Sierra Leone

FY2014

Control of Neglected Tropical Diseases

Annual Work Plan
October 2013-September 2014

Date: May 2013

Submitted to: FHI360

Submitted by: Helen Keller International - Sierra Leone

For further information, please contact:
Chad Mac Arthur
Director of Neglected Tropical Disease Control

Helen Keller International
352 Park Avenue South
New York City, NY 10010
USA

Table of Contents

Acronyms and Abbreviations 3
Goals for the year FY14 9
Main Activities 9
Support NTD Country Program Planning Process 9
Mapping 10
Scaling up NTD National Program 10
Mass Drug Administration 11
MDA Strategy 11
Training 12
Community Mobilization and IEC 13
Supervision 13
Supply Chain Management 15
Management of Serious Adverse Events 17
Program Monitoring and Evaluation 17
Monitoring and Evaluation of MDA 17
Program Assessments and Transition to Post-MDA Elimination Strategy 18
Sustainability Issues 19
Unique Country Features That Can Affect Program Performance 20
Financial Management 22
Facilitate Collaboration and Coordination 23
Environmental Monitoring Plan 25
Travel Plans 26
Staffing 26
Timeline 27

Acronyms and Abbreviations

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
CDD	Community Drug Distributor
CHW	Community Health Worker
CDTI	Community Directed Treatment with Ivermectin
CMS	Central Medical Store
DDE	Deputy Director of Education
DHMT	District Health Management Team
DMO	District Medical officer
DMS	District Medical Store
DPC	Disease Prevention and Control
GoSL	Government of Sierra Leone
FAQs	Frequently Asked Questions
FGAT	Funding Gap Analysis Tool
FOG	Fixed Obligation Grant
FTI	Fast Track Initiative
FY	Fiscal Year
FP	Focal Person/ Family Planning
GoSL	Government of Sierra Leone
HD	Health District
HKI	Helen Keller International
HTR	Hard to reach
IVM	Ivermectin
IYCF	Infant and Young Child Feeding
IEC	Information Education and Communication
LF	Lymphatic filariasis
JSI	John Snow Incorporated
MDA	Mass Drug Administration
MBD	Mebendazole
MCH	Maternal and Child Health
MCHW	Mother and Child Health Week
MEST	Ministry of Education, Science and Technology
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation
MRU	Mano River Union
NEC/ADR	National Expert Committee for Adverse Drug Reactions
NID	National Immunization Day

NTD	Neglected Tropical Diseases
NTDP	NTD Program
NTDFP	NTD Focal Point
NU	Njala University
Oncho	Onchocerciasis
PCT	Preventive Chemotherapy
PHC	Primary Health Care
PHU	Peripheral Health Unit
PZQ	Praziquantel
RTI	Research Triangle Institute
SAC	School Aged Children
SAE	Serious Adverse Event
SCH	Schistosomiasis
SCM	Supply Chain Management
SLPB	Sierra Leone Pharmacy Board
SOP	Standard Operating Procedure
SSL	Statistics Sierra Leone
STH	Soil Transmitted Helminthes
TA	Technical Assistance
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WA	Western Area (Rural and urban WA)
WASH	Water and Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

Executive Summary

The goal for fiscal year (FY) 14 is to maintain effective mass drug administration (MDA) for lymphatic filariasis (LF) and soil-transmitted helminthes (STH) in 14 health districts (HDs) and for onchocerciasis in 12 HDs; to scale up MDA for schistosomiasis (SCH) in 12 HDs including the treatment of school-aged children (SAC) in 5 additional coastal HDs, which recorded low baseline prevalence but have never been treated; and depending on the outcome of the Pre-Transmission Assessment Survey (TAS) which will be conducted in 12 HDs in the last quarter of FY13, to conduct TAS in FY14. The strategy to treat the low baseline prevalence districts for SCH is in line with World Health Assembly (WHA) resolution 65.21, the WHO strategic plan (2012-2020) and WHO guidelines for helminthes control to eliminate SCH instead of control.

The Neglected Tropical Diseases Program (NTDP) work plan begins with a series of macro planning meetings immediately after the annual review meeting. At the macro planning meetings, target populations for all HDs are agreed upon and recommendations and lessons learnt from the review meeting are discussed and transformed into a working document. The work plan is developed with participation of NTDP, Helen Keller International (HKI) and other partners. Recommendation from micro planning meetings held at the district and community levels by various stakeholders are fed into macro planning level at the national level.

Mapping for all targeted neglected tropical diseases (NTDs) have been completed and no mapping is planned in FY14. MDA will be repeated for LF and STH in 14 HDs targeting 5,542,598 people; onchocerciasis in 12 HDs targeting 2,641,476 people; SCH in 12 HDs targeting 1,175,210 SAC and 1,348,122 at-risk adults.

Training and refresher trainings will be conducted for both new and previously-trained personnel. Training will target NTD focal persons (NTDFPs), district supervisors, peripheral health unit (PHU) staff, community health workers (CHWs), community drug distributors (CDDs) and Independent Monitors for MDA-SCH in 12 districts, MDA LF-Oncho-STH in 12 districts, MDA LF –STH in the Western Area (WA).

As part of the efforts to improve the monitoring and evaluation (M&E) of the NTD program, M&E tools, including questions designed to promote understanding of how well the program is implemented, will be administered to community leaders, community members, CDDs, head teachers, PHU staff and district health management teams (DHMTs) to assess the extent and quality of activities performed. Each NTDFP has been provided with a new laptop in the 3rd quarter of FY13 to help NTD data collection, monitoring and reporting. The independent monitoring tools will continue to be improved to help track progress of MDA and training activities.

Social mobilization through community meetings will be organized at village levels by PHU staff, head teachers prior to MDA targeting traditional leaders, religious leaders, teachers and parents. The newly developed national social mobilization guidelines will be utilized during community mobilization. Community Radios like Star radio which has transmitters in most part of the country, will continue to be utilized to disseminate tailored messages and edited frequently asked questions (FAQs). For MDA LF –STH in WA, a short video carrying message about LF will be produced by local comedians and will be displayed on television and on mega screens in strategic places prior to and during the campaign. Youths will also be contracted to make street announcements. The NTDP and partners will continue to advocate with mobile telephone operators to extend their corporate social responsibilities to the NTDP by distributing free SMS messages, especially during the period of MDA.

An annual meeting scheduled for the first quarter of FY14 will ensure HKI and other partners continue their support to the Ministry of Health and Sanitation (MoHS). In this meeting partners are encouraged to re-commit their organization's support for the control and elimination of NTDs in the country. Post MDA surveillance activities for LF will start after the TAS results are out and when MDA is stopped. Meanwhile NTDP will continue to advocate to the MoHS to include NTD surveillance in the national health surveillance system. In FY14 this will commence with the training of the MoHS district laboratory technicians on the diagnosis of LF. The technicians will be expected to collect and screen blood for LF as part of their routine work within the district hospitals. It is also expected that after the training the funding required to sustain such a surveillance mechanism will be minimal and can be covered from other sources including funding from the Government of Sierra Leone (GoSL). However, the two supplementary TAS during post MDA surveillance needed for certification of elimination after MDA is stopped will require funding from partners and the NTDP/MOHS will need to advocate for such funding when USAID funding might have stopped. It is hoped that these will ensure sustainability and help to prevent recrudescence of the disease. In a bid to meet elimination targets, representatives of the NTDP in Sierra Leone, including HKI-Sierra Leone staff, MoHS personnel, and Sightsavers staff will host a meeting in Sierra Leone with the national counterparts from other MRU countries in October 2013 to discuss the risk of cross border transmission of the diseases and to coordinate the NTD control effort in cross border areas, particularly for synchronized MDA activities. Transition and post-elimination strategies are a key element in the new Integrated NTD 5 year Master Plan (2011-2015).

In line with the new WHA resolution (May 2013) on the control and elimination of NTDs and in the drive towards country ownership of NTD program, the NTDP and its partners will work with WHO to develop a policy on NTD control and elimination for Sierra Leone. This policy will serve

as a statuary instrument to further draw the attention of decision makers and the requisite political will to allocate the necessary resources to control and eliminate NTDs in Sierra Leone.

Background

The current status of the Neglected Tropical Diseases Program (NTDP) in Sierra Leone includes 100% geographic coverage for all targeted neglected tropical diseases (NTDs) since 2010 and effective drug coverage in target areas. Epidemiological coverage of ≥80% has been achieved for onchocerciasis (Oncho), lymphatic filariasis (LF) and soil transmitted helminths (STH), and program coverage of over 90% for schistosomiasis (SCH). Since 2009, mass drug administration (MDA) for SCH has expanded from the initial school aged children (SAC) in 6 health districts (HDs) to include all SAC and at-risk adults in the 6 HDs, and to endemic chiefdoms of the Bombali district in 2010. This expanded coverage has been maintained to date. A second MDA round of deworming for STH among SAC, which started in 2009 in some districts, was scaled up to 12 provincial districts in 2012.

NTD activities have been integrated into primary health care (PHC). Training manuals, frequently asked questions (FAQs), posters, guidelines, pre-service training curriculum and a NTD master plan 2011-2015 have been developed. Innovative independent monitoring of MDA coverage was developed in 2010 and revised in 2011 and 2012. The other partners in Sierra Leone that collaborate with the NTDP are Sightsavers and the African Program for Onchocerciasis Control (APOC).

Table 1: NTD program in Sierra Leone

Disease	Number of endemic districts (at baseline)	Number of non-endemic districts (current)	Number of districts needing mapping	Number of districts with ongoing MDA		Number of districts needing MDA, but MDA not yet started	Number of districts where MDAs have been stopped
				USAID-funded	Others		
Schistosomiasis	12*	2	0	7	0	5	0
Soil-transmitted helminthes	14	0	0	14	0	0	0
Lymphatic filariasis	14	0	0	14	0	0	0
Onchocerciasis	12	2	0	12	0	0	0
Trachoma	0	0	0	0	0	0	0

* Only 7 HDs with SCH prevalence over 10% have been targeted for MDA so far during the first phase of control.

In fiscal year (FY) 13, the fifth round of MDA LF-STH was conducted in the 12 HDs treating 3,908,524 persons reaching an epidemiological coverage over 80%. In the Western Area (WA)

the third round of MDA for LF-STH was conducted treating 1.3 million people reaching an epidemiological coverage of 79.1%. In the 12 HDs, the seventh round of MDA for Oncho was conducted treating 2,446,658 persons and reaching epidemiological coverage of 80%. The fourth round of MDA SCH was conducted in seven HDs treating 399,120 SAC and 1.4 million special at risk adults recording program coverage of 82.2% and 81.4% respectively.

Refresher training of 22,000 community directed distributors (CDDs) and training of 500 new CDDs was held prior to the MDA in the 12 HDs. The new trainees were selected by the communities to replace those CDDs who have migrated to other towns. Following the training, village census data was updated in the village register by the CDDs, verified by peripheral health unit (PHU) staff, collated by the district NTD Focal Persons (NTDFPs) and forwarded to the NTDP at central level. During MDA, supportive supervision by the NTDP and HKI staff ensured that the MDA was correctly carried out by national, district and PHU staff. In addition to supportive supervision, independent monitors from the Sierra Leone Pharmacy Board (SLPB), Statistics Sierra Leone (SSL), and Njala University (NU) were trained by HKI. The independent monitors monitored the MDA in 12 HDs covering both the headquarter towns and a random sample of the rural areas.

Goals for the year FY14

The goal for FY14 is to maintain effective MDA for LF and STH in 14 HDs and onchocerciasis in 12 HDs; to scale up MDA for SCH in 12 HDs including 5 additional coastal HDs, which recorded low (<10%) baseline prevalence but have never been treated; and depending on the outcome of the Pre-transmission assessment survey (TAS) that will be conducted in the last quarter of FY13, to conduct TAS in FY14. In line with World Health Assembly (WHA) resolution 65.21, the World Health Organization (WHO) strategic plan (2012-2020) and WHO guidelines for helminthes control to eliminate SCH instead of control, SAC in those 5 coastal HDs where the baseline SCH prevalence was over 0% and below 10% will be targeted in FY14 and once every three years thereafter.

Main Activities

Support NTD Country Program Planning Process

Following the annual review meeting, the NTDP, HKI and other NTD partners will hold a series of macro planning meetings to agree on the target population for each MDA as full geographic coverage for all target NTDs has been reached.

The Tool for Integrated Planning and Costing (TIPAC) previously referred to as Funding Gap Analysis Tool (FGAT), which was developed in 2010, has been reviewed. With technical support

from FHI360, the TIPAC will be updated in the first quarter of FY14. The major gap that the tool (TIPAC) identified in the previous assessment was the lack of funds for morbidity management. The current funds provided by the United States Agency for International Development (USAID) targets only MDA but there is also a need to help those currently with disability due to NTDs. Currently, training of district medical officers on the new hydrocele surgery techniques has been supported by Johnson and Johnson.

The NTD Master Plan developed for 2011-2015 has still not been finalized. HKI will work with NTDP to update this plan according to the new WHO guidelines and get approval from the MoHS in FY14.

The NTDP work plan usually begins with a series of macro planning meetings immediately after the annual review meeting. At the macro planning meetings, target population for all NTDs are agreed upon and recommendations and lessons learnt from the review meeting are discussed and transformed into a working document. The work plan is developed with participation of NTDP and partners.

The micro planning is organized using a bottom-top approach. In order to ensure ownership, stakeholders at various levels are allowed to give opinions on how NTD activities can be better planned and implemented based on lessons learnt from previous years. This information is brought forward to the annual NTD review meeting by the NTDFPs, and is subsequently incorporated into the work plan. Basic information, communication and education materials that were previously produced and provided for these meetings have now been revised and will be reproduced and made available at each level.

Mapping

Mapping for all NTDs targeted through preventive chemotherapy (PCT) have been completed. No mapping is required in FY14.

Scaling up NTD National Program[1]

In FY14, the numbers of persons treated for LF and STH will increase from 5,296,185 in FY13 to 5,542,598 in FY14 in 14 HDs; 2,578,593 to 2,641,476 for onchocerciasis in 12 HDs. The numbers treated for schistosomiasis will increase from 1,822, 938 to 2,775,873 for SAC and at risk adults.

[1] The Annual MDA Treatment Projections for Sierra Leone are in the completed workbooks submitted with this work plan for FY2014 .

Mass Drug Administration

MDA Strategy

MDA for LF, oncho & STH in 12 districts will start in October 2013 and last for a period of 6-8 weeks and will be mainly funded by USAID and partly by APOC and Sightsavers. The MDA for LF in Western Area will take place in September 2014 and will last for 5 days. MDA for SCH will be conducted in June 2014 and will also last for 5 days. In addition, a second round of deworming in schools will be conducted either separately through the Ministry of Education, Science and Technology (MEST) depending on the availability of funding from Government of Sierra Leone (GoSL) or will be combined with the SCH campaign in June 2014. In order to improve coverage, special logistical provisions designed to increase accessibility will be made for communities considered to be hard to reach.

7 of the 12 provincial HDs (Kambia, Bombali, Koinadugu, Kono, Kailahun, Kenema and Pujehun) share borders with Liberia and/or Guinea. To help coordinate treatment and achieve effective treatment coverage along these borders, cross border meetings on both sides of the borders prior to MDAs are planned. Once coordinated, treatment will be synchronized in these border communities and will continue until there is full scale up of NTDs in both Liberia and Guinea.

In rural and urban WA, MDA will be repeated using the National Immunization Day (NID) Strategy approach utilizing house to house and fixed distribution points. For LF, Oncho, and STH in the 12 HDs, community directed treatment with ivermectin plus albendazole (CDTI+) strategy will be used according to WHO guidelines.

For SCH, MDA will be performed for only SAC in 5 coastal HDs (Port Loko, Kambia, Moyamba, Pujehun, and RWA) and for both SAC and special at risk adults in seven districts (Bo, Bombali, Kailahun, Kenema, Koinadugu, Kono, and Tonkolili). All MDA will be conducted in accordance with the WHO guidelines.

Table 2: Target districts and estimated target populations for FY14 MDA

NTD	Age group targeted	Frequency of distribution	Distribution platform(s)	Number of districts	# of people Targeted
Schistosomiasis	5-14 years At risk adults	Once Once	School based community	12 8	1,175,210 1,600,663
Onchocerciasis	≥5 Years	Once	Community	12	2,641,476
Lymphatic Filariasis	≥5 Years	Once	Community	14	5,542,598

Soil-transmitted helminths	≥5 Years	Once /twice*	Community	14	5,542,598
Trachoma	0	0	0	0	0

* A second round of deworming will be conducted in schools.

Training

Training and refresher trainings will be provided for both new and previously-trained personnel. Training of district supervisors, NTDFPs and PHU staff for MDA-SCH in 12 HDs (excluding Bonthe district and UWA) is scheduled for the 3rd quarter in FY14. Training of trainers (ToT) of District Medical Officers (DMOs), NTDFPs, Maternal and Child Health (MCH) Aide Training Coordinators and refresher training of PHU staff and CDDs for MDA-LF-Oncho and STH in 12 HDs is scheduled for the last quarter of FY2014. Training of technicians for TAS will also be conducted prior to the TAS in the last quarter of FY14. Refresher training of chiefdom supervisors and head teachers for second MDA-STH in 14 HDs will take place in the 3rd quarter of FY14. The refresher trainings are designed based on our experiences in past years as we realize there will be turnover among District Health Management Teams (DHMT) staff, PHU staff, and CDDs from year to year.

Table 3: Training Events - New Personnel and Refresher

Training Group	Topics	Number to be Trained			Number Training Days	Location of training(s)
		New	Refresher	Total		
MOH/MOE at Central Level (TOT)	MDA LF-Oncho-STH	5	34	39	1	Bo
Supervisors	MDA SCH MDA LF-Oncho-STH	48 410	62 820	110 1,230	1 1	District headquarter towns
Drug distributors	MDA LF-Oncho-STH MDA LF-STH	350 750	22,150 1,500	22,500 2,250	1/2 1/2	All PHUs
Other (Independent monitors)	MDA LF-Oncho-STH and SCH	5	15	20	1	HKI conference room

Community Mobilization and IEC

For all targeted NTDs, social mobilization through community meetings will be organized at village levels by PHU staff and head teachers prior to MDA, targeting traditional leaders, religious leaders, teachers and parents. The newly developed social mobilization guide will be utilized during community mobilization. Community radios like Star Radio, which has transmitters in most parts of the country, will continue to be utilized to disseminate tailored messages and edited FAQs. For LF-WA, a short video carrying message about LF will be produced by the local comedians and displayed on Television and on mega screens in strategic places prior and during the campaign. Youths will also be contracted to make street announcements.

The NTDP and partners will continue to advocate with mobile phone operators to extend their corporate social responsibilities to the NTDP by distributing free SMS messages, especially during MDA.

Supervision

Cost of maintenance of NTD vehicles and fuel has been included in the NTDP operational budget to enhance effective supervision. In addition, the hiring of motor bike and boats has been included in the budget to help the district NTDFPs supervise activities, especially in hard to reach (HTR) locations effectively. A transport allowance has also been included for PHU staff in order to help reach all of their outreach communities and therefore effectively supervise MDAs. Supervision of all NTDs activities (training, advocacy, social mobilization and MDAs) will be conducted at all levels (national, district and community) by the NTDP and partners (HKI, Sightsavers and WHO), DHMTs, Chiefdom Supervisors, PHU staff and community leaders.

One of HKI's mandates is to provide technical assistance to the NTDP. HKI headquarters and regional office are well positioned to supply all the country offices with updated WHO guidelines as they are made available and ensure the adherence to these guidelines. The HKI NTD Program will work with the national NTDP and other senior staff of the Ministry of Health and Sanitation (MoHS) to ensure adherence to MoHS guidelines and principles. Supportive supervision is done at all levels of program implementation: training, advocacy, community mobilization and MDA by staff of the NTDP, HKI, DHMTs and community leaders. The supportive supervision helps to identify constraints and challenges, and initiate remedial action to ensure that effective coverage is achieved.

In order to ensure that effective coverage is achieved, independent monitoring will be conducted in addition to supportive supervision. Independent monitors are selected largely from the SLPB, SSL and NU to conduct both in-process and end-process monitoring of MDA. The in-process monitoring is used to assess the progress of the MDA as it happens, and the findings

are used as guides for the DHMTs to increase support to areas with low coverage. The results from end-process monitoring are used to verify the reported MDA coverage and to recommend ways to improve coverage in the next round of MDA.

Supervision of PHU staff and CDDs or community health workers (CHWs) gives the opportunity to evaluate if the health workers are performing activities correctly or if they need additional training. Monitoring and supervision of MDA help identify barriers such as drug shortages from mal-distribution of drugs or the presence of additional people unaccounted for in the CDD census. This is common in the mining communities where many people have migrated to seek jobs. The DHMTs covering these mining communities will be encouraged to work with the necessary authorities of the mining communities in order to get the number of individuals employed by the mines and subsequently help them get correct overall estimates of the population. Independent monitoring can also help to improve MDA coverage, especially in HTR locations (as described above).

Also in FY14, special strategies including effective and continuous community mobilization using appropriately tailored health education messages and different communication approaches will be utilized to address the relatively high prevalence of post third round LF impact assessment results in Bombali districts and some villages in Bonthe Island. The strategy will also address the ineffective implementation of MDA in some villages in Sella Limba chiefdom in Bombali district as observed during supervision visits and confirmed by results of the impact assessment in the 4th quarter of FY2011.

Following refresher training, the CDDs conduct a census using village registers. The data from registers are collated by the PHU in-charge, verified by the district NTDFPs, and forwarded to the NTDP at national level. Drug needs are forecasted based on the eligible population in those registers. Treatment by CDDs is based on these registers but is updated with new members. In order to get detailed information, these forms have been adapted to capture different age and sex categories including SAC. For the second round of MDA STH by MEST in 12 HDs, school enrollment figures for the academic year are collected from the Deputy Directors of education (DDEs) during the macro planning meetings.

To improve data management capacity, each of the district NTDFPs has been provided with a new Laptop, a USB modem (equipped with all necessary WHO guideline and other necessary literature on NTDs) and a mobile phone. The NTDFPs have also received training in Commcare mobile phone technology for enhanced data reporting.

Supply Chain Management

Applications for ivermectin (IVM) and albendazole (ALB) are completed each year by the national NTDP usually after the MDA results for oncho and LF are available. For FY14, ALB and IVM drugs application was already made in March 2013. The PZQ for FY14 has been forecasted and ordered. Drugs for the second de-worming by MEST are donated by Feed The Children and we hope they will donate in FY14, as well. Wherever possible, drug projections are based on population estimates obtained through CDD censuses, as they provide the most reliable population estimates. However the projected number from 2004 national census data is used when community enumeration data is not available such as in urban communities: district head quarter towns and the WA. Estimates of school enrollment are usually either obtained from the DDEs or the school census report 2011.

All NTD drugs arriving in the country are cleared through customs by WHO. After the drugs are cleared through customs, they are immediately taken to the NTD drug store in Makeni using NTDP vehicles. Based on the eligible population for each district and nearer to the beginning of MDA, the drugs are then transported to the District Medical Store (DMS) using a NTDP vehicle. In general these drugs remain at the DMS in the custody of the district pharmacists. The PHU summary census data is used to distribute the drugs to the various PHU by the DHMTs. The PHUs, in turn, distribute the drugs to the CDDs using the eligible village CDD census data. Drugs donated by Feed The Children for MEST school de-worming are transported to the NTD drug store in Makeni. Prior to MDA, these drugs are transported to the DMS. The DHMT members distribute these drugs to the head teachers during their training at the chiefdom headquarter towns.

A constraint at the various DHMTs is the lack of functional vehicles to transport drugs to the various PHUs. Most of the vehicles supplied to the DHMTs in past years have broken down, making it difficult to distribute drugs in a timely manner. To solve these problems, motor bikes and boats are normally hired for MDA activities which will help focal persons transport drugs where there is a vehicle constraint.

As a way of ensuring availability of donated medicines at all levels in time for scheduled MDAs, the NTDP and its partners suggested that either MDA for LF-WA and SCH be shifted to September which is almost the same time as MDA in the 12HDs for LF, oncho & STH. For SCH, the new schedule for submitting orders for PZQ requires forecasting a year ahead of the MDA since the order is part of USAID's pooled procurement for PZQ. As a result, the FY14 PZQ order has already been made to JSI. The date for MDA SCH has now returned to its previous June timeline. However, application for IVM & ALB still depends on the previous MDA results and therefore MDA for LF-WA has now been shifted to September, as suggested. Another

suggestion was to continue to use NTDP vehicles at national level to distribute the drugs to districts as well as to PHUs, as it happened in most districts in FY 12 and FY13. For districts which have very difficult terrains, motor bikes and boats will continue to be hired to help transport NTD drugs.

Currently, the national central medical store (CMS) in the capital Freetown is not used for NTD drugs. The NTDP has a central drug store in Makeni where all drugs used in the NTD program are stored and are monitored by the NTD store keeper. However, all the standard procedures of the NTDP drug store are in line with those of the national CMS. The DMS and the district pharmacists are fully involved in the supply chain management (SCM) system. Drugs collected from the NTD store in Makeni are transported directly to the DMS under the supervision of the district pharmacist. These drugs will remain in the district until transported to the respective PHUs prior to MDA. To better improve the system and with TA from JSI, standard operating procedures (SOPs) drafted by John Snow Incorporated (JSI) were customized for Sierra Leone and corresponding training materials were developed by JSI for Sierra Leone. District-level ToTs were conducted for all districts' pharmacists and NTDFPs on the SOPs in May 2013 with the support of JSI staff. On-the-job training was also provided to the NTD warehouse Manager on the SOPs, including international warehouse procedure standards. During the training conducted by JSI, amendments were made to the standard operating procedures and the training materials. These amendments will be incorporated by JSI to produce final documents.

Table 4: NTD Medicines Estimated for the year 2014

Drug	**Source of drug (Donation program, USAID-funded source, or government procurement)** ***Indicated name of donation program, if applicable.**	**Quantity of drug requested**	**Date of Application (Month/Year)**	**Requested delivery date (Month/Year)**
IVM	Mectizan Donation Program	15,329,066	25th March 2013	August 2013
DEC	-	-	-	-
ALB	Mectizan Donation Program	6,018,822	25th March 2013	August 2013
MEB	-	-	-	-
PZQ	USAID	6,333,975	April 2013	March 2014

Zithromax syrup	-	-	-	-
Zithromax tablet	-	-	-	-
Tetracycline eye ointment	-	-	-	-

Management of Serious Adverse Events

Serious adverse events (SAEs) are usually monitored by CDDs who refer all patients to the PHU for case management. The PHU staff reports to the DHMT, who then reports to the NTDP using reporting systems established by WHO and SLPB. The NTDP will immediately inform HKI and WHO of any SAEs, and HKI will inform FHI360 by email. The reporting forms include a phone hotline and email address. Since 2011, the monitoring and management of adverse drug reactions was expanded to include the National Expert Committee for Adverse Drug Reactions (NEC/ADR), a body of physicians, public health specialists, pharmacists of the SLPB, pathologists, and representatives from WHO and NGOs. The NEC/ADR is charged with the responsibility of monitoring adverse drug reactions for MDA LF-WA organized and implemented by MoHS.

HKI will continue to provide technical assistance for monitoring and managing these SAEs. Part of the training conducted by JSI in May 2013 included topics on management and reporting of SAEs and the SOPs include management of SAEs. Communications about potential SAEs, potential causes and their management have always been part of the NTDP social mobilization efforts at all levels using the appropriate medium.

Program Monitoring and Evaluation

Monitoring and Evaluation of MDA

The data derived from monitoring and evaluation (M&E) deliverables will be reported in the semi-annual report and/or in the M&E workbooks. These will be updated during subsequent work planning sessions, semi-annual reporting sessions, or in the report of MDA data.

The results from the end process independent monitoring is used to validate the data reported by the NTDP. The tools used to collect this information are pre-tested and the monitors are properly trained before taking part in the process. It is hoped that the proposed M&E training for NTDP and HKI M&E staff if implemented and cascaded to DHMTs, PHU staff and CDDs during training and refresher trainings will further improve the quality of M&E at all levels.

A set of national M&E tools, which include questionnaires, will be administered to community leaders, CDDs, DHMTs, DDEs, head teachers, and community members to assess the extent and quality of activities performed. Simple tally sheets which record whether or not people took the NTD drugs are used during our independent monitoring to determine coverage.

Program Assessments and Transition to Post-MDA Elimination Strategy

There will be no pre-TAS in FY14.

Based on the results of the Pre-TAS the program will implement in 12 districts in FY13, TAS will be conducted in the last quarter of FY14 to assist with a policy decision about the cessation of MDA and the commencement of disease surveillance. A TA has been requested to help with the training of technicians on the TAS protocol.

Trachoma is not a public health concern in Sierra Leone and is not targeted by the country NTDP.

A microfilaria epidemiological survey was conducted in 2010 by APOC and NTDP for onchocerciasis and results showed a reduction in prevalence and intensity from the baseline surveys. The results of an entomology survey conducted in 2011 to evaluate how long the country will continue to treat for onchocerciasis is yet to be made available by APOC. So far there is no assessment planned for onchocerciasis in FY14.

The impact assessment conducted for SCH and STH in 2012 showed a significant reduction of 66.3% and 51.7% in prevalence and intensity, respectively after 2-3 rounds of effective MDA. There is no planned assessment for SCH and STH in FY14.

The national M&E tools for supervision and independent monitoring developed in the 1st quarter of FY13 will be revised and administered to DHMTs, PHU staff, CDDs, DDEs, school supervisors, head teachers, and community members to assess the level and extent of the NTD activities completed. The end process independent monitoring will also be used to obtain final coverage figures to enhance the NTDP report, especially in HTR locations and in urban settings such as the WA. In FY14 M&E activities will be coordinated with other partners including Sightsavers.

Several efforts are ongoing to get the GoSL's commitment to sustain the NTDP even when MDA is stopped. NTD control has been fully integrated into the PHC system of the MoHS. As a result of efforts and the progress made so far, HKI was asked by the USAID local representative to

make a contribution to the President of Sierra Leones's speech to The White House with regards to NTDs in March 2013. Going forward HKI will ensure that USAID (Washington D.C.) and FHI360 are included on all correspondence with the US Embassy in Sierra Leone. When planned meetings between HKI and the Embassy take place, HKI will ensure that USAID and FHI360 are informed in advance of the meeting with information including date, place, and purpose of the meeting, and participants at the meeting. If impromptu meetings take place, HKI will provide a summary of the meeting to FHI360 within one week of the meeting.

HKI will continue to work with our local and international partners, including Sightsavers, APOC, FHI360 and USAID, to hold numerous advocacy events with the GoSL for the inclusion of NTDs into its new agenda for prosperity[2]. We will also continue to utilize social mobilization within the communities to increase support among local, religious and traditional leaders.

An annual meeting scheduled for the first quarter of FY14 will ensure continued support from HKI and other partners to the MoHS. Post MDA surveillance activities for LF will start after the TAS results are out and when MDA is stopped. Meanwhile NTDP will continue to advocate to the MoHS to include NTD surveillance in national disease surveillance system. This will ensure sustainability and help to prevent recrudescence of the diseases. In a bid to meet elimination targets, the MoHS/NTDP and NTD partners will host the next MRU meeting in Sierra Leone in October 2013 to discuss the risk of cross border recrudescence of diseases and other essential components of the post-elimination strategy. Transition and post-elimination strategies are a key element in the new Integrated NTD 5 year Master Plan (2011-2015).

Sustainability Issues

NTDs are currently not part of the national surveillance system since the program has not reached this stage, but efforts are underway for the inclusion of the targeted NTDs when MDA is stopped. Also, the database for NTDs in the health management information system (HMIS) is empty, but there is presently a provision for NTDs in the HMIS and there are efforts to update this data base with NTD indicators in FY14. HKI information technology (IT) officers will work with the NTDP to achieve this.

One major challenge to sustainability of the gains made by the NTDP is the risk of recrudescence due to cross border movement. As highlighted above, seven of Sierra Leone's 14 HDs share border with Guinea and Liberia. These two countries have NTD programs that have not been scaled up to full national coverage. Because of the movement of people across the boundaries for trade, agriculture or settlements, there is a risk of transmission across the

[2] This is a Master Plan developed by the Government of Sierra Leone to guide Development Partners in the country. All activities implemented by Development Partners have to be in line with this Agenda for Prosperity.

borders. To prevent this occurrence, HKI has included a budget to organize meetings across the borders and have an estimate of the population of the border villages to plan properly for their inclusion in MDAs. These meeting are planned prior to MDA each year.

Unique Country Features That Can Affect Program Performance

Sierra Leone has many populations that are considered HTR. Some are in remote, sparsely populated areas of the country such as Bonthe Island in Bonthe district, Yeliboya in Koinadugu district, the riverine villages in Kambia and Pujehun districts and some villages in Toli and Lei Chiefdoms in Kono districts. The main obstacle in treating HTR communities is the difficulty of accessing these places with logistics, good social mobilization, and conducting supervision. Special strategies to reach the HTRs will include hiring boats and motorcycles so that key messages and drugs can reach them in time.

As mentioned above, seven HDs in Sierra Leone share a border with Guinea and Liberia. Synchronizing MDA at the common border points has not been achieved due to different timelines for MDA in these MRU countries. To cope with the influx of persons who normally cross the borders into Sierra Leone during MDA, some strategies were formulated to address the issue in FY13. These included organizing community meetings in the strategic border towns with the participation of all stakeholders in border districts of Kambia, Bombali, Kono, Kailahun, Koinadugu, Kenema and Pujehun. These meetings will attempt to get estimates of the population of villages on the border with Sierra Leone so that appropriate quantities of drugs can be ordered to cater for the population. The meetings will also discuss the supervision of the MDA, and will address any cultural issues so that border disputes can be avoided. This effort already started in FY13, will be maintained in FY14 and improved upon in subsequent years.

The results of the LF post third round impact assessment recorded a relatively high prevalence in Bombali district and some parts of Bonthe district and also result of supervision conducted revealed that effective coverage of MDAs are yet to be achieved in some villages in Sella Limba chiefdom in Bombali district. In FY14 special strategies including effective and continuous community sensitisation using appropriately tailored health education messages and different communication approaches will be utilized in these affected communities. The sensitisation will target all the facets of the communities including the chiefs, the community health committees, youth groups, women's group and the community members.

Short term Technical Assistance Request[3]

TAS: If the results of Pre-TAS conducted in 12 HDs in the last quarter of FY13 are satisfactory, Sierra Leone will conduct TAS in FY 14 for the first time. The NTDP will request TA to help with developing a TAS protocol and training of field technicians.

M&E: Due to the late invitation to NTDP, Sierra Leone missed the previous M&E training organized by WHO in 2012. In the bid for NTDP to benefit from this training, a TA will be requested to WHO to train both NTDP and HKI M&E staff in WHO NTD M&E tools. Once trained, these staff will train the various M&E staff in the DHMTs, which will help to build their capacity and strengthen the overall NTD data management system.

TIPAC: The Funding gap Analysis Tool (FGAT) developed in 2010 has been upgraded to the Tool for Integrated Planning and Costing (TIPAC). Training of NTDP and HKI staff on the use of the TIPAC is also needed. This requires TA, which can be provided by FHI360.

Supply Chain and Drug management: In the third quarter of FY13, the NTDP received TA from JSI on SCM to develop SOPs and a training curriculum on key SCM topics. The TA provider from JSI trained the DHMTs on the content of the SOPs so they could serve as trainers of the material to PHU staff. The TA also included on-the-job training of the NTD Warehouse manager. However, the NTDP believes that very limited time was allocated in FY2013 for finalizing the SOPs, the training curriculum, training the DHMTs, and has decided that more time is needed to conduct proper ToT of the DHMTs on the SOPs and the training curricula in FY14. In FY14 additional TA will be provided by JSI that will also include on-the-job training of the NTDP central warehouse manager in Makeni to ensure the continued application of internationally recognized standards of warehouse management and the development of a curriculum tailored for the needs of the DHMTs to teach PHUs, which could be done remotely.

Biomedical training/Surveillance: Effort is ongoing to advocate for the 5 PCT NTDs to be included as part of the national surveillance system, especially LF, onchocerciasis and schistosomiasis, which are now being targeted for elimination. In the preparation for the inclusion of these NTDs into MoHS surveillance system, a TA request has been made by NTDP to train the MoHS laboratory technicians attached to the districts on diagnosis of LF, SCH and STH. For example, laboratory technicians in the districts can be trained to use blood samples received in their laboratories for malaria diagnosis to simultaneously screen for LF. The training will target 13 MoHS district laboratory technicians and will be conducted by a local consultant from the National Laboratory and Surveillance Technical Working Group in the third quarter of

[3] Contingent to fund availability and prioritization requests.

FY14 in Freetown. After training, these technicians will be expected to collect and screen blood for LF as part of their routine work within the district hospitals. It is also expected that after the training the funding required to sustain such a surveillance mechanism will be minimal and can be covered from other sources including funding from GoSL. However, the 2 supplementary TAS needed during surveillance for certification of elimination after MDA is stopped will require funding from partners and the NTDP/MOHS will need to advocate for such funding when USAID funding might have stopped.

NTD Policy: In the drive towards country ownership of the NTDP, there is need for a policy on NTDs to serve as statuary instrument to guide the implementation of NTD activities. This policy could also be used as an advocacy guide to induce the GoSL to allocate the necessary funding for the implementation of NTD activities. The local WHO office has consented to offer this service provided the activity is completed before September 2013.

Table 5: Technical Assistance Requests

Task	Technical skill required	Number of Days required
TAS	TAS Protocol and training of field personnel	5 days
M&E	M&E of NTDs	5 days
TIPAC (NOV 2013)	Training NTD Finance and Technical staff on TIPAC	15 days
SCM	TOT for DHMTs and training of NTD Ware house manager	10 days
Biomedical training/Surveillance	Training of lab technicians	5 days
NTD Policy	TA to assist in developing national NTD policy from WHO	14 days

Financial Management

Grants from USAID are managed by the HKI Finance Manager, in collaboration with the HKI NTD Program Coordinator and supervision from the HKI Country Director. He, with supervision from the HKI Country Director, provides the day-to-day financial and operations support, and is in charge of the financial team at the HKI Sierra Leone office. Since the initiation of the fixed obligation grant (FOG), efforts have been made to work with FHI360 to understand and comply with all USAID FOG regulations.

The training of NTDP, DHMTs and PHU staff on USAID financial management, including FOGs, has been integrated in the training and refresher training programs. In order to improve the reporting of the FOG financial mechanism, a presentation on FOG reporting was made to NTDP, district NTDFPs, DMOs, midwifes and MCH Aide coordinators. In addition to this, training was provided to all district NTDFPs in FY13 on the use of mobile phones to report achievements made in the districts relating to NTDs. These phones were donated to them at the end of the training to be used for reporting. Recommendations from the recently completed financial sampling of MDA expenditures were also included in training in FY13 at all levels and will be maintained in FY14. In this regard, HKI in collaboration with FHI360 will continue to work with the NTDP on helping them build their capacity in financial systems and management.

Both APOC and Sightsavers are still committed to supporting the NTDP on control/elimination of NTDs in Sierra Leone. Furthermore, a partnership was established in FY12 with TOMS Shoes that donates shoes to the NTD program to support all CDDs. The first shipment containing 123,085 pairs of shoes will be supplied in FY13. It is anticipated that if this first partnership is successful, a larger shipment will be made to cover all SAC in addition to the CDDs.

Facilitate Collaboration and Coordination

There have been tremendous advocacy efforts over the years to mobilize GoSL's political and financial support for the NTDP. These advocacy and social mobilization efforts have targeted stakeholders at all levels (National, District and community). These efforts have yielded results as demonstrated by the attendance of senior level MoHS staff at NTD meetings. Also, as indicated earlier, HKI was requested in FY13 to provide three sentences about progress of the NTD program in the President of Sierra Leone's proposed speech at the White House. The GoSL continues to meet its obligation to pay NTD staff salaries and other administrative expenditures as estimated for January-December 2013. However the disbursement of these funds in time still remains a challenge. Continued effort will be made for budget lines to be included in district level budgeting by MoHS for NTD activities and for the timely release of these funds.

Sightsavers and APOC have over the years continued to contribute to the national NTDP budget for oncho control. In the first half of FY13 both APOC and Sightsavers contributed the sum of USD 38,550 and USD 23,255, respectively. Other NGOs including Feed The Children, St Andrews Clinic for Children, World Vision have donated mebendazole/albendazole for the second round of de-worming of SAC. In FY12, the GoSL through the MEST Fast track Initiative (FTI) Project funded the second de-worming of SAC in the 12 provincial HDs. In FY14, the NTDP and HKI will continue to advocate to these donors to continue to contribute to the control/elimination of NTDs in Sierra Leone.

Also in FY14 the NTDP through the NTD Task Force will begin to advocate for the local WHO office to recruit or appoint an NTD focal person through whom all issues related to NTDs will be channeled for the attention of the WHO Country Representative. With the substantive NTD focal person at WHO in Sierra Leone, it is hoped that collaboration between WHO and NTDP will be improved and maintained. The person will serve as a liaison between the global NTD community and NTDP. For instance, the need for a national policy on NTDs can be addressed through this NTD Focal Person.

The MoHS is fully represented by the NTDP and participates fully in the development of the annual work plan. After the approval of the work plan, a stakeholder meeting will be convened where the approved work plan will be disseminated to senior management of MoHS, including the Chief Medical Officer, the Director of Disease Prevention and Control, the Director of PHC, NTDP, DHMTs and all other stakeholders.

The NTDP will continue to collaborate with other health intervention programs that have direct links with the success of the program. Although integration of MDA for NTDs within the broader health campaigns such as mother and child health week (MCHW) has not been feasible, efforts have been made to synchronize activities for maximum benefit of all beneficiaries. This was piloted in FY11 when MDA for LF-Oncho-STH in 12 HDs was integrated with the distribution of long lasting insecticides treated nets in Bo, Bonthe, Moyamba, Koinadugu, and Kono districts. The report from independent monitoring indicated that MDA coverage rates were comparatively higher in the districts where MDA and distribution of long lasting insecticides treated nets was integrated.

The NTDP will continue to collaborate with the National Malaria Control Program and other partners to extend indoor residual spraying of mosquitoes, which has already started in the WA, Bombali, Kono, and Kenema districts.

The NTD coordinating body will continue to be strengthened under the leadership of the MoHS. Coordination and transparency in partnerships with APOC and Sightsavers will be strengthened especially during budget preparation and implementation to maximize resource allocation. As we move towards NTD control and elimination, the NTDP will continue to coordinate the NTD stakeholders meeting for better planning, management and monitoring for sustainability.

In the drive towards program sustainability, HKI entered into a partnership with TOMS shoes donation program to provide shoes for CDDs as a means of motivation.

As part of the coordinating process the last NTD Task Force meeting was held in January 2013 and key issues discussed included: MDAs in the rest of FY2013; TOMs Shoes for CDDs; 8th Mano River Union Meeting in Freetown, Sierra Leone; Pre TAS in the last quarter of FY2013; and M&E training for NTDP and HKI M&E personnel.

As stated earlier to continue to mobilize GoSL's support to integrate NTDs in the MoHS's annual budgeting, HKI and partners will advocate to stakeholders for the inclusion of NTDs in the GoSL's agenda for prosperity. Also in FY14, our advocacy efforts will attempt to convince mining and cell phone companies operating within the country to extend their corporate social responsibility to the various communities where they operate.

Proposed Plans for Additional Support to the National NTDP

There have been several efforts to integrate NTD activities into other platforms. At PHU level messages about NTDs are disseminated during the normal health talks to pregnant women and breastfeeding mothers. Social mobilizations have also been combined with vaccination campaigns at community levels. There has also been collaboration with other partners like the World Food Program, Action contre la Faim (ACF), and the United Nations Children's Fund (UNICEF) to integrate NTD activities into water, sanitation and school feeding programs. In FY13 HKI and ACF trained school teachers in ACF intervention schools in WA on worm control including water, sanitation and personal hygiene, and also provided deworming drugs for those schools. This will be replicated in FY14 and HKI will continue to explore any available opportunities for integrating NTD messages in to other platforms

Morbidity control remains a major challenge in the elimination drive for NTDs in Sierra Leone as there is no funding from any donor at the moment. The NTDP, through the CDDs, has conducted an estimate of all those living with lymphoedema and hydrocoele throughout the 12 HDs. Training of doctors on hydrocoele surgery has continued with the support of Johnson & Johnson. The FGAT (now revised and known as TIPAC) estimated the cost of treating the current backlog of 3,600 hydrocoele patients as USD 265,780 and as mentioned above Johnson and Johnson over the last 3 years has continued to provide low-level support for these operations. In FY14, the NTDP hopes to conduct training of PHU staff and family members of patients with lymphedema on the care and management of lymphedema.

Environmental Monitoring Plan

In the past the labels from the empty cups after MDA were removed and the empty cups are reused for domestic purposes. The SCM training that will be conducted by JSI in FY13 will include and hopefully strengthen local knowledge on environmental management of waste. It is expected that after the SCM training, SOPs on the handling of empty cups will be implemented

in FY14 and beyond. All expired NTD drugs are handled in line with the national drug policy. The expired drugs are withdrawn from the system and returned to the warehouse. The NTDP program manager will hand over the drugs to the SLPB which is the official drug regulatory body for destruction.

Travel Plans

The following travels are anticipated in FY14 by HKI HQ, Regional and local staff:

- 8th MRU meeting in October 2013 in Freetown, Sierra Leone;
- Support for TAS in June/July 2014;
- Support to carry out a planning meeting in May/June 2014 to develop FY15 work plans; and
- Presentation of Abstract on the results of Pre TAS and TAS at the 63rd ASTMH meeting in USA by NTDP staff.

Staffing

There has been no change in the management structure of the NTDP in the past year. The MoHS NTD team at the national level includes the Director of Disease Prevention and Control who serves as chairman of the NTD task force, the program manager, national supervisors, and the administrative and finance manager. The NTD task force is made up of the Director of Disease Prevention and Control, the program manager of the NTDP; the disease prevention and control (DPC) advisor in WHO Sierra Leone, and the Country Directors of HKI and Sightsavers.

The HKI country NTD team comprises of: the Country Director, who is responsible for overall management of the project to ensure that the objectives and financial requirements are met; the NTD Program Coordinator, who oversees the day-to-day management of the program, ensuring smooth implementation and timely reporting through close coordination with governmental partners; the Finance Manager, who is responsible for financial management of the grant and ensures that United States Government policies and procedures are met; the NTD Program Assistant, who assists the program coordinator with management of the program; and the M&E Officer, who plans and oversees monitoring and evaluation of the program. There has been no change in the composition of project staff since FY 13.

Timeline

Planned Activities		2013			2014									Mile Stones
	S	O	N	D	J	F	M	A	M	J	J	A	S	
NTDs														
Support planning process								■	■	■	■	■		Annual work plan produced
LF-STH WA														
Macro-planning for MDA-LF-WA											■	■		Activity timeline and budget reviewed, meeting agenda and signed attendance list.
Advocacy meeting for LF-STH WA												■		Advocacy guidelines, meeting agenda, attendance list (name of participants, designation and signatures expected output (#of advocacy meetings).
Advocacy Meetings Private practitioners MDA LF-STH WA												■		Advocacy guidelines, meeting agenda, attendance list (name of participants, designation and signatures expected output (#of advocacy meetings).
PHU Staff Training for LF-STH WA													■	Attendance lists (name of participants, designation and signature) expected output (# of personnel trained) and venue of the training.
Training of CHWs for MDA-LF-STH WA													■	Attendance list (name of participants, designation and signature) expected output (# of personnel trained) and venue of the training.
Social Mobilization for LF-STHWA													■	Social mobilisation guidelines, list of radio and television with their frequencies, list of big screens & # of times adverts made on them; expected output (#of community meetings).
MDA–LF-STH WA													■	≥80% of eligible population treated with ivermectin and albendazole by CHWs. # of drugs received, # used and # remaining
Independent Monitoring MDA –LF-STH WA													■	# of monitors trained, recruited, debriefed and results submitted
SCHISTOSOMIASIS 12 DISTRICTS														
Training of Supervisors – SCH in 12 HDs									■					Attendance list (name of participants, designation and signature), expected output (# of personnel trained) and venue
Refresher Training of PHU Staff for SCH in 12 HDs										■				Training attendance list (name of participants, designation and signature) expected output (# of personnel trained) and venue of the training

Planned Activities		2013			2014									Mile Stones
	S	O	N	D	J	F	M	A	M	J	J	A	S	
Advocacy Meeting for MDA-SCH in 12 HDs										■				Advocacy agenda, attendance list for advocacy meeting (name, designation and signature) expected output (# of advocacy & meetings).
Social Mobilisation for MDA-SCH in in 12 HDs										■				Social mobilisation guidelines, agenda, list of radio stations, expected output (# of community meetings).
Feeding of school children prior to MDA-SCH										■				# of children fed prior to drug in-take
MDA SCH in in 12 HDs										■				# of SAC and adults targeted and treated
Collection, Analysis & Reporting of MDA SCH											■	■		Data collection strategy (Tally sheet, reporting forms
Independent Monitoring MDA SCH												■		# of monitors trained, recruited, debriefed and results submitted
LF-ONCHO-STH 12 PROVINCIAL DISTRICTS														
Drug delivery, clearing, logistics: Oncho-LF-STH		■	■											# of drugs received and distributed, # of drugs remaining
NTD Review Meeting with DHMTs and partners								■						Meeting agenda, attendance list: name of participants, designation and signature
IEC materials		■												# of materials produced and distributed
Training of Trainers-Oncho-LF-STH												■		Attendance list (name of participants, designation and signature) expected output (# of personnel trained) and venue of the training
Training of PHU staff MDA Oncho-LF-STH in 12 HDs													■	Training attendance list (name of participants, designation and signature) expected output (# of personnel trained) and venue of the training
MCHA MDA- Oncho-LF-STH in 12 HDs HQ towns				■										# of MCHAs trained, location/venue of training
Refresher Training of CDDs		■												# of CDDs trained per PHU, location/venue of the training.
Incentives for CDDs		■	■		■	■								# of CDDs motivation items procured and distributed
Advocacy Meetings MDA Oncho-LF-STH in 12 HDs													■	Advocacy guidelines, meeting agenda, attendance list (name of participants, designation and signature) expected output (#of advocacy meetings).

Planned Activities		2013			2014									Mile Stones
	S	O	N	D	J	F	M	A	M	J	J	A	S	
Social Mobilisation for Oncho-LF-STH in 12 HDs														Social mobilisation guidelines, list of radio and television with their frequencies, expected output (# of community meetings).
Provision of Materials for MDA Oncho-LF-STH														Quantity of materials produced and distributed
MDA: Oncho-LF-STH in 12 HDs														# of SAC and adults targeted and treated
Collection, Analysis & Reporting MDA Oncho-LF-STH 12HDs														Data collection strategy (Tally sheet, reporting forms)
Independent Monitoring MDA Oncho-LF-STH 12 HDs														# of monitors trained, recruited, debriefed and results submitted
Conduct or update the TIPAC														# of personnel trained
Cross border meeting targeting7 districts														Meeting agenda, attendance list (name of participants, designation and signature)
TAS for LF														6 sentinel and 6 spot sites surveyed, prevalence and intensity results
Administrative support for NTDCP & NSAH														
Vehicle repairs and maintenance NTDP & NSAH														Justifications with valid receipts
Administrative support for NTDCP & NSAH														Justifications with valid receipts and payment vouchers
Project vehicle & motorbike hire for NTDCP-focal points														# of motor bikes and vehicles hired
Participation in MRU Meeting														# of persons attended MRU meeting
Branding														Branding materials produced and disseminated
Advocacy meeting for inclusion of NTDs in the curricula of health training institutions of Sierra Leone														Meeting agenda, attendance list (name of participants, designation and signature)
TOMS SHOES														
Arrival & Clearing of shoes														# of shoes cleared from Quay
Distribution of shoes at district level														# of shoes distributed to 12 DHMTs
Distribution of shoes at PHU level														# of shoes distributed to PHU staff

Planned Activities		**2013**			**2014**									**Mile Stones**
	S	O	N	D	J	F	M	A	M	J	J	A	S	
Distribution of shoes at community level														# of shoes distributed to CDDs and their children