Guidelines for Non-start up Grantees
Work Plan Year 6 (October 2011-September 2012)
NTD Control Program

Country Name: SIERRA LEONE
Grantee: HKI

1. Executive Summary:

The goal of Year 6 is to consolidate the achievements made in Year 5 maintaining 100% geographic coverage and effective epidemiological coverage for lymphatic filariasis (LF), soil-transmitted helminthes (STH), onchocerciasis and schistosomiasis (SCH). The Neglected Tropical Disease Control Program (NTDCP), in collaboration with the NTD Task Force members (NTDTF), will embark on a robust advocacy strategy targeting the Government of Sierra Leone (GoSL), particularly the parliamentary budget oversight committee for health and the Ministries of Health and of Finance to ensure disbursement of funds to the NTDCP.
In Year 6, mass drug administration (MDA) refresher training sessions will be conducted for 79 supervisors, 26 district health management team members, 1,059 peripheral health unit (PHU) staff, and 22,000 community drug distributors (CDDs) to ensure MDA is appropriately performed for approximately 4.9 million individuals for LF and STH in 14 health districts, 2.5 million for onchocerciasis in 12 health districts, and 1.6 million people for schistosomiasis in 64 highly or moderately endemic chiefdoms in 7 districts.

In addition to the traditional advocacy and social mobilization events, the independent community radio network, government radio stations, commercial radio stations, print and electronic media, the internet including social network sites will be effectively used to disseminate up-dated messages and "Frequently Asked Questions" on NTDs as developed in Year 4. The organization of the MDA launch by high profile authorities through the organization of press conferences through the Sierra Leone Association of Journalists will be effectively utilized to complement the overall social mobilization efforts for sustained high coverage.

As a key component to sustainability of the NTD program, and in collaboration with Ministry of Education, Science, and Technology (MEST) an NTD curriculum development workshop will be organized to develop core NTD modules to be integrated into all health and teachers training institutions in the country. Maternal and Child Health Aides (MCHA) training coordinators based in each district will be involved in MDA training for treatment in the district head quarter towns and NTD control integrated into the MCHA training curriculum.
NTDCP, and the NTDTF for which the chairman is the Director of Disease Prevention and Control, (members include the Country Representative WHO, Country Director HKI, Country Representative Sightsavers, the University of Sierra Leone and Njala University) will work in close collaboration with key stakeholders, including the GoSL, UN agencies, bilateral organizations, non–governmental organizations (NGO), and other local authorities to find resources to fund the gaps in the five-year NTD master plan such as and morbidity control and capital logistics (vehicles, motorcycles, bicycles).

2. Year 6 Program Goals

The Year 6 goal is to implement MDA in 14 health districts for LF and STH, in 12 districts for onchocerciasis and in moderately or highly endemic chiefdoms in 7 districts for SCH. A second round of MDA-STH will be implemented with additional funding and drug donations targeting school aged children in 14 health districts.

Below are the numbers of people targeted and the total population living in the targeted zones:

Disease	**Total population at risk in targeted areas, Year 6***	**Number of population targeted (above age 5)**
Lymphatic filariasis	6,107,633[a]	5,020,475
STH	6,107,633[a]	5,020,475
Schistosomiasis	2,830,492 [b]	2,166,269
Onchocerciasis	3,029,026[a]	2,489,859

[a]Projected 2011 CDDs Census population. [b]Projected 2012 CDDs Census population (MDA will take place in June 2012)

3. Strategic Planning and Advocacy:

Stakeholder meetings with decision-makers within the Ministry of Health & Sanitation (MOHS), parliamentarians, UN agencies, medical professionals, researchers (national and international) and NGOs will be conducted at national level to share information of the current NTDCP activities, MDA results and progress towards control and/or elimination. Stakeholders will be encouraged to continue their commitment and support for implementation of activities and disbursement of funds. The NTDTF chaired by the Director of Disease Prevention and Control (DPC) will work closely with the necessary authorities at MOHS to achieve this objective.

At district level, advocacy will target council chairmen, mayors, paramount chiefs, religious leaders, and youth and women groups. They will be encouraged to continue to participate in the implementation of NTD activities and to include these in their annual budgets and work plans. At chiefdom and village level, advocacy will be conducted through social mobilization of community, the media, traditional, and religious leaders with the help of the district level NTD focal persons, PHU staff, and CDDs.

The NTDTF will embark on strategically targeted advocacy within the GoSL, parliamentary budget oversight committee for health, office of the President, and Ministers from Health, Education, Finance, and Economic Development. Efforts are being made to have the Minister of Health, Haja Zainab Bangura, to launch the MDA for LF-onchocerciasis-STH in October 2011 and/or the MDA-SCH in June 2012. To raise awareness on the huge contribution the drug companies are making towards NTD control globally and specifically in Sierra Leone, the NTD drugs arriving in country will be formally presented to the MOHS for the attention of the GoSL and reported nationally in the media.

Sierra Leone is in Sustainability Continuum stage 3: advocacy efforts, such as stakeholders meetings and social mobilization plans led by GoSL on a national and international level and sustainability is improved by its integration with other health programs such as the National School and Adolescent Health Program (SCH and STH), the National Malaria Control Program (NMCP) at community level (distribution of insecticide treated nets), and the semiannual MCHWs (de-worming and distribution of insecticide treated nets).

The advocacy objectives for Year 6 include to:

- Advocate for increased political support within the GoSL and budget disbursement to NTDCP activities from the large operational costs to focus on program implementation costs;
- Advocate for MEST to continue to support the school-based deworming using re-allocated funds from the Fast Track Initiative (FTI) budget, World Bank as in Y5;
- Improve integration at a national level with other health programs, such as the NMCP for integrated malaria and LF prevention or UNICEF, to target improved water and sanitation practices for SCH and STH prevention and control.

4. Mapping:

There are no mapping activities planned or needed for Year 6.

5. Training:

Table 1. Training Workshops - New Personnel

Training Group	Topic of Training	# to be Trained	# Training Days	Location of the Training
Supervisors	MDA-SCH-STH	10	1	7 Districts
PHU Staff	MDA-SCH-STH	39	1	7 Districts
PHU Staff	MDA-LF-Oncho-STH	500	2	12 Districts
CDDs	MDA-LF-Oncho-STH	500	2	All PHUs
Other: MCHAs	MDA-LF-Oncho-STH	396	1	12 Districts

Table 2. Training Workshops - Refresher Training

Training Group	Topic of Training	# to be Trained	# Training Days	Location of the Training
Trainers:DHMT	MDA-LF-Oncho-STH	26	1	Bo
Supervisors	MDA-SCH-STH	79	1	Bo and Makeni
PHU Staff	MDA-SCH-STH	393	1	7 Districts
PHU Staff	MDA-LF- STH	110	1	WA
CHWs	MDA-LF- STH	2,550	1	WA
PHU Staff	MDA-LF-Oncho-STH	1,059	2	12 Districts
CDDs	MDA-LF-Oncho-STH	22,000	2	All PHUs
Other: MCHAs	MDA-LF-Oncho-STH	396	1	12 Districts

Refresher training of District Supervisors, NTDs focal persons and PHU staff for MDA SCH-STH is scheduled in the second quarter of Y6 for 7 districts. Refresher training for MDA-LF-Oncho-STH in 12 health districts for NTD focal points, MCHAs training coordinators, PHU staff, CDDs and MCHAs is scheduled in the last quarter of Y6.

Refresher training for LF-Oncho-STH will also include new trainees for PHU staff and CDDs: those that have not been trained, previously. The new supervisors' trainees are replacement for those who have left the NTDCP activities. The refresher trainings are inclusive of the new personnel and are estimates based on staff attrition rates in recent years from MOHS appointment records. All new personnel will be trained in the same sessions and for the same amount of days as the staff receiving the refresher trainings

Capacity Building: planning, management, implementation
Four graduates from the University of Sierra Leone and Njala University that were trained by HKI-SL are working in different capacities within national or regional NTDCPs: NTD program assistant at HKI-SL, monitoring and evaluation officer at HKI–SL, a short term technical assistant at HKI-Guinea and a WAHO-intern at Sightsavers-Mali. New WAHO and national graduates have recently joined the NTD-HKI-SL team and will be trained in all aspects of program implementation especially monitoring and evaluation throughout Y6.

The NTDCP store keeper will continue to receive in-service computer training and supportive supervision to enable him to track the new drug management chain introduced in Y5.

As a complementary effort through Liverpool Centre for NTDs, funded by DFID, the HKI-SL country director will continue to provide local supervision to the former NTD Program Manager now the APOC NTD Regional Technical Assistant in his PhD. This support will include the analysis of data collected in the LF impact assessment in Y5. Capacity building by HKI-country, regional and headquarters office has enabled the publication of 6 NTD articles in peer reviewed journals to date, a further 2 submitted for review and a further 3 in final preparation (Annex 1).

6. IEC/Social Mobilization: Describe any IEC/social mobilization activities planned.

The communication strategy will be adapted and tailored to the needs of hard to reach communities in slums, mountain tops and non-compliant groups, including those in urban settings such as the evangelical groups. The IEC materials previously produced including posters, leaflets, jingles and spot messages in the 4 main local languages: Krio, Mende, Themne and Limba will be reviewed, re-tested, reproduced and disseminated.

The traditional communication and social mobilization strategies will continue to be used in Y6: community meetings, 'town criers', radio announcements and DHMT-led discussions. Community meetings will be attended by traditional leaders: section chiefs, headmen, religious leaders and teachers following which CDDs will be re-elected or newly selected.

7. Drug Estimates and Logistics:

The estimates of drugs required are made using the guidelines provided by APOC (IVM+ALB) and WHO (PZQ). Drugs will be received at the port and a clearing and forwarding agent working for the WHO will handle the importation and duty-free procedures. The drugs will then be taken immediately to the NTDCP central stores in Makeni and received by the store manager. Bin cards, ledgers and electronic records will be updated and all received drugs will be checked for quantity and expiry dates.

Table 3. Drug Estimates and Logistics (MM/YR)

Drug	Source of drug	Date of application	Expected delivery date
IVM	Merck and Co (D)	03/11	09/11
ALB	GlaxoSmithKline (D)	03/11	07/11
PZQ	FHI360 (P)	09/11	6-8 months upon submission of application

When MDA is eminent, the DMO will make a written request of the quantity of drugs required. The store keeper will pack them accordingly, prepare delivery notes and update his records. The NTDCP will deliver all drugs directly to the District Medical Stores and will receive a signed receipt. The NTD Focal Point person in each DHMT will be responsible for distribution of drugs to each PHU collected at the DHMT and signed for by the staff member. At the end of a campaign, the PHU staff will return any un-used drugs to the DHMT who returns them back to the NTDCP signed for at each stage. The NTDCP store keeper in Makeni will amend his bin cards and ledger and update the electronic voucher accordingly.

8. Mass Drug Administration:

In Y6, four rounds of MDA will be implemented in 14 health districts.

- October-December 2011: Community- based treatment for LF, onchocerciasis, and STH in 12 health districts using the CDTI+ approach.
- May 2012, MDA-STH will be performed in 12 Districts using school based distribution by teachers if additional funding is available in Y6 from MEST-FTI.
- June 2012, MDA-SCH will be provided to all persons >5 years of age in 2 highly endemic districts: Kono and Koinadugu (district-wide) and to school aged children and at risk adults and an additional 39 chiefdoms in 5 moderately endemic districts: Kailahun, Kenema, Tonkolili, Bo, Bombali over a period of 5 days. These plans may be modified following the pre 4th round schistosomiasis survey results in early 2012.
- September 2012 MDA for LF in rural and urban WA using the National Immunization Day (NID) strategy scheduled over 5 days.

MDA activities for Y6 and their time line

MDA Activity	Time Line	Lasting	Rounds
LF-oncho-STH in Communities: 12 Districts	Oct – Dec 2011	8 weeks	1
STH in 12 Districts (to be funded by FTI)	May 2012	1 day	2
Schistosomiasis in 7 Districts	June 2012	5 days	1
LF-oncho-STH in rural and urban WA	September 2012	5 days	1

Lessons learnt from Y4, especially those from treating the capital of Freetown and its environs has been documented[1] and were implemented in Y5 to achieve high coverage. These lessons included:

- MCHAs trained and deployed for 5 days in non-rural settings; Bo, Kenema Koidu, and Makeni to supplement the CDDs;
- Distribution of universal LLITNs by community volunteers did impact on PCT-LF-Oncho-STH in the 12 health districts and the work load was very high;
- Independent monitoring to validate coverage was refined to include gender disaggregation, 2 districts were observed to have significant gender disparities[2];
- In-process monitoring in late November 2010 in district headquarter towns followed by daily de-briefing for 3 days to the DHMTs-12 districts enabled the identification of low performing areas/teams mostly due to the distribution of universal LLITNs as low as 42% in parts of Makeni;

[1] Hodges M et al: High coverage in mass drug administration for lymphatic filariasis in the rural and non-rural settings in the Western Area, Sierra Leone Parasites and Vectors 2010, 3:120

[2] Hodges M et al: Independent Monitoring of Preventative Chemotherapy and Transmission Control for lymphatic filariasis adapted for 12 rural districts and 4 provincial towns in Sierra Leone.

- In-process monitoring performed in late December 2010 and results distributed by email to all DHMTs illustrated that some districts had already reached their target of 75% coverage of eligible person treated whilst other hadn't: Bo town 65%, Bonthe: 51%%, Kenema Town: 69%, Bombali 69%, Port Loko 66%: Koinadugu: 69%. As a result PCT continued for a further month;
- End process monitoring was performed in late January disaggregated by sex 2011 and overall coverage was demonstrated to have been effective 84% eligible population had received treatment; only Port Loko was below 75% of eligible person treated;
- The disaggregation by sex showed that a significantly lower percentage of females had been treated in Bombali and Bonthe. In Port Loko there were significantly less males accessing treatment which was attributed to rapid and recent job opportunities provided by mining companies, taking males away from their villages. Contact with these mining companies has been made for provision of PCT at the work-site for Y6;
- All DHMTs involved had appreciated the independent monitoring in-process daily de-briefing as it had helped them target resources effectively;
- Monitoring of common side effects and serious adverse events will be improved in Y6 by the participation of the newly constituted MOHS National Adverse events following Immunizations/Drugs (AEFI) committee.

9. Supervision:

Supervision of the NTDCP is conducted on several levels: NTDTF oversees planning of the NTDCP to ensure quality control, training of DHMTs by the NTDCP is monitored and supervised by HKI, MDAs are monitored and supervised by the NTDCP, PHU activities are supervised by the DHMTs and activities at community level: advocacy, training of CDDs and implementation of MDA are supervised by PHU staff with reinforcement of the DHMTs and NTDTF members. In addition, Deputy Directors and School inspectors supervise the MDA-STH with back up from the National School and Adolescent Health (NSAH), DHMT and HKI. Informal community self monitoring has been performed since Y4 but is implemented inconsistently: this will be revised in Y6 by the NTDTF, during the NTD review meeting and the training of supervisors.

10. Management of Severe Adverse Events (SAEs)

During training of all cadres necessary information about exclusion criteria, recognition and response to common side effects and SAEs are taught. During community social mobilization events, CDDs sensitize communities about common side effects. The CDDs are trained by PHU staff to recognize SAEs and refer these to the nearest hospital for appropriate case management. All SAEs are reported by the PHU staff to the DHMT and onwards to the NTDCP immediately using reporting forms revised by the Pharmacovigilance Department, Pharmacy Board of Sierra Leone (PBSL) with hotline phone numbers and an email address to be used from those established by WHO and the pharmaceutical companies. If any SAEs occur, RTI, FHI, WHO, and the drug companies will be notified. The PBSL will continue to participate in Y6.

11. Additionality:

Additional number of persons treated

Following the 100% geographic coverage achieved in Y5 there will be an increasing number of people treated for all four NTDs due to the estimated 2.4% annual growth rate and

increased programmatic coverage. In Y6, the population number targeted for LF will increase from 4,735,363 (77% epidemiological coverage in Y5) to 5,020,475 in all 14 health districts, and onchocerciasis from 2,341,873 to 3,029,026 in 12 districts of Sierra Leone.

In Y5, 403,212 (85% epidemiological coverage in Y5) of school aged children and 1,449,640 (81% epidemiological coverage in Y5) of at risk adults in endemic chiefdoms of 7 districts were given praziquantel (PZQ). In Y6; 824,355 school aged children and 1,341,914 at risk adults in the endemic chiefdoms will be targeted for MDA-SCH. Estimations of population data by chiefdoms have not yet been made available to the NTDCP and the 2004 census projections are known to be inaccurate due to post-war migration, so both CDD census and DHMT data has been used to present the more accurate picture. The targeted population will be re-assessed following the pre-4th MDA-SCH survey in Y6 and the chiefdom level population figures obtained where possible.

	Onchocerciasis based on CDD census		LF based on CDDs census projections		STH figures based upon DHMT data		Schistosomiasis based upon CDDs census	
	# of Districts	Target	# of Districts	Target	# of Districts	Target	# of Districts	Target
Y5 treated	12	2,341,873	14	4,735,363	14	4,735,363	7	1,934,670
Y6 target	12	3,029,026	14	5,020,475	14	5,020,475	7	2,166,269
Addition-ality	0	687,153	0	285,112	0	285,112	0	231,599

Increased NTD funding by other donors

Since the Financial Gap Analysis (FGA) for the NTDCP in Y5 the GoSL has increased its budget allocation to NTDCP from operational costs only to cost including activity implementation. However disbursement of funds has not yet occurred. Advocacy will also target the GOSL to ensure the budgeted funds are actually disbursed.

The NTD partners including APOC and Sightsavers remain committed to providing cash or in-kind cost share to the NTDCP. However their Fiscal Year runs from January to December so they are yet to make their full commitment on Y6 budget. Once this is made clear, the work plan will be updated and all the donors and partners will be informed.

There has been an increase in the number of cash and in kind donations and the quantity of donations: the MEST signed a contract with HKI for $159,989 from the FTI-World Bank for round 2 de-worming of school-aged children in Y5 and a expanded proposal is being negotiated for Y6. HKI has already received 1,500,000 doses of Albendazole from World Vision International (WVI) towards this round 2 deworming of school aged children in Y6.

Additional in-country capacity to address morbidity control

In Y6 and with funding from Johnson and Johnson the NTDCP anticipates training 10 additional doctors on new hydrocoele surgical techniques. In Y5, 10 Sierra Leonean doctors were trained by a Dr. S. D. Mante, Medical Division Ghanaian Army funded by Johnson and Johnson, bringing the total number trained since 2008 to 50. Morbidity control remains the only activity that is currently not funded by any donor. From the FGA tool the NTDCP has estimated the cost of treating 3,600 hydrocele patients is 265,787 USD.

12. Elimination and Control Strategies:

The Mano River Union (MRU) comprises Liberia, Sierra Leone, Guinea and Cote Ivoire and annual meetings are held in a rotational location for the collaboration and coordination of planning within Ministries of Health and partners. Cross border recrudescent of diseases and the development of regional strategies, defining roles and responsibilities to mitigate risks will be addressed in the last quarter of Y5, Conakry Guinea and again in Sierra Leone in Y6.

13. Monitoring and Evaluation:

An onchocerca entomological survey in 12 districts will be concluded in Y6 funded by WHO. This follows the epidemiologic survey in Y5 after 5 rounds of effective MDA which showed significant reduction in prevalence and intensity from the 2002-2004 baseline.

In 2013, a post-fifth round LF impact assessment will be conducted in 12 districts and post-third round in the WA to determine whether a transmission impact assessment should be conducted to assist a policy decision about cessation of MDA and commencement of disease surveillance. However, MDA will need to continue in WA for a further 3 rounds. A post third round of LF impact assessment survey was concluded in the 12 districts in Y5 showing a significant reduction in prevalence and intensity compared to 2007-8 LF baselines.

Sentinel sites surveillance for SCH and STH will be performed pre 4th MDA in Y6. Sentinel sites surveillance for SCH and STH commenced in Y3, 6 months after the first round of MDA with additional funding from the United Nations Children's Fund (UNICEF).

A pilot project to improve monitoring in hard to reach locations and reduce costs using cell-phone technology has been planned and HKI will support the NTDCP in its scale-up for MDA as appropriate in Y6.

- Independent monitoring of MDAs for LF-oncho-STH and SCH-STH
- Timely submission of coverage forms and updated baseline forms to RTI
- Reporting to NTDCP of population by chiefdom to facilitate planning of MDA-SCH
- All large scale activities such as training, social mobilization CDD orientation are monitored by HKI and evaluated by field trips and randomly selected site interviews. The results will be presented at the stakeholders annual review in Y6.

14. Cost Efficiencies:

In Year 6, costs will be reduced in the following ways:

- Number of technical/managerial trips will remain two; from regional office and/or headquarters;
- Training and refresher training for PHU staff will be reduced from 1 day to ¾ day allowing travel to and from the training site to occur in the same day while refresher training for CDDs will maintain to one half day;
- Trainings and refresher trainings will be integrated into other activities in order to reduce the number of training events and logistical expenses;
- No new training manuals and IEC materials will be developed but those developed in past years will be revised as required;
- The use of the media will be increased as opposed to print materials, which tend to be more expensive. The use of interactive radio programs allow more flexibility and less

cost to tailor communications and social mobilization within a maturing program context

- Collaboration with the Community Radio Network "Talking Drums" to air jingles, discussions, for distribution nation-wide will be strengthened.

15. Short-Term Technical Assistance:

Table 4. Short-term Technical Assistance

Task	Technical skill required	# of Days
Leadership	Leadership training	5

HKI-SL will continue to provide training in data management, information technology, monitoring, evaluation, analysis, reporting and for the NTDCP, DHMTs and the SLPB. Technical assistance for leadership training for the NTDCP-Manager will help consolidate the progress made to date. As progress to a situation where NTDs are no longer public health problems, HKI and partners will work together with the MOHS to identify specific technical assistance needs for disease monitoring and surveillance to avoid recrudescence.

16. Cost Share: Describe any cost share that will occur during Y6.

Funds from CIDA will contribute towards the twice yearly Vitamin A Supplementation (VAS) and de-worming for children 12-59 months during in November 2011 and May 2012. An estimated 15% of the CIDA budget will be used for cost sharing. In Y5 HKI received $159, 989 from the MEST funded by the World Bank-FTI for de-worming school-aged children. It is expected that in Y6 an additional US $250,000 will available for a second de-worming of school aged children in 12 districts. A gift in kind of 1.5 million doses of albendazole 400mgs has already been received from World Vision International (WVI) to be used in Y6 for this second de-worming of school aged children in 12 districts.)

Table 7. Summary of the HKI Sierra Leone Cost Share (USD		
Project	Y6	Total
CIDA: VAS and de-worming of children <five yrs: 15% of the current proposal	48,586	71,920
MBD 500 mgs from MRC-SL 84,350 doses 2011	-	1,856
FTI for deworming school aged children **(TBC)**	250,000	159,989
MBD 1.1M doses (DtW): Y5, ALB 1.5M doses (WVI): Y6	33,000	57,200
TOTAL	283,000	492,379

17. Report Writing

Semi-annual reporting of progress of country program. HKI will provide semiannual reports on the country program's progress in compliance with reporting guidelines provided by the Program. HKI will also submit a semi-annual report on activities conducted from Oct. 1, 2011 through the end of grant agreement.

Final close-out report. By a date to be determined, the grantee will provide a report on results and lessons learned over the life of the Program. RTI will provide a final report template with specific instructions for this report.

18. Transition Strategy:

As the MDA for oncho-LF-STH needs to commence in October 2012 and all preparations have been up into place under the RTI funded budget for Y5 it is imperative the early October timeline is respected as the CDDs are mostly farmers and their harvest commitments need to be respected if they are to be available for MDA. The possibility of another extension under the existing RTI contract is being explored to safe-guard this timeline. While we do not envisage much change in the administrative operations from RTI to FHI, we will work with FHI to organize training for both national and HKI technical and financial staff.

19. Timeline of Major Activities: implementation in the Scope of Work for Y6

Activity	O	N	D	J	F	M	A	M	J	J	A	S
Drug delivery, clearing, logistics, security Oncho-LF-STH	■											
Provision of Materials needed for PCT Oncho-LF-STH	■											
PCT: Oncho-LF-STH in12 Districts Oct-Nov 2011	■											
MCHA PCT- Oncho-LF-STH in 12 district HQ towns	■											
Collection, Analysis & Reporting: PCT Oncho-LF-STH		■										
NTD Curriculum development workshop						■						
SCH sentinel site survey pre 4th round					■							
Participation in MRU Meeting												■
Branding		■							■			
Leadership training & Implementation of the FGAT					■							
Review Meeting for NTDs						■						
Advocacy meeting for LF-STH WA											■	
Social Mobilization for LF-STHWA											■	
PHU Staff Training for LF-STH WA												■
IEC materials							■				■	
Training of CHWs for PCT-LF-STH WA												■
PCT–LF-STH WA												■
Training of Supervisors – SCH in 7 Districts								X				
Refresher Training of 393 PHU Staff for SCH 7 Districts								X				
Advocacy Meeting for PCT-SCH in 7 Districts									■			
Feeding of school children prior to PCT-SCH									■			
Social Mobilisation for PCT-SCH in 7 Districts									■			
PCT SCH in 7 Districts									■			
Collection, Analysis & Reporting of PCT SCH									■			
Independent Monitoring PCT SCH & PCT Oncho-LF-STH		■							■			
Independent Monitoring PCT –LF-STH WA												■
Training of Trainers-Oncho-LF-STH										■		
Training of PHU staff PCT Oncho-LF-STH in 12 Districts										■		
Advocacy Meetings PCT Oncho-LF-STH in12 Districts											■	
Advocacy Meetings Private practitioners PCT LF-STH WA											■	
Social Mobilisation for Oncho-LF-STH in12 Districts											■	
Social Mobilisation for LF-STH WA											■	
Refresher Training of CDDs												■
Incentives for CDDs										■		
Administrative support for NTDCP & NSAH		■					■					

(Annex 1)

PUBLICATIONS

Koroma JB, Peterson J, Gbakima AA., Nylander FE, Sahr F, Soares Magalhães RJ, Zhang Y, Hodges MH: Geographical Distribution of Intestinal Schistosomiasis and Soil-Transmitted Helminthiasis and Preventive Chemotherapy Strategies in Sierra Leone**. PLoSNTDs 10**-PNTD-RA-0994 published 11/24/10

Hodges M, Smith SJ, Fussum D, Koroma JB, Conteh A, Sonnie M, Sesay S and Zhang Y: High coverage in mass drug administration for lymphatic filariasis in the rural and non-rural settings in the Western Area, Sierra Leone Parasites and Vectors 2010, 3:120 published 12/22/10

Hodges M, Koroma, JB, Kennedy N, Sonnie M, Cotter E, and MacArthur C: Neglected tropical disease control in post-war Sierra Leone using the Onchocerciasis Control Programme as a platform. International Health 2011 DOI: 10.1016/j.inhe.2011.03.003 published 6/10/11.

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Koroma JB, Heck E, Vandi M, Sonnie M, Hodges M, MacArthur C, Sankara DP: The Epidemiology of Trachoma in the Five Northern Districts of Sierra Leone Journal of Ophthalmic Epidemiology ID NOPE-2010-0049.R1 published 7/26/11

SUBMITTED AND UNDER REVIEW/REVISION:

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Hodges MH, Paye J, Koroma MM, Nyorkor ED, Fofonah I, Zhang Y: *Schistosoma mansoni* and soil-transmitted helminths in children aged 4-5 years of age in Sierra Leone. Acta Tropica submitted ACTROP-D-11-00363. Submitted 9/21/11

Koroma JB, Bangura MM, Hodges MH, Bah MS, Zhang Y: Lymphatic Filariasis Mapping by Immunochromatographic Cards and Baseline Microfilaria Survey prior to Preventative Chemotherapy and Transmission Control in Sierra Leone. Parasites & Vectors: 3830373286126968 9/30/11

IN PREPARATION:

Hodges MH, Turay H, Fofonah I, and Sonnie M: Independent Monitoring of Preventative Chemotherapy and Transmission Control for lymphatic filariasis adapted for 12 rural districts and 4 provincial towns in Sierra Leone. For Biomedical Research Journal of SL.

Kamara W, Toubali E, Hodges M, Zoerhoff K, Chowdhury D, Sonnie M, Magbity E, Samai M, Conteh A, and Sesay S.. Comparisons of coverage rates for lymphatic filiariasis in Sierra

Leone using the pre-preventive chemotherapy census, national census population projections and a validation survey. For PLoS-NTDs.

LIST OF ACRONYMS

ATP	Annual Transmission Potential
CDD	Community Drug Distributor
CDTI	Community Directed Treatment with Ivermectin
CHA	Community Health Assistant
CHO	Community Health Officer
CHW	Community Health Worker
CIDA	Canadian International Development Agency
DHMT	District Health Management Team
DPC	Disease Prevention and Control
FAQs	Frequently Asked Questions
FGA	Financial Gap Analysis
GOSL	Government of Sierra Leone
HD	Health District
HKI	Helen Keller International
LLINs	Long-lasting insecticide-treated nets
MCHW	Mother and Child Health Weeks
MDA	Mass Drug Administration
MOHS	Ministry of Health and Sanitation
NID	National Immunization Days
NMCP	National Malaria Control Program
NSAHP	National School and Adolescent Health Program
NTDCP	Neglected Tropical Disease Control Program
PHU	Peripheral Health Units
SLPB	Sierra Leone Pharmacy Board
RWA	Rural Western Area
VAD	Vitamin A Deficiency
VAS	Vitamin A Supplementation
WA	Western Area