 out of 7 HDs have <5% and will stop MDA starting 2016.

**** Ghana: Epidemiological evaluation was conducted in 56 sentinel sites of 30 HDs.

Table 14: Program and Epidemiological coverage, FY2015, USAID funds*

	Country									
	Burkina Faso		Ghana		Niger		Sierra Leone		Togo	
NTD	Program	Epi %	Program	Epi %	Program	Program	Epi %	Program	Epi %	Program
LF	-	-	-	-	-	-	-	-	-	-
Oncho	-	-	-	-	-	-	-	-	-	-
SCH	-	-	-	-	-	-	-	-	-	-
STH	-	-	-	-	-	-	-	-	-	-
Trachoma	-	-	-	-	-	-	-	-	-	-

*No MDA is reported for this period as the MDA for schisto in Ghana is reported in the FY14 SAR2 workbooks (i.e. Reported for FY2014), and MDAs in Burkina Faso and Niger are still ongoing and will be reported in the next FY2015SAR2.

Table 15: Total trained during FY2015, by country and socio-professional category

Category	Burkina	Ghana	Niger	Sierra Leone	Togo	Total
TOT	-	40	102	-	-	142
Supervisors	-	213	97	-	-	310
Health Providers	-	-	-	-	-	-
CDDs	-	20,500	-	-	-	20,500
Others	120	-	153	36	105	672
Total	120	20,753	352	36	105	21,366
Tot fem	Unknown	15,834	92	24	10	15,960
Tot male	Unknown	4,919	260	12	95	5,286

Table 16: Donations beyond USAID and major pharmaceutical donors

Country	Items	Quantities	Values in USD	Donors
Burkina Faso	Tetracycline ointment	Unknown	Unknown	Government of Burkina Faso
Ghana	4 wheel drive vehicle	1	Unknown	Sightsavers
Niger	-	-	-	-
Sierra Leone	-	-	-	-
Togo	Funding for delivery and supervision related expenses (fuel, per diem) for October MDA	NA	\$ 36,460	Government donation
	Funding for TAS cost share	NA	\$ 27,143	Government donation
	Financial support for oncho	NA	\$11,111	Sightsavers
	Facilitator for integrated schisto/STH survey	NA	Unknown	WHO
	Ov16 rapid tests and reference control and QA testing panels	10,000	\$12,000	PATH
	Funding for STH operational research project in six villages	NA	\$56,880	Taskforce for Global Health

Appendix 2: Country Program Summaries

Burkina Faso

All activities implemented during the second half of FY2014 (April 2014 to September 2014) were those planned for the fiscal year FY 2014 in accordance with the work plan.

Nearly all planned activities for FY14 have been completed. The exceptions are the Transmission Assessment Surveys (TAS 1 and 2), which are scheduled to begin September 24th and last through October 24 in the regions of Nord, Cascades, Haut-Bassins. These evaluations were delayed due to the delayed arrival of immunochromatographic card tests (ICT cards). Preliminary data of the evaluations already conducted suggest: The four HD that underwent trachoma impact evaluation (Banfora, Boulmiougou, Do and Lena) have met stop MDA criteria at the district level; All eleven HD that underwent TAS will be able to stop LF MDA in FY15 (Nouna, Solenzo, Toma, Tougan, Barsalogo, Boulsa, Kaya, Kongoussi, Koudougou, Nanoro, and Reo); The six HD of the Est region which underwent pre-TAS in FY14 with END in Africa support will not be eligible for the TAS in FY15.

Two of the planned MDAs were completed during the previous six months (April – September 2014): MDA for schistosomiasis and trachoma. During the schistosomiasis MDA, a total of 4,175,713 school-aged children in 44 health districts (HD) benefitted from treatment, of which 2,122,329 (51%) were girls. The MDA for trachoma was held in 5 HD, and a total of 1,093,486 persons benefitted from treatment, of which 561,897 (51.4%) were women and girls. Reported treatment coverage was high and ranged from 85.6 – 99.3%. MDA for lymphatic filariasis in 37 HD is planned for September 12-17.

Technical assistance has been received from JSI, which resulted in the development of a manual of supply chain management procedures for NTD drug, as well as capacity building for 120 MOH personnel on supply chain management with the objective of improving the planning and roll-out of MDAs, as well as ensuring that after MDAs, procedures are in place to repatriate drug and assure an accurate count of leftover, wasted, or expired medication. As part of this technical assistance for stock management, it was also determined that software to assist in forecasting drug quantities to order and to keep track of stock in country would be useful. The National Program is waiting to receive the JSI reports with supplementary information about potential software for purchase and then subsequent technical assistance required.

Finally, a request for technical assistance was also submitted to FHI 360 to examine reasons for persistent LF microfilariemia in three health regions (Centre-Est, Est and Sud-Ouest) after ten rounds of MDA. This request has been reviewed and the Burkina Faso MOH is currently reviewing and making revisions based on feedback received.

Five monthly meetings of the national NTD program were held, and all program coordination team members participated, as did other key stakeholders. During these meetings, the programs reached agreement on the planning and implementation of the various activities.

In May 2014 key actors from the WASH and NTD sectors met. This meeting was held in the context of exploring the development of the WashPlus project in Burkina Faso, which aims to integrate WASH activities with NTDs where feasible and appropriate, particularly in terms of advocacy and messaging. At this meeting, participants identified the main areas of intervention and defined the issues involved in integrating WASH and NTD activities.

Prior to the beginning of FY 2014 NTD MDA campaigns, community mobilization and IEC activities were conducted. Activities included holding regional advocacy days, holding information sessions for village leaders, chiefs, administration officials, and others.

1. MDA Assessments

The Disease Workbook and the Program Workbook have been updated for this current semiannual report with the data available from the schistosomiasis, trachoma, and onchocerciasis MDAs and several impact surveys conducted to date. Because the lymphatic filariasis treatment campaign has not yet been held (with the exception of those health districts treated in the Sud-Ouest region), the workbooks will be updated later with those treatment data.

2. Changes in MDA Strategy

No changes in MDA treatment strategy were executed between April – September 2014. As noted in the first semi-annual report for FY14, there was a change made in the Sud-Ouest region (Batié, Gaoua, Dano and Diébougou districts) for the LF MDA that was held during the first semi-annual reporting period, in which these districts will be treated twice during the project year due to the persistent microfilaremia prevalence.

In addition, the workbooks will reflect the change in the onchocerciasis program (which shifted from a stand-alone mass drug administration program to one that uses the CDTI model, integrated with the lymphatic filariasis MDA) in these workbooks. This change was detailed in the first FY14 semiannual report.

Finally, while an evaluation of the SCH strategy was held in November 2013, the changes will not be put into effect until FY15, as the timeframe between that meeting and the FY14 SCH MDA did not allow for enough time to implement the new strategy.

3. Training

Training/refresher sessions were held for the teams from the regional health directorates, districts, health and social promotion centers (CSPS), and community distributors (CDs) on implementing schistosomiasis and trachoma MDAs. These sessions provided each participant first-time or refresher training on the MDA implementation guidelines and the new guidelines that the program has adopted to achieve adequate coverage for each MDA. This year's Training of Trainers sessions held at each regional administrative center targeted both the regional health directorate teams and the members of the health district management teams, as it has been found that if all levels are not made responsible for carrying out the MDA, then the quality of supervision and implementation of the activity lacks, and may result in poor coverage. Complete

information on the beneficiaries of these trainings is not available because of the time-lag in the lymphatic filariasis treatment campaign, which is scheduled for September 12-17. However, 255 regional health directorate and health district trainers have already been trained on supervision; 1,438 representatives from the CSPS received training on MDAs; and 9,465 CDs were trained on how to deliver drug during the schistosomiasis and trachoma MDAs.

In July 2014, eleven surveyors (three women and eight men) were trained to collect trachoma post-MDA data at the sub-district level of the Koudougou, Sapouy and Ziniaré health districts. A training was held for survey team members on TAS implementation in the health regions of the Centre-Nord, Centre-Ouest, and Boucle de Mouhoun. This training was held just before the surveys were launched in the different evaluation units, with the purpose of familiarizing the participants with the survey implementation protocol to ensure credible and reliable results. Specific information on the number and gender breakdown of participants will be included in the Workbooks when the reports have been validated by the National Program.

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

A variety of communications activities were conducted to improve the target population's participation in the MDA campaigns that were planned and executed. They included:

- Reproduction and duplication of 7,000 posters, 6,500 brochures and other grassroots communication materials used in implementing the schistosomiasis, trachoma, onchocerciasis and lymphatic filariasis campaigns. The actual quantities of the various materials developed and those received by each facility will be specified after the General Health Directorate submits its deliverables for the activities.
- In April 2014, a national launch day for the NTD MDA campaigns in Burkina Faso was held in Boussé. Officials from the highest levels of the Ministry of Health (including the Secretary General of Health), as well as administrative and traditional authorities of the health region selected for the launch participated in the event. This ceremony sought to mobilize the populations to increase participation in the MDAs.
- Eleven advocacy days were held at the regional administrative centers (one day per region). They targeted local leaders and traditional, administrative, religious and municipal authorities on the implementation of the MDAs. The reports on these activities will be available when the last MDA campaign ends and will provide more information on the number and gender of the participants.
- Development and dissemination of radio messages on community and local radio stations: these involve informational and awareness-raising messages about the campaigns (schistosomiasis, STH, trachoma and onchocerciasis) at the regional and health district levels. The messages were developed and broadcast regionally by the regional health directorate teams.
- Two manuscripts are being drafted: One on trachoma and the other on cross-border issues related to implementation of lymphatic filariasis MDAs. The abstracts of these

manuscripts were submitted for presentation at the next meeting of the American Society of Tropical Medicine and Hygiene (ASTMH).

5. Supervision

Supervision of MDA is necessary at all levels and is carried out in a cascade formation. The MDA treatment for schistosomiasis in April 2014 and trachoma in May 2014 was supervised according to the national guidelines:

In each health region, a team consisting of members of the national NTD coordination team visited each regional health directorate, each HD, and also visited at least two CSPA per HD. At the CSPA level, after speaking with the head nurses, the supervision team also spoke with CDs to determine their level of capacity for MDA.

Regional supervisory teams, consisting of team members from the regional health directorate and the central level (National NTD coordination and HKI); participate in debriefings on the supervisions held in each region to learn about the problems and issues encountered in the field in order to come up with solutions to ensure adequate coverage during the MDA. The districts also hold supervisory meetings with head nurses to detect problems at the CSPA level and find solutions.

HKI also sends an independent supervisory team during each distribution to each region with FOGs to ensure that the MDA is being carried out with quality. The teams have supervisory checklists that take into account the principal elements of the national guidelines for MDA, which were established using WHO guidelines for each NTD.

6. Supply Chain Management

During this six-month period, the main activities in the area of drug and consumables supply chain included:

- Initial plans called for 11,900,000 albendazole tablets to be received by the national program; 5,287,000 have been received (the remaining stock is still pending receipt). The national program also received 24,709,000 ivermectin tablets. Those were distributed among and transported to the various regions, according to national guidelines. We note that the ivermectin and the albendazole were distributed, on a priority basis, in the Sud-Ouest region in order to implement the onchocerciasis/LF MDA, which took place from 25 February – 1 March 2014.
- The trachoma program received the azithromycin for its MDA. The program received a total of 2,304,000 tablets and 41,424 bottles of syrup. State funds were used to purchase 58,000 tubes of 1% tetracycline eye ointment. All five health districts targeted for MDA implementation received treatment during the period 17-22 May 2014.
- USAID funds were used to purchase 13,925 ICT cards, which were received and used for the TAS, which has already taken place. TAS 1 and TAS are scheduled to begin September 24th.

- The 2015 praziquantel request was finalized and sent to JSI for validation. This request incorporates the recommendations of the experts' workshop on the review of the schistosomiasis strategy, held in Ouagadougou in November 2013.
- JSI provided technical assistance to help improve management of the NTD drug logistics chain. It involved developing a logistics action plan and development of a procedures manual for the management of NTD drugs and consumables. HKI will provide FHI 360 a copy of this manual once received by its headquarters.
- A post-MDA logistics audit was conducted at the regional health directorate and health district levels. The audit included reviewing the stocks remaining in each region, except the North, and analyzing the reported number of doses of each drug distributed during the MDAs. By counting leftover drug and calculating the number of tablets that should have been distributed, based on the number of doses reported as distributed, the team was able to draw conclusions on actual distribution. During the audit, pharmaceutical wastes from the mass treatment campaigns were incinerated in accordance with the current national guidelines in place. While the full report of this audit has not yet been made available to the national program or to HKI, the audit showed that improvements in stock management are necessary, some expired drug was still in storage, and that the stock management process would be improved by involving the regions and districts in ordering drug and allocating to the different operational levels.
- Strengths:
 - The program now has a logistics action plan and a drug management procedures manual. These documents will serve as the foundation for implementing NTD logistics activities and will promote greater efficiency and effectiveness in managing the products and consumables associated with these illnesses.
 - The first post-mass treatment logistics audit in all the health regions identified shortcomings in implementation of mass treatments and helped generate solutions to improve NTD drug management. While the full report is not yet available, several of the findings are detailed above.
 - No expired drugs were noted during the treatment period.
 - Logistics management data collection tools were provided at all levels.
- Weaknesses:
 - Difficulty identifying the amount of medicine that remains at the district level following MDA and transporting the remaining stock to the region-- due to poor resource planning at the district level to support physical inventories and repatriation of drug from the level of the health center.
 - Lack of dedicated vehicle to deliver drugs to the regions and health districts.
 - Late ordering and arrival in country of certain drugs (i.e. ivermectin and albendazole) and medical consumables (ICT cards), which has led to a delay in implementing the mass treatments and certain surveys.

7. Program Monitoring and Evaluation

Over the past six months, HKI has taken the following steps to heighten the level of monitoring/evaluation conducted by the national NTD program:

- An integrated TAS and STH evaluation was conducted in the Centre-Nord region in July 2014 to support validation of the protocol that the WHO and the Global Taskforce are developing. The Task Force for Global Health financially supported the STH portion of the evaluation with the purpose of developing a standardized approach to collect STH data during TAS, as STH only surveys often do not receive financial support; determining the impact LF treatment has had on STH prevalence; and to provide guidance on the need to continue or stop STH treatment once LF MDA is no longer warranted.
- HKI conducted monitoring/supervision when the activities were implemented to ensure that they complied with the recommendations and terms of reference submitted by the program. Following each monitoring/supervision, recommendations were developed to improve implementation. The main recommendation was that all levels in the health structure need to be implicated in and made responsible for the execution of NTD activities, particularly the district and regional levels.

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. HKI also has a role in advocacy to the MOH to increase the support for NTDs in the national budget and to support increased visibility of the program to attract additional donors and partners. This includes discussions with the Directorate of Administration and Finance on the necessity of increasing its budgetary allocation for NTDs so that the National Program will no longer be completely dependent on external support and will be able to function when support through END in Africa terminates.

In terms of concrete steps the MOH has taken in the last six months to assist in the transition from MDA implementation to post-MDA surveillance, the MOH has conducted a number of impact evaluations, such as LF TAS, LF and pre-TAS sentinel site evaluations, LF post-MDA surveillance survey, trachoma impact evaluations and an onchocerciasis post-CDTI coverage survey. In addition, a protocol was developed for post-MDA surveillance for trachoma; this protocol will undergo further revision in FY15.

9. Short-Term Technical Assistance

In connection with the six short-term technical assistance activities included in the FY 2014 work plan, the following updates are available:

- JSI provided support to strengthen the program's capacity to manage the NTD drug logistics chain, carried out over two phases. The first phase ran from 31 March – 4 April in Kombissiri. A logistics action plan was developed as a result of this workshop. The

second phase ran from 6-10 August 2014 in Koudougou and made it possible for the MOH to develop an NTD drug and consumables management procedures manual.

- Discussion on the purchase of software to manage NTD drug stocks and training in its use is still underway with the Ministry of Health. This TA was requested in both FY13 and FY14 following guidance from the International Trachoma Initiative to improve drug management, and was again found to be pertinent following the TA given by JSI. However, the National Program is awaiting the final reports from JSI to determine what software and subsequent training may be necessary.
- The Burkina Faso MOH also requested technical assistance in conducting an evaluation of persistent prevalence of LF in the Est, Centre-Est and Sud-Ouest regions. The terms of reference were submitted to FHI 360. Upon review by FHI 360, USAID, and external partners, it was determined that the reasons behind the persistent prevalence may be more complex than the terms of reference would be able to address, and the MOH was asked to revise the terms of reference and resubmit for further review.

10. Government Involvement

- The Directorate for Disease Control in Burkina Faso underwent a re-structuring in the beginning of 2014, which has implications for how the program is organized and managed. There is now a single coordinator for the program, with 4 disease-specific focal points working below him. The Ministry also added a post that is in charge of planning and M&E activities for NTD programs.
- Routine collaboration meetings were conducted during the reporting period. A quarterly coordination meeting was held with the NTDCP and partner organizations, including HKI.
- Two new policies that demonstrate the government's commitment to the integrated NTD control were also enacted. The 2012-2016 NTD plan activities were incorporated into the national health development plan of the Ministry of Health. Also, NTD control activities were incorporated into health facilities' action plans at the national level (regional health directorates and health districts).

11. Proposed Plans for Additional Support to National NTD Program

- Development and implementation of a treatment project for cases of morbidity linked to lymphatic filariasis and trachoma starting in 2015.
- A proposal has been submitted to determine Burkina Faso's eligibility to participate in a trichiasis surgery project in the Léo health district, with the goal of having available funds beginning in FY15.
- Support for and participation in implementation of the WashPlus project in Burkina Faso starting in FY 2015. A pilot project is planned following the WashPlus project exploratory mission in Burkina Faso, which will help to integrate the WASH (water-sanitation-hygiene) and NTD projects. This participation will provide an opportunity to develop the WASH-NTD activities that may be used to accelerate achievement of the elimination and/or control objectives for intestinal worms, schistosomiasis and trachoma.

- An extension of the END in Africa project would offer an opportunity to continue the efforts already begun in connection with the project's implementation

12. Lessons Learned/Challenges

In FY14, the National Program applied lessons learned about the necessity of conducting central level trainings for regional health directorates prior to MDA. In previous MDAs, the trainings were held directly at the district level by the National coordination; however, due to this breach of protocol, this had led to a lack of involvement, interest or responsibility by regional levels. Once the regional levels received their training, they were then made responsible for training the districts and for providing supervision at the district level.

13. Major Activities for the next six months

- Implement the lymphatic filariasis mass treatment campaign in 41 health districts in nine health regions.
- Train 120 actors (pharmacists, government pharmaceutical assistants and regional and district team manager) in drug and NTD consumables logistics management, with support from JSI.
- Conduct the post-MDA surveillance surveys for lymphatic filariasis (TAS1 and TAS2) in the Cascades, Hauts Bassins and Nord regions.
- Support the national program's publication of four articles on the program (one each on LF, schistosomiasis, trachoma and STH) to obtain more visibility for the NTD program.
- Prepare the orders for the ICT cards for the FY2015 evaluations.
- Purchase drug stock and NTD consumables management software and provide training in its use.
- Conduct the study on the determinants of the persistence of microfilaraemia in three regions in Burkina Faso after more than 10 rounds of treatment.

Niger

Due to the delay of the FY14 MDA (March 2014 instead of November 2013), the disease specific assessments (DSAs) were also delayed and were conducted during the first half of FY15. Since the DSA had to be completed before the FY15 MDA started, the FY15 MDA activities were also delayed. In addition, the late arrival of albendazole (ALB) in February 2015 also contributed to the delay of the distribution. However, some preparatory activities have been successfully implemented, including the training of trainers for MDA at the national and regional levels and the district-level microplanning meeting. In addition, the FY15 regional fixed obligation grants (FOGs) were signed, and the funds in the regional FOGs were released for MDA; however, these were not signed until January, which also contributed to the delay in MDA implementation.

In addition to MDA preparations, a number of DSAs were conducted for all the NTDs in selected districts.

In October 2014, two health districts (HDs) were assessed for the impact of MDA with praziquantel (PZQ) on schistosomiasis (SCH). Arlit had a prevalence of 1.2% *S. haematobium* and N'guigmi had a prevalence of 12.8%. Now all districts endemic for schistosomiasis (SCH) have completed assessments following at least 7 consecutive rounds of MDA. The results of all of these assessments were reviewed in a meeting in November 2014 by SCH experts, and the treatment strategy was revised based on the survey results to ensure treatment is in line with World Health Organization (WHO) and National Program guidelines (see attached meeting report for details). Participants in this meeting included experts from the National Program, FHI 360, Helen Keller International (HKI), Schistosomiasis Control Initiative (SCI) and RISEAL.

Impact assessments for trachoma were also conducted in seven HDs between October and November 2014. Results indicate that six of the seven have met the elimination threshold for active trachoma of <5% trachomatous inflammation follicular (TF) and may now stop MDA and begin surveillance. See results in the table below:

For lymphatic filariasis, six HDs underwent Transmission Assessment Surveys (TAS) between November 2014 and January 2015 to determine whether MDA may be stopped. These districts were divided into five evaluation units (EU), and results indicate that four of five evaluation units passed TAS and may now stop MDA and begin surveillance. See results in the table below:

Two other districts (Niamey II & III) conducted Pre-TAS in October 2014. The results show that TAS will be implemented in those districts in FY15.

In January 2015, an epidemiological assessment was also conducted for onchocerciasis in three HDs (Kollo, Say and Téra) to determine whether there is recrudescence of the disease. The results of this survey are below.

HKI and its partners continue to seek additional support for the NTDP. During the period under review, a meeting was held between HKI and “The Leprosy Mission” to discuss morbidity management for LF and trachoma in the region of Maradi. The Leprosy Mission is currently testing a method for draining excess lymphatic fluids in the limbs due to leprosy, which may also be applicable to lymphedema due to LF. In addition, there is continued effort to secure a joint NTD and malaria funding from the World Bank. HKI’s NTD Coordinator, along with National NTD Coordinators, attended a meeting in Ouagadougou from February 16-18 to learn more about the activities this funding would support.

Following the coordination meeting in October, the meeting of SCH experts was held from 19 to 20 November 2014 to discuss results from assessments and future MDA strategy, with the objective of aligning MDA with WHO guidelines. Participants included representatives from the National NTD Program and other Niger MOH entities, the WHO, FHI360, RISEAL, SCI, and HKI regional and Niger country offices and other partners. Please find the attached report from this meeting for additional information.

No TIPAC was conducted during the reporting period. Due to the delay in MDA, this has been rescheduled for the second half of FY15.

The NTD Program (NTDP) currently has a five year master plan for 2012-2016. However, the Monitoring and Evaluation (M&E) section still needs to be validated with the support of HKI. This is now planned for April or May 2015.

HKI had planned to support the development of the NTD action plan as part of the overall MOH annual plan for 2015. However, this meeting was held early, in September 2014, and HKI was not informed in time to provide support. HKI will provide support for the 2016 action plan at the end of FY15.

As Niger has borders with seven other countries, most of which are endemic for one or more NTD, the possibility of cross-border transmission is a reality throughout the country. In FY15, Niger had planned to organize a cross-border meeting with Burkina Faso to harmonize cross-border activities as a way of sustaining the gains made in the NTDP. However, since the upcoming END in Africa partners meeting in Accra, scheduled for April 21-23, 2015 will be focused on these issues, and representatives from a number of the bordering countries will be present, HKI plans to only assist the National Program organize a meeting with Burkina Faso if judged necessary following the partners’ meeting.

1. MDA Assessment

MDA was planned to take place in November 2014 but could not be completed due to several issues. First, MDA for FY14 scheduled for November 2013 was not implemented until March 2014. This then cascaded into FY14 disease specific evaluations not starting until September 2014 and finishing in January 2015. Several other issues delayed the start of the FY15 MDA: 1) the albendazole (ALB) did not arrive in Niger until the beginning of February 2015; 2) the FOGs were not signed until January 2015; 3) the production of bags which will be distributed to CDDs to carry drugs during distribution took longer than specified in the contract by the vendor. However, drugs are currently being transported to the districts and MDA will start as soon as this is completed.

As part of collaboration with partners to support MDA activities, SCI/RISEAL carried out MDA for SCH in all endemic villages of the 6 districts (Kollo, Say, Téra, Tillabéri, Loga and Filingué) in November 2014 as part of the SCH consortium for operational research and evaluation (SCORE) studies and will also ensure coverage in the villages that are not enrolled in the studies in the same districts.

The Carter Center has purchased tetracycline 1% eye ointment for children 0 to 6 months old and other persons ineligible to take Zithromax® for use during the trachoma MDA. HKI/UNICEF also supported the deworming of all children between the ages 12 and 59 months as part of JNV/Child Survival Day campaign in November 2014..

2. Changes in MDA

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)
Tillabéri	LF	Stopped MDA	Passed TAS conducted in January 2015
Boboye	LF	Stopped MDA	Passed TAS conducted in December 2014
Madaoua	LF	Stopped MDA	Passed TAS conducted in November 2014
Guidan Roudji	LF	Stopped MDA	Passed TAS conducted in November 2014
Dakoro	LF	Stopped MDA	Passed TAS conducted in November 2014
Tera	SCH	Change from once a year to twice a year	Impact assessment conducted in 2012
Tillaberi	SCH	Change from once a year to twice a year	Impact assessment conducted in 2011/2012
Say	SCH	Change from once a year to twice a year	Impact assessment conducted in 2011/2012

Kollo	SCH	Change from once a year to twice a year	Impact assessment conducted in 2011/2012
Mirriah	SCH	Change from once every 2 year to once a year	Impact assessment conducted in 2013/14
Tessaoua	SCH	Change from once every 2 year to once a year	Impact assessment conducted in 2013/14
Diffa	SCH	Change from once every 2 year to once a year	Impact assessment conducted in 2013/14
Abalak	SCH	Change from once every 2 year to once a year	Impact assessment conducted in 2013
Tchinta	SCH	Change from once every 2 year to once a year	Impact assessment conducted in 2013
Filingue	SCH	Change from once every 2 year to once a year	Impact assessment conducted in 2011/12
Ouallam	SCH	Change from once every 2 year to once a year	Impact assessment conducted in 2012
Konni	Trachoma	Stopped MDA	Impact assessment conducted in October 2014
Tahoua	Trachoma	Stopped MDA	Impact assessment conducted in October 2014
Doutchi	Trachoma	Stopped MDA	Impact assessment conducted in October 2014
Keita	Trachoma	Stopped MDA	Impact assessment conducted in October 2014
Bouza	Trachoma	Stopped MDA	Impact assessment conducted in November 2014
Madaoua	Trachoma	Stopped MDA	Impact assessment conducted in November 2014

3. Training

Training sessions conducted during the period under review have been updated in the program workbook.

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

5. Supervision

During the reporting period, no drugs were distributed. However, at the end of FY14, JSI assisted with a revised guide and data collection tools that were used during the training of trainers in November 2014. The independent monitoring protocol and checklists have been modified to

include an assessment of the quality of trainings to help identify areas which can be improved upon during the next campaign.

The technical assistance provided by JSI on standard operating procedure for supply chain management of NTD drugs will be cascaded to all levels by the program in order to meet international best practices. Since the CSI level did not benefit from this TA, supervision will also reinforce these standards.

6. Supply Chain Management

During the period under review, the application for PZQ for MDA FY16 was completed. No physical inventory was conducted during the reporting period; however, as the physical inventory was underway during the SAR 2 FY14 reporting period, we are presenting some of the results here. The report showed that a total of 2,491,090 tabs of ALB, 2,514,070 tabs of IVM, 1,266,003 tabs of PZQ and 1,492,032 bottles of Zithromax tabs and syrup were in stock at the district and health center level. A total of 20,396 tabs of IVM and 15,300 tabs of ALB expired between October and November 2014. The report also showed that a total of 2,411 community registers and 228 summary forms were available at the district level. The physical inventory was conducted in all CSIs and districts where distribution had occurred; however, the physical inventory did not include the central government warehouse (ONPPC) that receives the different NTD drugs when it arrives in country and that is responsible for delivering the drug where it is needed for the MDA. .

The main Supply Chain Management (SCM) problems encountered during the period under review were:

- During the reporting period, the major problem encountered with importation was clearing the albendazole from customs in Cotonou, which has contributed to the late implementation of MDA.
- Another challenge with warehouse and stock management is the fact that a physical inventory was not conducted at the ONPPC level in September. This situation makes it difficult to get an accurate data on available drugs in stock for reasonable quantification during application. In addition, as the inventory data were not available, some PZQ pills that were to expire at the end of February (approximately 624,000 pills) were not discovered until the ONPPC was packaging the drug for the FY15 MDA. In the MDA planned following the FY15 MDA, HKI will ensure that the ONPPC is included. In addition, HKI will ensure that the ONPPC sends monthly inventory records for review.
- With respect to wastage and expiration, the physical inventory report showed that small quantities of some NTD drugs in the region expired during the period under review, and that previously expired drug was still being stored in various CSIs and districts. With the training received from JSI and those planned for April 2015, HKI will help to ensure that drug is distributed on a first to expire basis.
- After each MDA, CDDs are expected to send all remaining drug stocks to the CSIs. The CSI staff are expected to then return all remaining stock to the HDs during evaluation

workshops. However, in practice, much of the drug is not repatriated to the HD, as the physical inventory revealed. However, the new tools provided by JSI will require CSI staff to fill out quantities of drug wasted and remaining, meaning that districts will quickly know how much drug is still at the CSI level and can hold the CSI heads accountable. Following the district and regional MDA review meetings, the national level will conduct a physical inventory of drug.

- All expired products will be disposed of in accordance with the MOH. At CSI level, all expired drugs are returned to the HDs but the empty containers are disposed of accordingly. Expired drugs at district level are disposed of by a destruction committee in accordance with destruction procedures.
- No drugs were distributed during the reporting period and therefore there was no problem of drug distribution and use. During the previous MDA, the problem identified from the independent monitoring was the lack of sufficient knowledge on exclusion criteria and following the guideline of delivering directly observed treatment. However, the trainings for the FY15 MDA will reinforce these points.

The strengths of the supply chain system are:

- The major strength in the supply chain system is the existence of infrastructure (ONPPC) within the Ministry of Health responsible for storage and distribution of materials up to the districts, including dedicated storage for NTD drugs and dedicated trucks to transport these medications to the regions. Another key strength is Niger's exemption of all NTD drugs and materials from transit and customs payment.
- The physical inventory started last year at district level has also provided accurate information on drugs and other logistics available at the CSI and district level. This helped to determine how much additional drug and supplies were needed to ship from the central level and to avoid under- or over-supply to one district.

7. Program Monitoring and Evaluation

The TAS for LF in six HDs and the trachoma survey in seven HDs were aimed at determining whether MDA can be stopped (see results in the Executive Summary). The result of the TAS also shows that five out of the six HDs will not require MDA in FY16 and will commence both active and passive surveillance. All districts where MDA was planned for FY15 will still receive treatment as planned. MDA will be stopped in six out of the seven HDs for trachoma in FY16 and surveillance activities will commence. However, no specific strategies have been put in place for trachoma surveillance. Technical assistance for surveillance protocol development has been requested for later in FY15.

The objective of the SCH-STH surveys in the two HDs was to determine whether the frequency of MDA needed to be changed based on prevalence after at least 4 rounds of MDA. Based on the results of the assessments for SCH, effective as of FY16, 25 districts will receive MDA once every

2 years, 11 districts will receive treatment annually and 4 districts will receive treatment twice annually (see attached table comparing the current and new strategies).

An epidemiological survey for onchocerciasis was also conducted in three HDs (Kollo, Say and Téra) with the aim of determining the presence of disease recrudescence. The prevalence in all districts was 0%, indicating that Niger is well on its way to prepare its elimination dossier.

Two districts also passed the Pre-TAS in the first quarter of FY15 (Niamey II & III) and will implement TAS in the last quarter of FY15.

During the reporting period, no coverage surveys were conducted and none are planned. Instead, as a way of ensuring that the reported coverage reflects the actual treatment, the End-Process IM which is conducted at the end of the campaign is used to validate the NTDP reported coverage and recommend areas that need improvement for the next MDA.

Following the completion of the SCH impact surveys, an expert meeting was organized with different partners in attendance. Please see strategic planning section and attached meeting report for additional detail.

Results of the TAS were also reviewed in a meeting at the MOH during the reporting period. Following the meetings and review of the survey results, it was agreed that MDA will be conducted as planned in all targeted districts to provide enough time to plan for surveillance. The report of the trachoma assessments and the Pre-TAS were also shared with partners for their review. As reported above, 6/7 of districts assessed for trachoma are below the 5% TF threshold among children ages one to nine years, indicating that MDA can stop and surveillance begin. Currently, a surveillance plan does not exist for trachoma. The district that did not reach the elimination threshold will implement an additional three rounds of MDA.

No Data Quality Assessment (DQA) has been implemented in Niger to date. NTDP has requested a TA for the implementation of a DQA in FY15. The results from the DQA will help strengthen the data quality of the Niger NTD Program through a review of the consistency in data and reporting at the various levels.

8. Short Term Technical Assistance

During the reporting period there were several technical assistance visits to support the program:

- Following the cessation of NTD activities in Sierra Leone due to the Ebola virus epidemic, and to reinforce the capacity of the NTD team in Niger, two members of the HKI Sierra Leone NTD team (the Assistant NTD Program Manager and the M&E officer) were assigned to the HKI Niger office as of September 1, 2014. These two members were initially assigned for two months but with the continuous absence of NTD activities in Sierra Leone and the need for continuous support in Niger, this TA was extended till the

end of March 2015. Some of the activities that they have been working on during the reporting period include:

- Support to the training and data collection during the above listed surveys
- Support to the training of trainers for MDA at central and regional level in November 2014
- Assistance with the first semiannual report of FY15
- Organization of independent monitoring of MDA for the NTD program and building the capacity of the team for future IM

9. Government Involvement

During the reporting period, two coordination meetings were held with leadership from the MOH. The first was held in October 2014 to discuss the preparations for MDA and the SCH expert meetings. The second meeting was held in December 2014 with a focus on the treatment of refugees from Mali and the displaced Nigeriens in Diffa. It was agreed that the Malians will be treated after the general MDA. Treatment in Diffa will not be possible in the FY15 MDA due to the state of emergency declared by the Government of Niger, following attacks by Boko Haram in the region, and a counter-offensive being launched by the Governments of Niger, Chad and Nigeria.

A meeting of SCH experts, led by the National Program, was held in November 2014 to discuss SCH treatment strategies following the completion of impact surveys. Please see the strategic planning section and attached meeting report for additional detail. The National Program does not currently have a Task Force; however, there are plans for its creation in the second half of FY15, though this will require increased advocacy within the Government in order to be able to obtain a charter.

The government did not hire or appoint any new staff for the NTD program during the reporting period. In particular, there is still no dedicated NTD Coordinator, which means that functionally, the coordinators of the different vertical programs still operate as separate programs in many respects. However, representatives from FHI 360 (Mr. Bolivar Pou and Dr. Joseph Koroma), HKI (Mr. Douglas Steinberg, Mr. Jeff Ratcliffe, Dr. Yaobi Zhang, Dr. Yaye Youssouf, Ms. Stephanie Palmer, and Ms. Gail Liebowitz) and the National Program (Dr. Kadri Boubacar) had an audience with the Minister of Public Health, Mr. Mano Aghali, on March 9th to advocate for an NTD Coordinator to be appointed; the Minister promised to appoint a Coordinator.

No additional office space was provided or required by the government for the NTDP.

During the period under review, there was no additional funding pledged or received from the government. However, the government plans to procure drugs to treat adverse events during the upcoming MDA, should they occur. This has been a serious gap in the MDA as several minor adverse events are reported but there have been no drugs from the program to manage the situation.

There was no additional funding from other partners during the reporting period. The government continues to search for additional funding to complement partners effort to eliminate NTDs. The NTDP coordinators of HKI and MOH in Niger, Mali and Burkina Faso attended a partnership meeting with the World Bank in Ouagadougou, Burkina Faso from February 16-18, 2015 in a bid to secure a joint Malaria and NTD funding for these three countries. The first project draft was submitted February 25, 2015 and approval of budgets by the World Bank is scheduled for May 28, 2015.

10. Proposed Plans for Additional Support to National NTD Program

No programs were developed to integrate the NTD program into other platforms. If the new World Bank joint malaria-NTD funding is successful, it is possible that MDA activities will be integrated into malaria activities, such as insecticide treated bed net distributions. Currently, trichiasis surgery is supported through HKI and The Carter Center with funding from the Conrad N. Hilton Foundation. The government is also currently providing funds for management of lymphedema and hydrocele surgeries. Finally, while HKI met with The Leprosy Mission, it appears that the organization is still in research phases of a lymphedema management procedure and is not ready to fund implementation.

11. Lessons Learned

- A second MDA will be organized for LF in August/September FY15 for two districts (Bouza and Keita). These two districts have a highly mobile population, and consequently, the MDA coverage has historically been very low, as only a proportion of the targeted population is present during the period of year when MDA is currently held. This was a likely factor in the fact that both districts failed the TAS in 2013. By treating twice per year, the population that had migrated during that season out of the district will have returned for the second MDA. In addition, the National Program believes that the current number of community drug distributors (CDDs) are not able to reach all the population present, as communities are far apart, and it is challenging for a CDD to reach the targeted 500 persons. For these two districts only, the number of CDDs will also be increased.
- The independent monitoring (IM) conducted during the FY14 MDA highlighted weaknesses in the quality of the training. It was observed that some CDDs did not know the exclusion criteria for the different drug packages. During the training of trainers at central level in November 2014, these messages were reinforced. Also as a way of monitoring the quality of the training, questionnaires have been created which will target health center staff and CDDs to determine their level of knowledge following the training and will be used to assist in supervision of the MDA.
- The IM from FY14 also indicated a greater need for communication among supervisory levels in order to take corrective measures for problems identified during the MDA. During this MDA, the in-process IM results will be communicated on a daily basis to the HKI M&E officer and then shared with partners for prompt action during the campaign. The monitors will also be provided with communication and contact of the CSI staff and district authorities for daily update in case there is a poorly covered community.

12. Major Activities for the next six months

- Awareness-Raising Caravans at the Community Level
- Conduct FY15 MDA in targeted districts
- Evaluate the MDA FY15 campaign:
 - Inventory of physical stock of drugs after distribution
 - Independent monitoring of distribution
 - District evaluation
 - Regional evaluation
 - National evaluation
- Conduct post-treatment evaluations:
 - PrÉTAS for LF
 - TAS for LF
 - Epidemiological evaluation of Onchocerciasis
 - Trachoma impact survey
- Prepare the FY 16 MDA campaign:
 - Regional microplanning workshop
 - Drugs orders
 - Preparation of dose poles, registers and DC bags
 - Reception of drugs
 - Packaging of drugs and distribution tools (ONPPC)
 - Delivery of drugs and tools from Niamey to regions
 - Revision of the message and production of audio cassettes
 - Training of national level trainers
- Others major activities:
 - TIPAC training with technical assistance of Deloitte
 - Meeting of finalization and validation of the MOH/NTD monitoring evaluation plan
 - MOH annual workplanning
 - Coordination meetings
 - Task Force creation and meeting
 - Capacity building of laboratory technicians
 - Development of protocols for LF and Trachoma surveillance plan
 - Evaluation of the implementation of logistics management manual / Logistic System assessment tool (LSAT) and monitoring / revision of logistics management tools / State of stock and dejunking with technical assistance from JSI

Sierra Leone

The period under review has been challenged with an unprecedented Ebola epidemic in Sierra Leone, which was officially declared in May 2014 and gradually brought activity implementation to a halt in July 2014. The worsening situation led the Government of Sierra Leone on Wednesday July 30, 2014 to declare a 'state-of emergency' which has remained enforced to date. The Ebola situation has had an impact on the timeframes and extent of the implementation of MDA-schistosomiasis (SCH) and soil transmitted helminthes (STH) in 12 health districts (HDs), MDA-Lymphatic filariasis (LF) and STH in the Western Area (WA), transmission assessment survey for LF, and MDA for LF, onchocerciasis (Oncho), and STH in 12 HDs. As a result, the neglected tropical disease program (NTDP) has missed one year treatment cycle. Notwithstanding and although there is still transmission of the Ebola virus disease (EVD) in Sierra Leone, a lot of progress has been made in reducing the new infection rate, and more people are surviving the disease if infected. Most districts, particularly in the southern and eastern parts of the country, have surpassed the WHO recommended 42 days without recording a new EVD case. The new cases that continue to be recorded in the north region and the WA of the country are localized to a particular setting or community and the rest of the district remains to be free.

In light of the above, the NTDP held a planning meeting on 16th February 2015 in Freetown where all the District Medical Officers and NTD focal persons unanimously agreed to restart implementation of NTD activities. The activity implementation timeline were reviewed for MDA LF, Oncho & STH 12 HDs and MDA SCH & STH 7 HDs. It was also agreed that robust social mobilization strategies should be put in place to achieve high coverage. This will include a review of the frequently asked questions list to address issues around MDA in the context of Ebola and health districts (HDs) that failed pre-TAS.

A technical assistance request was made by HKI-Niger to HKI-Sierra Leone to provide support in the areas of MDA, M&E and disease specific assessment training (SCH & STH). This TA was initially requested for a period of two months, beginning in September 2014 and later extended two additional times through the end of March 2015.

Also during the period under review, a three year (FY16-18) END in Africa extension budget and proposal were submitted to FHI360/USAID. During the reporting period, there were also internal changes in staffing in the MoHS that involved two key staff in the NTDP. The NTDP program manager Dr. Santigie Sesay was transferred and promoted to the position of Director, Reproductive & Child Health and replaced by Dr. Yakuba M. Bah who was previously the District Medical Officer in Bombali District. The Public Health Sister, Sr. Florence Max-MacCarthy, was also transferred to the Directorate of Diseases Prevention and Control and replaced by another public health sister, Sr. Ekundayo Karim, who was previously attached to the Directorate of Planning and Information

1. MDA Assessments

No MDA took place during the reporting period.

2. Changes in MDA Strategy

No MDA took place during the reporting period and hence there was no change in MDA strategy.

3. Training

The major activity conducted during the reporting period is training of trainers for 12 NTD focal persons, 12 School and Adolescence health focal persons and 12 Maternal Child Health Aides for MDA LF, Oncho & STH 12 HDs. These trainers will in-turn train 1,117 peripheral health units (PHU) staff in 12 HDs.

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

No advocacy support was provided to NTDP/MOH during the reporting period. No social mobilization events took place during the reporting period.

5. Supervision

No supervision was conducted during the reporting period, as all NTD activities had ceased in light of the continuing Ebola epidemic.

6. Supply Chain Management

No supply chain management activities took place during the reporting period.

7. Program Monitoring and Evaluation

No program monitoring and evaluation were done during the reporting period.

8. Transition and Post-Elimination Strategy

No transition and post-elimination strategy were carried out during the reporting period.

9. Short Term Technical

No TA was received during the reporting period.

10. Government Involvement

A planning meeting was held on 16th February 2015 in Freetown with participation of MoHS central level staff, staff of NTDP, DHMTs and partners. During the meeting, it was unanimously agreed by all the District Medical Officers and NTD focal persons to restart implementation of activities. The activity implementation timeline were reviewed for MDA LF, Oncho & STH 12 HDs and MDA SCH & STH 7 HDs. It was also agreed that a robust social mobilization strategies are put in place in order to achieve high coverage including review of frequently asked questions to address issues around MDA in the context of Ebola and health districts (HDs) that failed pre-TAS.

11. Proposed Plans for Additional Support to National NTD Program

The National School and Adolescent Health Program (NSAHP) continues to support the NTDP in the SCH and STH program. The water sanitation and hygiene (WASH) program of the NSAHP is

one of the areas considered for possible collaboration as the NTDP target SCH for elimination and control for STH. NTDP and NSAHP had planned to integrate messages on SCH and STH in WASH programs with support from UNICEF however this has been greatly affected due to the current Ebola situation in the country. There are still plans to embark on this as soon as normal health activities resume.

One major gap in the NTDP is the lack of funds for LF morbidity management if the NTDP is to achieve a full elimination. In 2010, the CDDs estimated the backlog of people living with hydrocele or lymphedema as 23,500 and 8,300, respectively. Support from Johnson & Johnson has been limited to the training of the doctors and the 200 surgeries performed during training. Since those with LF generally have little/no disposable income to pay transport to a surgical center, doctors' expenses, and surgical consumables, few hydrocele surgeries are currently being performed. The Chief Medical Officer has indicated the need for the MoHS to support NTD-morbidity management, proposing that hydrocele surgeries could be performed free by the district medical superintendents. This will require support from other partners for provision of surgical consumables, and referrals. HKI and NTDP will advocate with the NGO liaison office for support from other NGO partners working in with disabilities.

12. Lessons Learned/Challenges

Since there was no MDA during the reporting period, no lessons were incorporated from previous MDA.

13. Major Activities for the next six months

- Training
 - MDA LF-oncho in 12 HDs for DHMT staff, PHU staff and CDDs: March-April
 - MDA SCH-STH in 7HDs for supervisors, DHMT staff and PHU staff: June-July
 - MDA against LF in the WA for supervisors, PHU staff and Community Health worker: September
- Advocacy meetings and social mobilization
 - MDA for LF-oncho in 12 HDs: March
 - MDA for SCH-STH in 7 HDs districts: June-July
 - MDA for LF in the WA: August-September
- Distribution of drugs/MDA LF-oncho-STH in 12 HDs: May-June
- Distribution of drugs/ MDA SCH-STH in 7 HDs: July
- Distribution of drugs/MDA LF in the WA: September-October

Togo

The main activities during this period were the Billionth Dose celebration at the United States (US) Embassy, the October 2014 mass drug administration (MDA), completion of the final lymphatic filariasis (LF) transmission assessment survey (TAS), and implementation of the integrated schistosomiasis (SCH), soil-transmitted helminths (STH), and onchocerciasis surveillance activity. In addition, we obtained supplemental funding from the Bill and Melinda Gates Foundation (BMGF) for hydrocele and trichiasis surgeries in order to fill that gap in the integrated neglected tropical diseases (NTD) activities.

On October 28, 2014, 88 individuals gathered at the American Embassy to celebrate the administration of one billion doses of medications to treat NTDs supported by the US government worldwide. The participants included the US Ambassador to Togo, 56 individuals from the Togo government (primarily Ministry of Health (MOH)) and 27 representatives from NTD partners (e.g., Health & Development International (HDI), UNICEF, World Health Organization (WHO), etc.). During the ceremony, three unsung heroes were recognized for their extraordinary efforts related to the integrated NTD Program, a nurse from Ogou district, a community drug distributor (CDD) from Kozah district, and the LF Program Coordinator.

The October MDA occurred from mid-October to mid-November in four districts with high levels of STH (>50% prevalence, treatment funded by US Agency for International Development (USAID)) and eleven districts with high levels of onchocerciasis (funded by Togo MOH). The data from the MDA have been entered and analyzed, and are currently being reviewed.

The final TAS (second post-MDA TAS) for LF was implemented in January in order to confirm the interruption of LF transmission in Togo. The survey was implemented in two evaluation units (EU); 1547 primary school children were surveyed in one EU and 1701 in the other EU by ICT card and strip test. Results of this TAS should be available in April. An integrated disease specific assessment (DSA) for STH, SCH, and onchocerciasis was implemented nationwide in February and March. More than 16,000 school-age children were tested for schistosomiasis and STH and more than 9,000 were tested for onchocerciasis using the Ov16 rapid test. The data will be available in May, and will be used to assess progress in the control of STH, SCH, and onchocerciasis and evaluate the treatment strategies for these diseases.

In addition, HDI obtained external funding to identify and provide treatment for individuals in need of hydrocele or trichiasis surgery, which adds value to the existing community-based integrated NTD activities. The BMGF granted \$100,000 for this activity through the Grand Challenges Explorations, and that money is expected to be spent on surgeries in the latter half of the fiscal year (FY).

Finally, the Togo MOH has been preparing for the April 2015 MDA, revising training materials to include water, sanitation, and hygiene (WASH) messages and more specific instruction about

increasing the use of the flip charts and obtaining equivalent coverage among boys and girls in the populations. In addition, the MOH has been working to edit village registers and MDA materials to help identify individuals in need of hydrocele and trichiasis surgery during the integrated April 2015 MDA.

1. MDA Assessments

The October MDA was implemented in four districts with albendazole (in areas with >50% prevalence of STH, funded by USAID) and in 11 districts with ivermectin (in areas with historically high rates of onchocerciasis, funded by Togo MOH). Coverage rates have not yet been finalized, but appear to be >95% in all areas for albendazole. The workbooks have not yet been updated with the October MDA numbers. They will be updated as soon as they are finalized and confirmed by the MOH.

2. Changes in MDA Strategy

No additional changes in MDA strategy have occurred during this six-month period.

3. Training

Training was conducted for the LF TAS and DSAs and occurred in January and February, respectively. Trainings were implemented and led by the Togo MOH, with HDI playing a supportive role.

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

As with all of the Togo MDAs, town criers were successfully utilized to publicize the October MDA. Revisions to a flip chart page including WASH messages were made, and this new flip chart page will be used in the April MDA. Training materials for the April MDA are being revised.

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 that 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 a central level after data are analyzed. 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 CDD. 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 four districts in which a second MDA occurred in October 2014, 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 October 2014, funded by the MOH.

The preparation of applications, forecasting, and supply planning has been accurate and losses of medications have been minimal. The main challenge HDI experienced during this six-month period has been with importation into Togo of items needed for the integrated DSAs. The HDI technical lead brought many items for the survey in her checked baggage and getting those items released from customs in time for the activity was no small task. In addition, even with assistance from WHO as the consignee, some difficulties were faced with importation duties for items that were shipped into Togo. In the end, however, all of the shipments were released from customs in time for the integrated DSA.

7. Program Monitoring and Evaluation

The Togo MOH is continuing to use the existing monitoring and evaluation (M&E) framework and tools supplied by FHI 360. The Coverage Survey results in 2012 indicated that coverage is high, but there is room for improvement with respect to the educational component of MDAs; the flip charts were not used as much as they should have been. The importance of the educational component of the activity will continue to be emphasized in upcoming MDA trainings. In addition, there was some evidence of gender imbalances in coverage from some locations; training will be amended to stress delivery of medications to all indicated populations, both boys and girls.

Post-MDA LF surveillance is on-going, and the third TAS for LF was just completed. Results from the LF TAS are not yet final, but the findings indicate that LF transmission is no longer occurring in Togo.

An integrated impact assessment for SCH and, STH is underway, measuring the prevalence and intensity of infection with SCH and STH in school-aged children (SAC). This activity employed urine examination for *S. haematobium* using urine dipsticks and urine filtration and stool examination for *S. mansoni* and STH using Kato Katz assays. The Ov16 rapid test is also being employed in children age 6 to 9 years as part of the country's effort to determine the prevalence of onchocerciasis and the extent of onchocerciasis transmission in this cohort of children born since the start of nationwide MDA for onchocerciasis. Data will be used to assess progress in the control of these diseases and also to evaluate the treatment strategies for these diseases. The results will provide the most definitive evidence of the success of the NTD program, which can be used to lobby both within and outside Togo for support to sustain these gains.

Togo has a very detailed implementation plan for its MDAs that allows highly targeted treatment, which reduces over- and under-treatment and also results in cost savings, but these refined treatment algorithms also create challenges for working with the data. The approach to presenting the treatment data, including the definition of the at-risk and target populations, has evolved over the five years of USAID funding in Togo, both within and beyond Togo's program. The peculiarities of Togo's implementation have meant that small changes in the definition of a denominator have at times resulted in particularly large changes in the reported coverage, particularly epidemiological coverage, from year to year. As a result of these changing definitions, the trajectory of Togo's program, with its increases in geographic coverage and addition of new target populations over the years, as well as the high coverage of Togo's MDAs, have been underappreciated. There is consistency and stability of the estimates of coverage in Togo over the past two years, which more clearly demonstrate Togo's successes with its integrated NTD program. It should be noted that these denominator issues arose when new reporting requirements to USAID were instituted and the definitions of "at-risk" and "target" populations changed over time, particularly for schistosomiasis and onchocerciasis; programmatic coverage has always been high within Togo's integrated NTD program.

8. 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 continues to independently conduct post-MDA surveillance for LF and will submit a portfolio to WHO in hopes that WHO will verify LF elimination in Togo, although it is recognized that ongoing onchocerciasis treatment with ivermectin may be a barrier to verification. The MOH will update the NTD five-year plan in the latter half of this FY. Finally, the MOH led the training and implementation of the third LF TAS and the integrated DSA, with technical support from HDI only for the design of the DSA, demonstrating that the MOH has the capacity to independently plan and implement complex and scientifically sound activities.

9. Short-Term Technical Assistance

No short-term technical assistance was received during this period.

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 October 2014 MDA implementation, LF TAS, integrated DSA, and April 2015 MDA preparations. The Togo MOH is also developing their data management and analytical capabilities; MOH staff members were entirely responsible for entering and cleaning the October 2014 MDA data and analysis is currently underway. The government helped to develop several applications to the BMGF for NTD funding, one of which was successfully funded for trichiasis and

hydrocele surgeries. The MOH will coordinate surgical treatment of trichiasis and hydrocele cases identified by CDDs during the April MDA using the BMGF funding.

11. Proposed Plans for Additional Support

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 the WHO to successfully obtain the duty-free release of the MDA medication and materials for epidemiologic assessments from Customs, and with the Onchocerciasis Program and UNICEF 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. The MOH and HDI are currently working on methods to expand integration of the WASH program, specifically, the inclusion of additional WASH messages in the MDA trainings. The involvement of UNICEF in the April/May 2014 MDA added value to the integrated framework, and allowed for the distribution of albendazole and vitamin A to preschool-aged children; hopefully this successful integration can be repeated in April 2015. Finally, the MOH and HDI have received funding from the BMGF to train CDDs to identify cases of hydrocele and trichiasis in their communities, and once cases have been identified, to provide surgery to those requiring it. We are grateful that 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; that funding source is no longer available so there are no morbidity management activities ongoing.

12. Lessons Learned/ Challenges

MDAs in Togo have had very high coverage rates in the past, but the Togo MOH continues to seek out way to improve the MDAs. Prior to the main MDA of the year, which usually happens in April/May, a cascade of training occurs, which includes updated MDA implementation procedures, as well as improved messages about how to increase coverage in the community. The Togo MOH, along with HDI, is currently reviewing training materials in preparation for the April 2015 MDA.

13. Major Activities for the next six months

- April 2015 – Analyze data from integrated DSA and generate final report; Receive all medications; Implement training of supervisors, nurses, and CDDs; Implement social mobilization activities; Conduct April 2015 MDA; Attend End in Africa Partners meeting in Ghana
- May 2015 – Collect, enter, and analyze data from April 2015 MDA; Work Plan meeting for FY2016; Finalize albendazole application
- June 2015 – Generate report of April 2015 MDA; Revise FY2016 Work Plan based on meeting results
- July 2015 – Disseminate results of April 2015 MDA, conduct coverage validation survey
- August 2015 – Begin preparations for October 2015 MDA

- September 2015 – Finish preparations for October 2015 MDA

Ghana

The first half of year has seen the conduct of pre-TASS in 15 districts while TAS in the EU are scheduled to start next week. Onchocerciasis epidemiological and entomological survey were conducted in September to December 2014. There is an urgent need to increase the capacity examination of pre-TAS sample slides. The NTDP intends to start the training of regional biomedical scientists to augment this capacity. For the entomological survey of 6,187 black flies collected and dissected 1,240 were parous an indication that active transmission of the *Onchocerca volvulus* is still ongoing in the Tain, Oti and Tano river basins. Epidemiological survey conducted in 56 sentinel villages on other hand showed that worm prevalence in the sentinel sites sampled ranged for 0 – 17.2% with 14 sites recording worm prevalence above 1%. This means that 75% of sentinel sites recorded prevalence less than 1% which falls short of the required 90%. The second round onchocerciasis MDA has been delayed due the loss of over 36 million tablets of ivermectin in the Central Medical Stores fires but the program has taken delivery of over 27.7 million tabs of ivermectin from Merk & Co hence the second round MDA is scheduled for April 2015.

One ICC meeting was conducted in March. The NTDP expects to sign an MOU in the next quarter of thefor about UDS 85,000. 00 from an indigenous private commercial bank to support LF morbidity management in one region while the programme is in the process f engaging Telecommunication and mining sector through their respective chambers for further private sector support NTD activities.

A TIPAC update and data entry working session was conducted from 2-7th March, 2015 to input detailed programme budgets and available resources for FY2015 into the tool. Preparation for the TIPAC working session involved the finance officers collating all information needed to update the tool including sorting out 2015 activity budgets for PCT and IDM disease programs.

The NTDP conducted school-based MDA for SCH and STH in 107 districts selected from all 10 regions of the country in November-December 2014. The limited number of districts treated was due to inadequate PZQ available to the NTDP. Results of the school-based MDA is incomplete with data from 90 districts reported so far. Second round Onchocerciasis MDA for 45 hyperendemic districts planned for January 2015 is yet to take place due to challenges with securing adequate ivermectin for the treatment. The Central Medical Stores of the Ministry of Health in Ghana was accidentally burned down resulting in loss of almost 35 million tablets of ivermectin. The NTDP is working to mobilize about 4.5 million tablets required to carry out this MDA but this has been difficult. However, the NTDP took delivery of about 27.7 million tablets of ivermentin from Meck & Co on 9th March. This will enable the program conduct the second round onchocerciasis community-based MDA in the 45 hyperendemic districts immediately the drugs are delivered.

All 216 districts are targeted for school-based MDA for STH using albendazole. 29 districts will receive STH treatment as part of the integrated LF, onchocerciasis and STH treatment funded by USAID. The remaining 187 districts will be treated with support from Partnership for Child Development (PCD) which conducts child nutrition related interventions in selected districts in the country. With 107 districts treated in school-based treatment in November – December 2014, the remaining 80 districts are expected to be treated in the second half of FY15.

The NTDP collaborated with Ghana Education Service (GES) to carry out the School-based MDA in FY15. Teachers were the drug distributors in the school-based MDA.

1. MDA Assessments

Field activities for Pre-TAS were conducted in 15 districts in the last week of January through February 2015. Adequate samples (12,808 samples with 85.4% participation rate) were obtained from all sentinel and cross check sites. The Effutu Municipality in the Central region recorded microfilaria prevalence of almost 1% in one of the crosscheck sites used for the Pre-TASS conducted in 2007; hence the RPRG recommended a repeat of Pre-TAS to validate the result. Sample collection for the repeat Pre-TASS was conducted on 26-29th February 2015. The MDA was conducted in 2008 – 2010 in Effutu Municipal followed by TAS in 2010 which the municipality passed.

RPRG meeting held in Brazzaville in February 2015 approved TAS results in 24 EUs conducted in 2014 as well as TAS eligibility request for four additional EUs in 2015. This clears the way to conduct TAS in these four EUs (total of 12 districts) planned for FY15. Two (5 districts) out of the four EUs which stopped MDA in 2010 will be conducting a second post MDA TAS while the other two EUs (7 districts) will be conducting TAS for stopping MDA. Adequate ICT cards were procured and delivered to the Programme for the TAS planned 15 – 28th March 2015.

Entomological and epidemiological surveys in 2014 funded by Sight Savers International were delayed due to difficulty in making up funding gaps. The assessment was subsequently undertaken between September and December 2014. Entomological survey was conducted in 8 districts in 5 regions along identified river basins. Black fly samples were collected from 8 communities in all. However, some selected communities were replaced due to absence of flies as a result of the activities of small scale mining operators whose activities created near stagnant rivers unsuitable for black fly breeding from previously fast flowing ones. Additionally some rivers in the Northern region had dried up during the dry season (October – December) thus obliterating the breeding sites of the black flies. Out of 6,187 black flies collected and dissected 1,240 were parous. The results indicates that active transmission of the *Onchocerca volvulus* is still ongoing in the Tain, Oti and Tano river basins.

Epidemiological survey on the other hand was conducted in 56 sentinel villages along the Black Volta, Pru, Tano, Asukawkaw, Tain, Oti, Daka, Densu, Birim and Bia river basins. The worm prevalence in the sentinel sites sampled ranged for 0 – 17.2% with 14 sites recording worm prevalence above 1%. This means that 75% of sentinel sites recorded prevalence less than 1% which falls short of the required 90%.

Post treatment Surveillance has started in Greater Accra Region for the Districts that stopped MDA for LF in 2014. The sampled population is OPD and inpatient clients in selected health facilities requiring blood samples taken for the management of their current condition. The study is designed and funded by the CDC.

2. Changes in MDA Treatment Strategy since beginning of the Program

The NTDP has stopped MDA in 64 additional districts this year following RPRG approval of TAS conducted in these districts in 2014. The program stopped MDAs in 5 districts in 2010. Therefore in total MDA for LF has been stopped in 69 out of 98 endemic districts.

3. Training

Training was conducted for health staff and staff and GES staff at the national, regional, district and sub-district levels. The details of various categories of persons trained disaggregated by sex is updated in the workbooks.

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

National level training of trainers' workshop was organized for regional GHS NTD and GES SHEP coordinators prior to the school-based MDA. In all 10 regional NTD coordinators and 10 regional SHEP coordinators were trained – one of each category from each of the 10 regions. Participants were expected to train district and health and SHEP staff. The session on social mobilization emphasized the importance of educating school children prior to MDA focusing attention on key messages. School children were also an effective mode of disseminating information to parents, guardians and communities as a whole. The 2,000,000 pieces of notification forms produced in the previous reporting period were distributed to schools through the regional medical stores. A few measuring strips available were distributed to augment what may be left of strips distributed in previous school-based MDAs. Large billboards developed in the second half of FY2014 to increase awareness of the PCT NTDs were also mounted in nine out of the ten regions in Ghana, the tenth region, is being followed up for space allocation to mount the billboard.

Information dissemination was intensified during MDA period. National and regional level staff used mass media – radio and television; and billboards. At the district and community levels – radio announcements, talk shows and prerecorded jingles; vehicle-mounted public address systems, community public address systems, beating of gong-gong and small group meetings – churches, mosques were used.

5. Supervision

The NTDP was supported to conduct supervision at all levels financially and technically. Financial support was provided to the program through the FOG to in health and education workers to supervise school based MDA. Also Technical support was provided in the form of FHI360 staff working with NTDP joined the team to supervise during the MDA. The checklist for monitoring was designed to address help address specific requirements and standards of WHO.

6. Supply Chain Management

Supply chain management especially accounting for used drug and transporting same to regional medical stores for safe keeping continues to be a huge challenge confronting the NTDP. USAID, FHI360 and JSI have developed a simple guideline to support districts in managing medicines before and after MDA. The document was sent to the program to review and customize to the local situation. It is hoped that the tool when finally implement will complement other interventions to address this challenge. A similar guideline target at MDA waste management for CDDs was also reviewed. The programme requires specific definite intervention to address the challenge of drug and IEC materials mobilization after MDA.

Fire guttered the Central Medical Stores of the Ministry of Health in January 2015 destroying large amounts of medicine and equipment including an estimated 36 million tablets of ivermectin. The government has provided temporary stores to house medicines. However with receipt of about 27.7 million tablets of ivermectin from Meck & Co in March the program can meet its obligations with respect to LF an onchocerciasis MDAs.

7. Program Monitoring and Evaluation

Pre-transmission assessment survey (PreTAS) for LF was conducted in 12 districts in Northern and Upper East regions from December 2013 to January 2014. A total of 10,455 samples were collected from 52 sentinel and spot-check sites in these districts. These samples were read over a period of seven months mainly because the technicians who were reading the slides were part of the team who also conducted transmission assessment survey (TAS) during that same period. Districts passing the pre TAS is a pre-condition for conducting the TAS survey that determines the end-point of the distribution of medicines against LF. To qualify for TAS, parasite prevalence should not exceed 1%. If it does, then MDAs must be continued for another 2-3 years and pre-TAS repeated to determine the possibility of conducting TAS.

The results, show that seven out of twelve (12) districts passed while five districts surveyed still have a relatively higher LF microfilaremia prevalence ($\geq 1\%$) in spite of many years of treatment. The seven districts that passed the pre-TAS will conduct TAS in 2015 while the rest continue with MDAs for another two years and repeat the pre-TAS after these additional two years of treatment.

8. Transition and Post-Elimination Strategy

As part of improving M&E for NTDs, the Program started the rollout of the Integrated National Database Template to address the needs of different donors and partners with regards to reports demand. When completed NTDP officers will receive capacity building on the use of the Database

and how to generate customize reports. Program staff will also be oriented on DQA Tools and the development of Action Plans to improve on data quality and data management system at all levels of the program.

The Program will also rollout a data entry tool developed for all the Districts to manage their data and provide feedback to the sub-districts. This means that some selected staff from the target districts and regions will be trained to use the tool. This will ensure data availability at all levels of the health system. This will also ensure that districts take ownership of their own work and activities by analyzing and giving feedback to their sub-districts and the communities they serve.

Coverage surveys were conducted in two districts in FY14. The results shall be shared with partners' while the Programme will also review these results with the regions and particularly the Districts where this survey was carried out.

These assessments are still being analyzed and the results will be shared with the regions and districts on the level infections in the areas where these surveys were carried out. For the 64 districts that were part of the districts where TAS was carried out all of them have passed after haven recording positive less than the critical cut-off point..

9. Short Tem Technical Assistance

The following technical assistance were provided to the NTDCP during the reporting period:

- Retired entomological technician was contracted to support conduct of entomological surveys conducted from September to December 2014.
- The Programme also sought the assistant of a parasitologist to assist the Trachoma Survey Planning Committee to put together the study protocol.
- The Programme is in the process of securing the services of IT organization or firm to generate epidemiological maps for all 5 PCT disease.

10. Government Involvement

The director of Public Health of the GHS took time off an important high level meeting to participate in the Inter Country Coordinating Committee meeting and to spell out key points from the government. He charged the ICCC to support the programme with strategic and policy direction to ensure sustainability of gains made so far and meet elimination targets.

11. Proposed Plans for Additional Support

The Director Generals of the GHS and GES are collaborating at their level to facilitate implantation of school based MDA. The SHEP unit of the GES continue to be part of the planning process of school based MDAs and the TAS which uses school children as the sampled population. The NTDP has engaged multiple partners – fhi360, Sight Savers International, London School of Hygiene and Tropical Medicine, the Noguchi Memorial Institute for Medical Research and WHO to design, fund and conduct the blinding trachoma post treatment survey.

12. Lessons Learned/Challenges

In order to improve on coverage for the School-based MDA in FY15, the NTDP at the National level worked with the Director General of the Ghana Education Service through the National SHEP Coordinators to ensure that all schools targeted were informed of the dates of MDA and encouraged all pupils to be in school during the period of drug administration. This greatly enhanced the program coverage as more pupils received the drugs in the schools visited. It is however important to note that in some Districts less drugs were allocated and some schools could not be reached and hence affected their Epidemiological coverage.

13. Major Activities for the next six months

- Conduct integrated community MDA for in 29 LF endemic districts, 135 onchocerciasis endemic districts and 216 districts targeted for STH using ivermectin and albendazole.
- To conduct second round MDA in 45 onchocerciasis hyperendemic districts
- Examine sample slides from 15 districts where pre-TAS was conducted
- Start a series of training for Biomedical scientists to assist with DSA
- Conduct work planning sessions to discuss activities for FY2016
- Procure the services of a vendor to develop GIS maps and epidemiological maps for NTDP
- Develop and produce IEC materials for NTDP