



ENVISION

FY13 PY2 Semiannual Report

Q1-Q2, October 1, 2012 – March 31, 2013

ENVISION PROGRAM OVERVIEW

ENVISION is a five-year project funded by the U.S. Agency for International Development (USAID) aimed at providing assistance to national neglected tropical disease (NTD) control programs for the control and elimination of seven targeted NTDs: lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminths (roundworm, hookworm, whipworm) and trachoma. ENVISION will contribute to the global goal of reducing the burden of these targeted NTDs so that they are no longer a public health problem.

To this end, ENVISION will focus on the following intermediate result areas:

- IR1: Increased MDA coverage among at-risk populations in endemic communities
- IR2: Improved evidence-base for action to control and eliminate targeted NTDs
- IR3: Strengthened environment for implementation of national integrated NTD control and elimination programs

ENVISION is implemented by RTI International in partnership with CBM International, The Carter Center, Helen Keller International, IMA World Health, Sightsavers International, Tulane University and World Vision. The period of performance for ENVISION is September 30, 2011 through September 29, 2016.



Cover Photos: *Top row from left:* Trachoma mapping team learns how to use mobile tablets to collect data in Uganda; Community drug distributor provides NTD medicines to school children in Haiti as part of MDA. *Bottom row from left:* Community volunteers provide health information to LF patients as part of LF MDA in Nepal; Health officials learn how to use the TIPAC in training held in Uganda; Health official in Indonesia practices using diagnostics in advance of LF Transmission Assessment Survey.



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RTI International is a trade name of Research Triangle Institute.

ENVISION

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Q1-Q2, October 2012 – March 2013

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LIST OF ACRONYMS

ALB	Albendazole
AOTR	Agreement Officer's Technical Representative
APOC	African Programme for Onchocerciasis Control
CDC	United States Centers for Disease Control
CDD	Community Drug Distributor
CIFF	Children's Investment Fund Foundation
CNTD	Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine
DEC	Diethylcarbamazine
DfID	Department for International Development, United Kingdom
DSA	Disease Specific Assessment
FOG	Fixed Obligation Grant
HKI	Helen Keller International
ICT	Immunochromotographic card tests
ICTC	International Coalition for Trachoma Control
IEC	Information, Education, and Communication
IMA	IMA World Health
ITI	International Trachoma Initiative
IVM	Ivermectin
LF	Lymphatic Filariasis
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NG(D)O	Non-Governmental (Development) Organization
NTD	Neglected Tropical Disease
NTDCP	Neglected Tropical Disease Control Program
OV	Onchocerciasis
PAHO	Pan American Health Organization
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
PMP	Program Management Plan
PZQ	Praziquantel
RPRG	Regional Program Review Group
SAC	School-aged Children
SAE	Severe Adverse Event
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative, Imperial College, London
SCORE	Schistosomiasis Consortium for Operational Research and Evaluation
STAG	Strategic and Technical Advisory Group
STH	Soil-Transmitted Helminths
TAF	Technical Assistance Facility
TAS	Transmission Assessment Survey
TCC	The Carter Center
TEO	Tetracycline eye ointment
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TOT	Training of Trainers
USAID	United States Agency for International Development
WG-CS	Working Group for Capacity Strengthening
WHO	World Health Organization

EXECUTIVE SUMMARY

During the first half of Year 2 of the ENVISION project, NTD control and elimination was supported to differing degrees in 14 countries: Benin, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ethiopia, Haiti, Indonesia, Mali, Mozambique, Nepal, Nigeria, Senegal, Tanzania and Uganda. The more mature country programs pursued work planning, procurement, and training in preparation for MDA. The newer country programs assessed their disease mapping needs, prepared for drug supply chain audits, and worked to develop NTD health education materials. ENVISION staff made inaugural visits to three large countries with high NTD burden—DRC, Ethiopia, and Nigeria—demonstrating USAID and ENVISION’s commitment to global NTD elimination and control. The bulk of country-specific data will be reported in the second half of this fiscal year.

While success in partnership may be a difficult metric to assess, under RTI leadership ENVISION has sought to develop and maintain numerous relationships, both formal and informal. Additional ENVISION organizations have been engaged through the ENVISION Technical Assistance Facility. Partnerships with non-traditional donors such as TOMS were highlighted through the Haiti advocacy event. ENVISION’s mapping and capacity building initiatives worked to strengthen partnerships with WHO Geneva and AFRO.

In November 2012, RTI hosted a gathering of USAID- and DFID-supported implementers with the objective of coordinating support in key countries of overlap (e.g., Tanzania, Uganda, etc.). Efforts to coordinate ENVISION-supported trachoma mapping with that of the DFID-funded and Sightsavers-managed Global Trachoma Mapping Project (GTMP) continue; GTMP technical approaches are building off of and being adopted by ENVISION-supported countries. The examples of developing and consolidated partnerships are many—they demonstrate the role of ENVISION and USAID as global leaders *and partners* in NTD control and elimination.

The release of the WHO 2nd NTD report (“Sustaining the drive to overcome the global impact of neglected tropical diseases”) in January 2013 coincided with this reporting period. The report highlights the unprecedented NTD progress of the past two years and underlines the need for continued momentum as national programs and their supporters aim for long-term elimination and control goals. As Dr. Chan notes, the “prospects for success have never been so strong”.

“Overcoming neglected tropical diseases makes sense both for economies and for development. The prospects for success have never been so strong. Many millions of people are being freed from the misery and disability that have kept populations mired in poverty, generation after generation, for centuries. We are moving ahead towards achieving universal health coverage with essential health interventions for neglected tropical diseases, the ultimate expression of fairness. This will be a powerful equalizer that abolishes distinctions between the rich and the poor, the privileged and the marginalized, the young and the old, ethnic groups, and women and men.”

- Dr. Margaret Chan, Director-General, World Health Organization

PROJECT OVERVIEW

The World Health Organization (WHO) has produced overwhelming evidence to show that the burden caused by many of the 17 neglected tropical diseases (NTD) that affect more than 1 billion people worldwide can be effectively controlled and, in many cases, eliminated or even eradicated. WHO recommends five strategies for the prevention, control, elimination and eradication of NTDs:

1. **Preventive chemotherapy (PC):** large-scale use of safe, single-dose medicines against lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH), soil-transmitted helminths (STH) and trachoma. Implementation of PC interventions with high coverage will ensure that by 2020 the WHO goals for the targeted helminthic diseases are reached. Elimination of blinding trachoma through the SAFE strategy (surgery, antibiotic distribution, hygiene and environmental management) can be accentuated through integration with interventions like PC.
2. **Intensified disease management:** targeting complex protozoan and bacterial diseases, such as human African trypanosomiasis, leishmaniasis, Chagas disease and Buruli ulcer.
3. **Vector and intermediate host control:** cross-cutting activity enhancing the impact of preventive chemotherapy and intensified disease management.
4. **Veterinary public health at the human–animal interface:** addressing NTDs caused by agents originating from or involving vertebrate animals in their life-cycles.
5. **Provision of safe water, sanitation and hygiene:** United Nations statistics show that 900 million people lack access to safe drinking-water, and 2500 million live without appropriate sanitation. Until this situation improves, many NTDs and other communicable diseases will not be eliminated, and certainly not eradicated¹.

The **U.S. Agency for International Development’s ENVISION project (2011-2016)** is designed to support the vision of WHO and its member states by targeting resources for the control and elimination of 7 NTDs (lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminths and trachoma) and will support interventions including preventive chemotherapy, monitoring and evaluation, limited morbidity management, and health education.

Specifically, ENVISION will work towards achieving the following three intermediate results areas:

- IR1: Increased coverage among at-risk populations in endemic communities with mass drug administration (MDA)
- IR2: Improved evidence-base for action to control and eliminate targeted NTDs
- IR3: Strengthened environment for implementation of national integrated NTD control and elimination programs

¹ Accelerating work to overcome the global impact of neglected tropical diseases – A roadmap for implementation. World Health Organization. 2012

Consequently, ENVISION contributes to several activity areas for the control and elimination of the 7 targeted NTDs, including support for:

- NTD program implementation led by Ministries of Health,
- Drug and diagnostics procurement where donation programs are unavailable,
- Capacity building, in coordination with WHO, USAID and global partners,
- Management and implementation of the Technical Assistance Facility (TAF),
- Disease mapping, in coordination with WHO, USAID and global partners,
- NTD policy development, in coordination with WHO, USAID and global partners, and
- NTD monitoring and evaluation, in coordination with WHO, USAID and global partners.

This report summarizes activities completed by the ENVISION project during the October 2012-March 2013 reporting period.

PROGRAM MANAGEMENT

ENVISION PARTNER COORDINATION

ENVISION is implemented by RTI International in partnership with CBM International, The Carter Center (TCC), Helen Keller International (HKI), IMA World Health (IMA), Sightsavers International (SSI), Tulane University, and World Vision (WV). During this semiannual period, efforts continued to coordinate the full ensemble of partners and seek fuller engagement.

In January 2013, RTI hosted an annual ENVISION partners meeting (originally planned for Oct. 2012 but delayed due to super-storm Sandy). Key points of discussion included the ENVISION operations model in countries, fixed obligation grants, project communications, annual work planning and budgeting, monitoring and evaluation, the ENVISION Technical Assistance Facility and procurement. Representatives from TCC, CBM, HKI, IMA, WV and USAID participated. This gathering was instrumental for orienting partners to the ENVISION activities and structure, particularly those who had been active in the USAID-funded NTD Control Program.

RTI led a technical orientation meeting for ENVISION staff and USAID on March 19th. The meeting's objectives were to: 1) orient ENVISION staff and partners to ENVISION project tools for work planning, budgeting, monitoring and evaluation, and reporting; 2) strengthen capacity for ENVISION headquarters teams to report on FY13 activities and plan for FY14, and; 3) familiarize ENVISION staff and partners to the USAID NTD Database, managed by ENVISION. RTI led a review of the project's tools and processes to clarify and harmonize their use. In addition to RTI ENVISION staff, about 15 partners from IMA, HKI, TCC, and USAID participated in the orientation in person and by remote connection.

In addition to coordination amongst the ENVISION consortium of partners, ENVISION staff met regularly with other major NTD stakeholders at the global and national levels. Opportunities for technical discussion and consultation included the Carter Center river blindness and trachoma program review meetings, NTD NGO network coalition meetings, technical expert committee meetings, and in-country stakeholders and work planning workshops.

COORDINATION WITH USAID

ENVISION coordinates with USAID headquarters team daily and manages biweekly meetings between both management teams. In addition, at the country level ENVISION staff interact regularly with USAID missions, providing information on ENVISION-supported activities, participating in joint field visits, and coordinating in-country advocacy. Table 1 provides ENVISION focal points by country. RTI/ENVISION's monitoring and evaluation team interacts regularly with USAID-funded NTD projects (FHI 360 for the END in Africa and END in Asia projects and APOC), providing technical assistance for USAID's NTD database. ENVISION works closely with USAID to ensure complementarity of USAID support in countries also benefiting from DfID support for NTDs.

In addition to the routine USAID and RTI ENVISION biweekly meetings, RTI had in-depth discussions with USAID on project communications, project global leadership, and support of morbidity management and disability prevention activities. Work Plan approval was obtained on November 29, 2012.

PROGRAM COMMUNICATIONS

All ENVISION program communications are intended to support the overarching priorities of the ENVISION Communications Strategy, namely to -

1. Strengthen understanding of ENVISION's goals and activities among all target audiences.
2. Establish ENVISION as a reliable go-to resource for technical assistance for NTD control and elimination activities
3. Establish ENVISION with a wide range of audiences as a reliable source for information on NTDs in ENVISION supported countries.
4. Promote continued support for NTD control programs by the U.S. government, host countries and other donors by sharing data and tools for presenting the work supported by USAID.

During this reporting period, the focus of efforts has been on Priorities 1 and 4.

STRENGTHENING UNDERSTANDING OF ENVISION'S GOALS AND ACTIVITIES

Launching www.NTDenvision.org. The project website was launched on January 31st, 2013. The site provides technical information on NTDs, highlights the goals and objectives of ENVISION, and serves as a general resource on global NTD events and accomplishments. Country pages with FY13 work plans have been uploaded to the site. We are in process of completing translations for the French language site. Ongoing efforts are underway to expand the Resource Library and develop human interest stories for each of the ENVISION focus countries. The debut *Spotlight* feature on *NTDs and WASH* authored by Chad MacArthur, HKI was noted and applauded in social media. The website has been promoted through ENVISION marketing materials and social media.



Homepage for www.NTDenvision.org launched in January 2013

Sharing project news through social media. During this reporting period, RTI has expanded its engagement with the NTD community through social media, namely Twitter and Facebook. Working closely with NTD Advisors and ENVISION field staff, we share the latest news from country programs, share notable events from partners and others in the NTD community as well as participate in important Twitter events including Social Media Week 2013 in Washington DC, and NTD Twitter chats hosted by the CDC, Dr. Richard Besser of ABC News, and UK's The Guardian. RTI also did a series recognizing women in NTD control and elimination programs as part of International Women's Day. These social media campaigns have created a steady growth in Twitter followers, growing from 27 to 154² followers, and Facebook followers (known as "likes" on the platform) are now up to 24³ likes.

RTI has used social media presents to address communications priority #2 of serving as a resource and highlighting USAID's contribution to NTD control, where possible. Efforts to promote search engine optimization (SEO) will continue in the 2nd half of the year.

ENVISION Brochure. The ENVISION brochure was finalized and distributed to partners and field offices. The French language version will be available and distributed to French-speaking country programs in Q3.



ENVISION Brochure Cover

² These numbers represents the amount of followers as of May 24, 2013.

³ Twitonomy Analytics: www.twitonomy.com

ENVISION AS A TECHNICAL RESOURCE FOR NTD CONTROL AND ELIMINATION ACTIVITIES

ENVISION supported participation and presentations of NTD experts at the 2012 Annual Meeting of the American Society for Tropical Medicine and Hygiene (ASTMH) held in Atlanta, GA. Presentations included the following -

- The Development of MDA as a Global Health Strategy, oral presentation by E. Ottesen, RTI
- *Overcoming the Challenge of the Severe Adverse Reactions in PCT Programs* symposium organized by A. Kabore, RTI and Amy Klion, National Institutes of Health (NIH)
- Managing the social and programmatic fallout of unanticipated SAEs to improve LF elimination programs in Asia, presented by Vasanthapuram Kumaraswami, Task Force for Global Health
- SAEs and Filariasis control in both Loa-endemic areas and elsewhere in Africa: defining the problem presented by Adrian D. Hopkins, Mectizan Donation Program
- "Safe" approaches to mass drug administration in Loa-endemic areas presented by Charles Mackenzie, Michigan State University
- Test and treat: a treatment strategy based on exclusion of the at-risk population where loiasis is endemic presented by Joseph Kamgno, Filariasis Research Center, Yaounde, Cameroon
- Predictive Mapping vs. Empiric Assessments of Schistosomiasis, oral presentation by A. Kabore and P. Downs, RTI
- The role of public-private partnerships in increasing the impact of Neglected Tropical Diseases control in Haitian schools, poster presentation by A. Direny, IMA.
- Improving Neglected Tropical Disease (NTD) control outcomes through north-south global health partnerships, poster presentation by D. Damas, IMA.
- Strategies to mobilize community incentives for community drug distributors in Cameroon, poster presentation by GM Behalal, Cameroon Ministry of Health.
- Is there blinding onchocerciasis in Uganda? Evidence from Pader District in Northern Uganda, presentation by Dr. Watmon Benedicto, Gulu Regional Referral Hospital in Uganda.
- The benefits of using mobile phones in monitoring health interventions: The perspective from the Neglected Tropical Disease Control Program in Tanzania, poster presentation

PROMOTING CONTINUED SUPPORT FOR NTD CONTROL PROGRAMS

USAID Frontlines March/April Issue on NTDs and Water. ENVISION collaborators RTI, HKI, and IMA were pleased to support USAID's initiative to highlight NTDs and water projects in the Mar/Apr issue of FRONTLINES, its online publication. All three stories from ENVISION were published, including –

Drug-Shoe Combination Aims to Stomp Out Haiti's Neglected Diseases by Ann Varghese and Chris Glass, IMA World Health

Trachoma vs. Technology by Philip Downs and Scott Torres, RTI International

Cameroon Completes Its NTD Map by Claire Coveney and Emily Heck Toubali, Helen Keller International



REDUCING THE GLOBAL BURDEN OF NTDs

SUPPORT FOR PROGRAM IMPLEMENTATION

During this reporting period, ENVISION provided program implementation support to 11 countries (Table 2). ENVISION staff also made initial visits to assess national NTD program support needs in Democratic Republic of Congo (DRC) and Ethiopia.

ENVISION supported a variety of activities in the first half of Year 2, depending on each country's need and phase in its annual NTD program cycle. Strategic planning and supportive supervision were the focus during the first half of the year in many of the countries, as can be seen in Figure 1. Additionally, ENVISION supported advocacy, mapping, drug logistics and supply chain management, pre-MDA registration, MDA, and other activities such as TIPAC and provision of supplies, according to each country's implementation strategy and needs.

Four ENVISION countries implemented MDA with USAID support during this reporting period: Cameroon, Haiti, Nepal, and Uganda. Treatment data are still being compiled in these countries, and will be updated with the next submission of the semi-annual report. Results received to date indicate that ENVISION supported the delivery of 22,032,546 treatments among 11,140,299 individuals in 107 districts, as shown in Table 3. Program coverage exceeded the 80% target for all the areas where treatment results have been reported. During the second half of the year, MDA will be implemented with ENVISION support in 9 countries: Benin, Cameroon, Guinea, Haiti, Indonesia, Mozambique, Nigeria, Tanzania, and Uganda.

Country	Lead Coordinating NGO
Benin	RTI
Cameroon	HKI
Guinea	HKI
Haiti	IMA
Indonesia	RTI
Mozambique	RTI
Nepal	RTI
Nigeria	RTI, TCC
Senegal	RTI, USAID/Senegal bilateral
Tanzania	IMA
Uganda	RTI

Figure 1. ENVISION-supported NTD Activities, Oct 2012 – Mar 2013

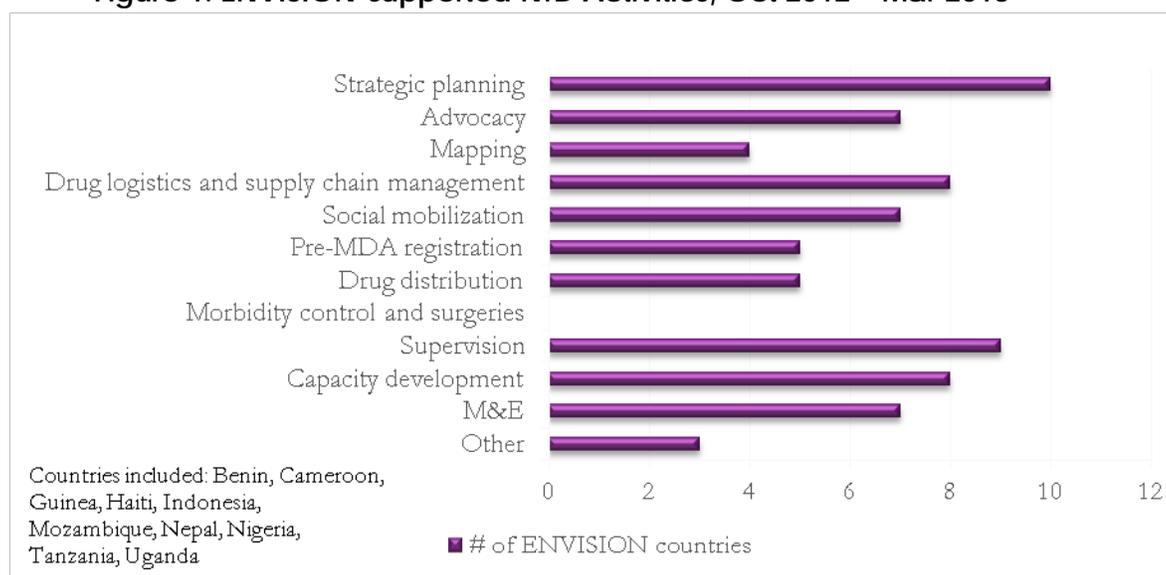


Table 3. MDA Results by Country, Oct 2012-Mar 2013

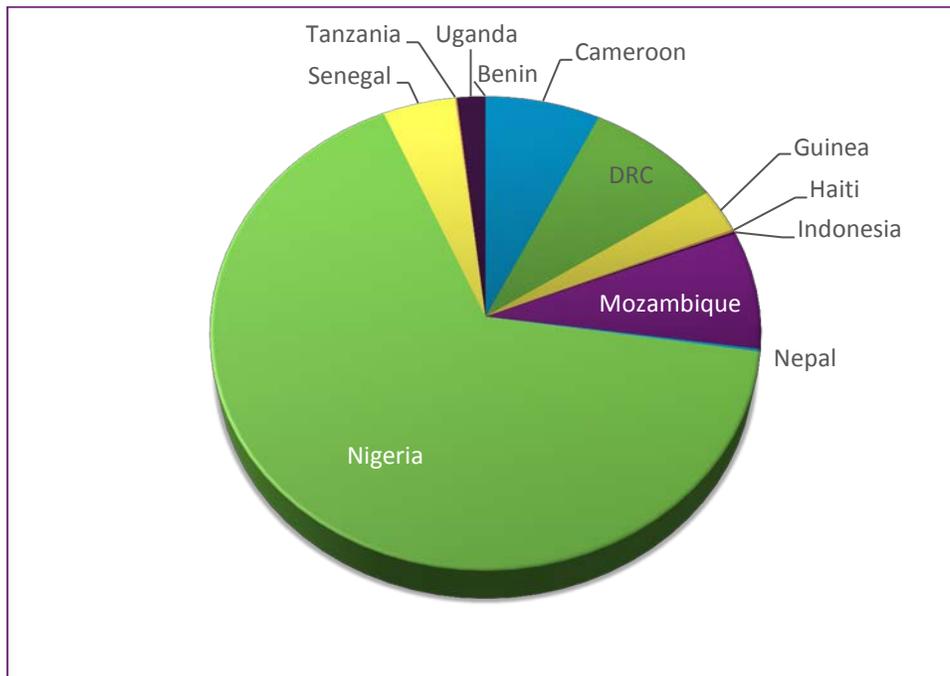
Country	# Districts targeted for MDA with USAID support (FY13)	# Districts treated with USAID support in 1st half FY13	# Persons targeted with USAID support (millions): Oct 2012-Sept 2013**	# Persons treated with USAID support in 1st half of FY13	# Treatments targeted to be provided with USAID support (millions): Oct 2012-Sept 2013**	# Treatments provided with USAID support in 1st half of FY13	Program Coverage % (Range)
Benin	70	0	5.8	0	12.6	0	n/a
Cameroon*	181	4	11.6	0	34.1	0	*
DRC	*	0	*	0	*	0	n/a
Guinea	21	0	3.6	0	6.6	0	n/a
Haiti	106	42	4.3	2,819,334	8.6	5,638,668	91.7
Indonesia	36	0	10.3	0	20.0	0	n/a
Mali	*	0	*	0	*	0	n/a
Mozambique	10	0	0.3	0	0.3	0	n/a
Nepal*	57	57	16.2	8,223,199	33.8	16,296,112	80.3
Nigeria	120	0	6.9	0	7.7	0	n/a
Senegal	0	0	0.0	0	0.0	0	n/a
Tanzania	*	0	5.4	0	13.8	0	n/a
Uganda*	73	4	10.3	97,766	23.0	97,766	90.6
ENVISION Total	674	107	74.7	11,140,299	160.5	22,032,546	

*Data being compiled or not yet available

**Targets reflect expected population to be treated and may not represent entire eligible population. Targets reflect what was submitted to USAID in project work plan, unless more accurate figures were available after workbooks finalized.

Adequate numbers of high-quality drugs are a crucial requirement for effective MDA; global drug donations, complemented by donations by other partners, allow governments to allocate their limited resources to other necessary inputs. During the first half of Year 2, \$657 million worth of donated drugs were delivered to ENVISION countries (Figure 2). More than 99% of the value was donated by global drug donation programs, including Zithromax® from Pfizer through the International Trachoma Initiative (ITI) and, through the World Health Organization, mebendazole from Johnson & Johnson managed by Children Without Worms (CWW), albendazole from GlaxoSmithKline (GSK), praziquantel from Merck Serono, and Mectizan® from Merck managed by the Mectizan® Donation Program (MDP). USAID-supported procurement of NTD medicines and diagnostics under ENVISION is detailed in the following section.

Figure 2. Proportion of Donated Drugs Received by ENVISION supported Countries, Oct 2012-Mar 2013



FIXED OBLIGATION GRANTS

RTI and its ENVISION partners use fixed obligation grants (FOG) to Ministries of Health (MOH) and/or Education (MOE) to support the elimination and control of NTDs. FOGs may be issued to national, regional or district entities within ENVISION focus countries for strategic planning and advocacy, mapping, training, IEC/social mobilization, drug delivery, registration, drug distribution, supportive supervision, or M&E. They are designed to encourage collaboration with government counterparts at varying levels to achieve targeted results. FOGs are also issued to non-governmental organizations (NGOs) in focus countries depending on local legal requirements or the preference of the MOH. In Q1, RTI received USAID approval to issue FOGs to NGOs in Indonesia, while in Q2 approval was granted to issue FOGs to host government entities in Cameroon, Guinea, Haiti, Mozambique, Nepal, Tanzania, and Uganda.

PROCUREMENT OF NTD MEDICINES AND DIAGNOSTICS

During the first half of Year 2, the ENVISION project delivered praziquantel (PZQ) and diethylcarbamazine citrate (DEC) to countries under the ENVISION and END in Africa projects. In addition, PZQ for use by the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE) Project was delivered to Niger. Procurements for tetracycline eye ointment (TEO) to ENVISION countries were initiated and delivered.

Table 4. Drug procurements supported by ENVISION, Oct 2012 –Mar 2013

Country	Project	Tablets PZQ delivered	Tablets DEC delivered	Tubes of TEO delivered
Burkina Faso	END in Africa	10,752,000		
Guinea	ENVISION	10,441,000		
Haiti	ENVISION		16,455,000	
Mozambique	ENVISION			202,250
Niger	SCORE project	777,000		
Niger	END in Africa	4,578,000		
Senegal	ENVISION			119,500
Tanzania	ENVISION	6,458,000		390,200
Togo	END in Africa	5,542,000		
TOTAL		38,548,000	16,455,000	711,950

During Q1-Q2, ENVISION began preparing for ICT card, Kato Katz kit, and Brugia Rapid test kit procurement for ENVISION countries. Applications for the three diagnostics were submitted by country programs and reviewed by the ENVISION commodity review team. ICT cards were procured and delivered to four countries, while Kato Katz kits were delivered to one country. Procurements for all three diagnostics are on-going and will be continued in the second half of Year 2.

Table 5. Diagnostic procurements supported by ENVISION, Oct 2012 – Mar 2013

Country	Project	ICT cards delivered	Kato Katz kits delivered
Haiti	ENVISION	1,175	-
Senegal	ENVISION	1,725	-
Tanzania	ENVISION	20,175	-
Uganda	ENVISION	3,300	49

TECHNICAL ASSISTANCE FACILITY

Through a collaborative process, RTI finalized the TAF structure, ensuring that the TAF is properly designed to be an efficient, compliant and transparent mechanism for leveraging critical resources in support of USAID objectives for NTD control and elimination. The TAF process, from initial request through the submission of a final report, was presented to ENVISION partners at the ENVISION Partners Meeting in January 2013. Feedback from the ensuing discussion was used to refine the TAF process. Templates for TAF requests and reports were finalized and are now being used for all ongoing TAF activities. RTI formally finalized the TAF structure through the creation of a TAF Guide which serves as a resource on the TAF operational standards for ENVISION partners and USAID. The TAF Guide is available on request.

RTI hired an Operations Specialist to provide administrative oversight to the TAF and facilitates the process used to identify technical assistance providers. ENVISION senior management continues to provide technical review of requests.

During the period, two TAF requests, for CAR and Namibia, were determined to be ineligible and three, from Burkina Faso, Tanzania and Laos were fulfilled. Feedback regarding the TAF was collected from host countries, via the TAF Feedback Form, giving thoughts on process improvements that could increase effectiveness. Feedback is reviewed by ENVISION staff and aggregated to illustrate general trends in requester satisfaction. ENVISION staff created an SQL database that houses all TAF related data. Creation of an MS Access interface is under development which will allow ENVISION staff to independently update and review TAF tracking data. Table 6 provides an update on TAF supported activities by country.

Table 6. TAF supported Activities by Country, Oct 2012 – Mar 2013

Country	Activity Request	TA Provider	Status
Burkina Faso	TA to review the schistosomiasis control program through a 2-day expert panel meeting in Ouagadougou.	24 experts	Completed. Report available in French & English.
Burkina Faso	Administrative costs of trachoma surveillance workshop	RTI	Completed. Report under development.
Cambodia	TA to operationalize trachoma survey recommendations	Sightsavers/Dr. Anthony Solomon	Draft report submitted.
Laos	Situation analysis for NTDs	Dr. Kapa Ramaiah	Complete. Report available in English.
Laos	TA to operationalize trachoma survey recommendations	Sightsavers/Dr. Paul Courtright	In process. Trip scheduled in May.
Mozambique	Zithromax MDA Training	HKI/ Mr. Chad MacArthur	In process. Trip scheduled in May.
Tanzania	Trachoma training and survey design	Dr. Jeremiah Ngondi	Completed. Report available in English.
Tanzania	Trachoma data analysis	Dr. Jeremiah Ngondi	In process
Togo	TA to national NTD program and HDI to develop a protocol for post-MDA coverage survey	Dr. Boatin Boakye	Report being finalized.
Philippines	Situation analysis of NTDs	Dr. Kapa Ramaiah	Tentatively scheduled for June.
Vietnam	TA to operationalize trachoma survey recommendations	Sightsavers/Dr. Susan Lewallen	Trip scheduled in May.

GLOBAL NTD MAPPING INITIATIVE

Mapping disease distribution is essential for all NTD programs because it provides the data needed to understand each country's NTD situation and to guide decision making on program implementation and the prioritization of treatment distribution. Indeed, for all of the ENVISION countries, disease mapping has been an integral component of the implementation work plans and activities.

Table 7 outlines mapping activities completed during this reporting period in ENVISION focus countries. While mapping activities are planned in FY13 for Guinea, Indonesia, Mozambique, Nepal, Nigeria, Senegal, and Uganda, during this reporting period, mapping was conducted only in Uganda.

Table 7. Disease mapping completed in core ENVISION supported countries, Oct 2012 – Mar 2013					
Country	Disease	# Districts targeted to be mapped with USAID support: Oct 2012-Sept 2013	# Districts mapped with USAID support during the 1st half of FY13	# Districts mapped with other support during the 1st half of FY 2013	% Districts where mapping complete** by the end of the first half of FY 2013
Uganda	Oncho	2	0	0	98.2%
	Trachoma - prevalence	4	4	0	80%
	Trachoma – Desk Review	10	8	0	n/a

**If mapping has not been implemented but district is suspected to be non-endemic or country is not endemic for disease, this district is included in the numerator and denominator

ENVISION AND WHO/AFRO SUPPORTED MAPPING INITIATIVE

The ENVISION project is working with WHO AFRO NTD control program to complete the mapping of NTDs for all countries in the Africa region by the end of 2014. In October 2012, the ENVISION Project Director and Senior NTD Advisor attended the AFRO workshop in Lusaka Zambia to develop a guide for coordinated mapping of NTDs. The meeting was followed by a training of a pool of technical advisors to provide technical support to the countries. Since then, a protocol for coordinated mapping has been developed and eight countries have conducted pre-mapping workshops. Other countries are scheduled to start their workshops in June 2013. The pre-mapping workshops provided the platform to review countries' NTD data, to identify districts and diseases that need mapping and to prepare budgets and logistic requirements. Table 8 outlines the latest status of the activities led by WHO/AFRO. *Note:* this table includes activities beyond the scope of the ENVISION project.

USAID has determined a list of countries where ENVISION may support mapping activities. To support these additional activities, the ENVISION team will recruit a consultant to be seconded to WHO/AFRO to help coordinate the mapping efforts. ENVISION will also be engaging its partners in the mapping activities to complete the work. To date, countries such as Angola and Zimbabwe are ready for mapping and would benefit from funding and technical support from WHO AFRO and ENVISION.

Importantly, ENVISION has worked closely to coordinate efforts with the global trachoma mapping project (GTMP), a DFID-funded initiative managed by Sightsavers International.

Table 8. WHO AFRO NTD Mapping Plan Workshop Status for ENVISION-supported countries, as of May 23, 2013

COUNTRY	FUNDING SOURCES	NTDS TO MAP	STARTING DATE	END DATE	COMMENTS
Nigeria	USAID, DFID	LF, SCH, STH, TRA	28-Jan-13	1-Feb-13	DONE, mapping in progress
DRC	DFID/CNTD, APOC, USAID	LF, SCH, STH, TRA	11-Feb-13	22-Feb-13	DONE, mapping in progress
Angola	USAID (tentatively)	LF, SCH, STH, TRA	2-May-13	14-May-13	DONE
Zimbabwe	DFID and tentatively USAID	LF, SCH, STH, TRA	25-Feb-13	1-Mar-13	DONE
Chad	DFID and tentatively USAID	SCH, STH, TRA	4-Mar-13	8-Mar-13	POSTPONED

BUILDING CAPACITY IN NTD CONTROL AND ELIMINATION

Capacity development is recognized as a key strategy for strengthening national programs to sustain the scale up for the control and elimination of NTDs. During this reporting period, ENVISION focused on preparation for wider roll-out of training and other capacity strengthening activities. The project supported course curriculum completion, developed scale-up strategies and relationships, and made plans to roll-out courses in the next reporting period. RTI held a TIPAC facilitators training as a first step to build the capacity necessary to implement the TIPAC in all ENVISION-supported countries, with more TIPAC-related training planned for the next reporting period. Project staff also actively participated in the WHO Capacity Building Working Group, providing input on the needs of ENVISION countries and contributing to the global dialogue on NTD capacity needs.

In addition to activities coordinated by the ENVISION team in Washington, country-level staff also contributed to capacity strengthening by providing support for institutional capacity strengthening, organizing national and district level trainings in areas such as financial management and M&E in addition to providing assistance and supervision for cascaded training efforts associated with MDA implementation.

TRAINING

WHO Course for NTD Program Managers: ENVISION supported two consultants to finalize content development and edit the WHO NTD Program Managers Course modules. The consultants completed the course in late March, and WHO expects to officially release the course in early May 2013. Course modules

include content on targeted NTDs, morbidity management, establishing and managing an integrated NTD control program, drug management, severe adverse event management, monitoring & evaluation and training, as well as structured discussions sessions to encourage experience sharing among NTD program managers. ENVISION is beginning initial planning for course rollout through regional and individual country trainings for MoH staff from all ENVISION countries.

Tool for Integrated Planning and Costing (TIPAC) training: ENVISION made several enhancements to its TIPAC capacity strengthening capabilities in the first two quarters. The tool was translated into several new languages and is now available in English, French, Portuguese, Bahasa, and Spanish. The TIPAC was also updated and made more user-friendly through an iterative series of revisions.

ENVISION successfully piloted a TIPAC Facilitators Training in Kampala, Uganda, from February 25 – March 1st. The objective of the training was to prepare TIPAC experts to train others in their countries and/or regions how to implement the TIPAC for planning and costing NTD program activities.

Attendees from the MoHs of Uganda and Nigeria and from partner organizations FHI360 and World Vision International participated in the training, which included numerous TIPAC and facilitation exercises, discussions on rollout of TIPAC training and implementation in their own countries and regions, and structured feedback sessions aimed at improving the pilot training.

First-time TIPAC users from the Nigerian Federal Ministry of Health (FMOH) noted how useful the TIPAC would be for budgeting and planning NTD program activities at both the state and federal levels, and discussions began on how to roll the tool out in-country. Uzoma Nwankwo of the Nigerian FMOH noted, “This is a great tool to help country NTD Programmes cost and plan their activities. I believe this will be a great help for Nigeria to understand the planning and costing needed for the entire country. This is a tool that will help streamline planning and make budgeting and costing exercises much easier.”

Additionally, ENVISION continues to work with WHO Geneva and WHO AFRO on updates and capacity strengthening activities related to the TIPAC.

WHO AFRO M&E Workshops: ENVISION worked with partners, including AFRO, WHO Geneva, APOC, CDC, and CNTD, to carry out a five-day Monitoring & Evaluation Course in November 2012 in Ouagadougou, Burkina Faso. This was the third of four AFRO M&E workshops held in 2012. Participants from Eritrea, Ghana, Nigeria and Uganda further developed their capacity to define indicators and targets, collect and report data, monitor and interpret coverage, validate reported coverage, perform data quality control, store data, and evaluate program impact. Participants also began drafting a national M&E plan for NTDs. ENVISION support for the training included facilitating several training modules and covering travel expenses for one participant from Uganda. Additionally, RTI’s M&E Specialist contributed to the development of a Facilitator’s Guide for the course.

Trainings in Transmission Assessment Surveys (TAS): During the reporting period, RTI collaborated with WHO, CDC, and the Task Force for Global Health to develop a Facilitator’s Guide and Learner’s Guide for the WHO Global Programme for the Elimination of Lymphatic Filariasis Training on Monitoring and Epidemiological Assessment of Mass Drug Administration. These guides will accompany the presentations and exercises utilized in training workshops to be held at regional and country levels, designed to ensure that learners understand the fundamental elements of the TAS, develop a work plan for

implementing a TAS in an evaluation unit (EU), and improve their knowledge on how to compile a dossier for submission for verification of LF elimination. In addition, PAHO requested RTI support for the rollout of TAS training materials in the Dominican Republic in June 2013.

Media Training: The Media Training, which will train program managers, editors and journalists to promote NTD programs and MDA in countries through mass media, was enhanced based on feedback from the September 2012 pilot. ENVISION staff are currently arranging for training rollout in Senegal, Mozambique and Guinea in the coming months.

Grants Management Training: In Q2, RTI received approval to issue FOGs to host government entities in several ENVISION countries. Plans are now underway to roll out RTI's Grants Management training course in the next reporting period, beginning with Mozambique and Indonesia. The course, which includes pre-award surveys, evaluation, types of grants, execution of grant awards, administration and regulatory compliance, will further develop the capacity of host government and partner organizations to successfully manage USG funds.

ENVISION also supported training of nearly 40,000 individuals for country-level implementation of NTD activities (Table 9). The vast majority of these were community volunteers and teachers trained to administer drugs to eligible individuals.

Country	# Persons Trained
Regional Trainings	20
Benin	12
Cameroon	1,328
Haiti	50
Mozambique	26
Nepal	14,538
Nigeria	52
Tanzania	52
Uganda	23,710
Total	39,788

INSTITUTIONAL CAPACITY STRENGTHENING

In addition, ENVISION supports strengthening capacity at the institutional level. This has included supporting the establishment of a central coordinating committee in Benin, participating in one Partners' Meeting led by the MOH in Uganda, and conducting regional review and planning meetings in 9 regions in Tanzania, to name a few efforts. Country specific activities are provided in the Activity Progress Reports (APRs).

GLOBAL TECHNICAL LEADERSHIP AND POLICY DEVELOPMENT

At the global level, ENVISION plays a major role in meeting the technical challenges to NTD program implementation. This role focuses principally on:

1. Developing new technical guidelines to meet the need to maximize effectiveness of the available implementation funds and human resources;
2. Ensuring effective dissemination of these guidelines and 'best practices' to national programs; and
3. Coordinating ENVISION's programmatic activities and initiatives with those of the other engaged NTD partners.

During this reporting period the Program Director, along with both Deputy Directors, the Senior Technical Advisor, the Senior NTD Advisor, the M&E Specialist and other program staff members all shared in actively participation in important global technical and leadership meetings, held throughout the world, where key policy and technical issues related to integrated NTD control and elimination are determined. These meetings are provided in Table 10, with the number of ENVISION staff participants indicated for each.

Table 10. Global NTD Technical and Leadership Meetings ENVISION Staff Attended, Oct 2012-Mar 2013

October 2012	WHO NTD M&E Subgroup meeting on disease-specific indicators , Atlanta, GA; ENVISION staff attending: 2
	Gates-funded Death to Onchocerciasis and Lymphatic Filariasis (DOLF) Project Advisory Meeting , Atlanta, GA; ENVISION staff attending: 1
	Gates-funded Resolving the Critical Challenges to LF Elimination - Project Advisory Meeting , Atlanta, GA; ENVISION staff attending: 1
	Mectizan Expert Committee Meeting , London, England; ENVISION staff attending: 1
	WHO AFRO NTD Mapping meeting , Lusaka, Zambia; ENVISION staff attending: 2
November 2012	International Coalition for Trachoma Control (ICTC) Meeting , Washington, DC (hosted by RTI International); ENVISION staff attending: 4
	American Society of Tropical Medicine & Hygiene meeting , Atlanta, GA ; ENVISION staff attending: 6
	Global Alliance to Eliminate LF Biennial meeting , Washington, DC; ENVISION staff attending: 10
	WHO/World Bank/Gates Foundation meeting: Uniting to Combat the NTDs , Washington, DC; ENVISION staff attending: 10
December 2012	WHO Capacity Strengthening Working Group , Geneva, Switzerland; ENVISION staff attending: 1
	APOC Joint Action Forum (JAF) , Bujumbura, Burundi; ENVISION staff attending: 1
February 2013	WHO NTD M&E Subgroup meeting on revising at-risk populations for LF , Atlanta, GA; ENVISION staff attending: 2
	Children Without Worms Expert Advisory Group , Atlanta, GA; ENVISION staff attending: 1
	Gates-funded Filling the Gaps Advisory Meeting on STH Operational Research , Atlanta, GA; ENVISION staff attending: 1
	Gates-funded Filling the Gaps Advisory Meeting on LF Operational Research , Atlanta, GA; ENVISION staff attending: 1
	WHO 4th NTD-STAG Working Group on Monitoring & Evaluation , Geneva, Switzerland; ENVISION staff attending: 1
March 2013	WHO 4th Technical Review Meeting of Preventive Chemotherapy Data , Geneva, Switzerland; ENVISION staff attending: 1
	MDP-WHO Loiasis Scientific Working Group , Liverpool, England; ENVISION staff attending: 1
	WHO Africa Regional Office (AFRO) Partners Meeting , Brazzaville, Republic of Congo; ENVISION staff attending: 2
	Gates-funded Filling the Gaps Advisory Meeting on Onchocerciasis Operational Research , Liverpool, England; ENVISION staff attending: 1
	Gates-funded Filling the Gaps Advisory Meeting on Schistosomiasis Operational Research , London, England; ENVISION staff attending: 1
	Carter Center River Blindness and NTD Program Review , Atlanta, GA; ENVISION staff attending: 2
	Carter Center River Trachoma Program Review , Atlanta, GA; ENVISION staff attending: 2
Partnership for Disease Control Initiatives (PDCI) meeting , New York, NY; ENVISION staff attending: 1	

ENVISION is recognized as an essential contributor to all of these meetings, bringing a disciplined and informed approach *with solutions* to problems faced by all NTD implementers. The ENVISION program too, benefits directly from its leadership role not only by being privy to the most recent information and updated approaches to program implementation but also by being able to share its own national experiences directly with international colleagues while developing successful strategies for overcoming new or unanticipated challenges.

MONITORING AND EVALUATION

During the first half of Year 2, RTI collaborated with WHO and other partners on a number of M&E tools to strengthen the environment for implementation of national integrated NTD control and elimination programs, including a Situation Analysis for National M&E and Data Management Practices, a WHO Indicator Compendium for NTDs, a National NTD Database Template, and a Data Quality Assessment Protocol and Tool for NTDs.

WHO Situation Analysis

ENVISION worked with WHO to continue data entry for country results from the situation analyses for M&E and data management practices for integrated NTD activities. RTI conducted a preliminary analysis of the results, which was shared during the WHO 4th NTD-STAG Working Group Meeting on Monitoring and Evaluation of Preventive Chemotherapy held in February 2013. RTI will continue to work with WHO to improve the response rate and analyze the results of the questionnaires.

WHO Indicator Compendium

RTI's M&E Specialist continued to collaborate with WHO on the development of WHO's Indicator Compendium for NTDs. The compendium is currently under technical review by experts, and it is hoped to be finalized for dissemination during the second half of the year.

National NTD Database Template

The need for a national NTD database template was identified by ENVISION staff, in-country partners, national programs, and by data managers participating in the annual WHO Data Managers meeting, among other stakeholders. During this reporting period, RTI collaborated with a number of partners, including WHO-Geneva, AFRO, APOC, and CNTD, to draft and award a Request for Proposals for the development of a national database template. The strategy for the development established at the WHO Technical Review Meeting of PC Data held in February 2013 in Geneva, and through discussions among the partners since the meeting, includes:

1. Visiting WHO-Geneva, AFRO, other WHO regional offices such as WPRO, APOC, and national programs to understand the current data management practices, needs, and priorities at the regional, national and district levels, and to harmonize the vision and linkage between current practices and the national database template. The database development team will build on the work that is already been done by AFRO and other partners.
2. Identifying data fields and indicators, incorporating those already in use by WHO and its regional offices, and any additional items identified by donors and national programs.
3. Collecting "user stories" to identify and prioritize requirements.
4. Compiling a set of reports and exporting functions that the database should be able to generate once complete.
5. Conducting "sprints" in the database development, with an iterative database available for review and feedback by partners every two weeks.
6. Field testing the national database template in countries representing varying sub-regions and experiences in implementing NTD programs.

RTI has collaborated with partners to start planning for the country visits, identify the data fields and indicators, and draft user stories. RTI will continue to work with partners to develop and field test the database template. Once finalized, ENVISION will support the roll-out of the database in countries who request technical assistance for this effort.

Data Quality Assessment Protocol and Tool

High coverage of PC among at-risk populations is crucial to control, and in some cases eliminate, the NTDs that are amenable to PC. However, national NTD programs have rarely conducted data quality assessments (DQAs) to evaluate the quality of reported data and the strength of the NTD data management system, despite the widespread implementation of DQA for other public health interventions.

In this context, RTI has worked with WHO to develop a DQA protocol and tool for use by national NTD programs to improve data collection and reporting for NTDs. The objectives of the DQA for NTDs are to:

- Assess the quality of reported data (i.e., accuracy, timeliness and completeness of NTD data) for a given assessment period
- Assess the ability of NTD data management systems to collect and report quality data

As part of the DQA exercise, the data in available reports are recounted at each level of the NTD reporting system (such as village, sub-district, district, and national level), and compared with the values that were reported for that level, to verify the reported data. Additionally, individuals who are involved in data collection and reporting are interviewed, in order to qualitatively assess the NTD data management system. Finally, an action plan is developed, with recommended actions to address any areas that need strengthening.

RTI hired and collaborated with a consultant to develop the DQA protocol and tool, which was piloted in two districts in Uganda. In the second half of the year, RTI will support Ministries of Health to field-test the tool, in collaboration with partners; lessons learned from this implementation will be incorporated into the protocol and tool. The final protocol and tool will be part of WHO's M&E Toolkit for NTDs for use by national NTD programs to strengthen their own data management and reporting system. RTI will also develop accompanying standardized training materials for national and district-level staff.

MONITORING AND EVALUATION FOR NATIONAL NTD PROGRAMS

ENVISION has prioritized increasing the capacity of countries to implement nationally-owned M&E for NTD control/elimination in line with WHO guidelines, implementing M&E activities within a programmatic context, and facilitating the use of USAID-supported data.

During the first half of Year 2, ENVISION supported training in M&E in project countries, and facilitated implementation of disease-specific assessments (DSA) as well as quality control exercises.

TRAINING

Over 100 individuals in ENVISION countries were trained in M&E at the country-level during the first half of Year 2. Topics included training for post-MDA coverage survey implementation; mobile data collection; monitoring and reporting serious adverse events (SAEs); and data collection tools, data handling and reporting.

DISEASE-SPECIFIC ASSESSMENTS

ENVISION provides technical and financial support for disease-specific assessments (DSA), in order to evaluate the effects of NTD intervention. The frequency and timing of DSA implementation are determined by WHO guidelines. During the first half of Year 2, ENVISION supported LF baseline sentinel site surveys,

transmission assessment surveys (TAS) for stopping-MDA for LF, and epidemiological assessments for onchocerciasis (Table 11). Additional DSA are targeted for the second half of the year. (See Appendix X for DSA targeted in FY13.)

Table 11. Number of Districts with ENVISION-supported Disease-Specific Assessments, Oct 2012 – Mar 2013		
Country	DSA type	# DSA Implemented in the first half of FY13
Guinea	LF baseline sentinel site	4
Indonesia	TAS-Stopping MDA	1
Uganda	Oncho epidemiological assessments	7

QUALITY CONTROL EXERCISES

In order to ensure the quality of reported data, a post-MDA coverage survey was carried out in 10 districts in Tanzania, to verify reported coverage. Additionally, Uganda piloted a data quality assessment (DQA) in two districts; the DQA will be implemented in Uganda during the second half of FY13.

ENVISION COUNTRY PROGRAMS - ACTIVITY PROGRESS REPORTS

BENIN

ENVISION Program Manager: Aboudou Dare (RTI)

Reporting Period: October 2012 – March 2013

BACKGROUND

Benin established the National Program for the Fight against Communicable Diseases (PNLMT) in 2007. The PNLMT works according to the WHO guidelines to tackle all the major neglected tropical diseases (NTDs) including onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthes infections, human African trypanosomiasis, dracunculiasis and trachoma. Benin has developed a strategic plan for NTD control (Master Plan 2010-2016) which provides a vision for the control of all NTDs in the country. The master plan is expected to be launched in 2013. Most disease mapping for NTDs has been completed, providing a good epidemiological profile.

Benin employs two strategies to reach targeted populations with PC: Community-Directed Intervention (CDI) using community drug distributors (CDDs) and school-based MDA for school-aged children (5-14 years) and in communities using teachers as distributors. Mapping for LF, OV and SCH is complete. The need for trachoma and STH mapping is being assessed by the national program with support from ENVISION.

Benin joined the list of ENVISION-supported countries in September 2012, with RTI support being provided directly to the MOH. The ENVISION work plan and budget were approved by USAID in February 2013.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Improve knowledge of the epidemiological profile of NTDs in Benin by completing STH mapping and assessing a need of Trachoma mapping
- Strengthen national program capacity at central, intermediate, and peripheral levels including:
- Establish ENVISION office in Benin; recruiting a Resident Program Advisor and a Financial Officer.
- Develop Work plan and Budget
- Provision of equipment, materials, and office supplies to support program coordination, supervision and improve performance
- Advocacy targeting political decision-makers, partners and community leaders for increased commitment and mobilization of resources to tackle NTDs. Included in this is the Launch of the NTD Master Plan and efforts to increase participation of partners and other development sectors including ministries, local authorities, development partners, and the private sector including mining companies
- Carry out mapping of STH in 8 Communes where previous surveys results were doubtful and assess the need of a trachoma mapping in the northern part of the country.
- Train MOH personnel at both central and peripheral levels and CCDs involved in the MDAs
- Drug Distribution: MDA is scheduled according to a strategic plan to cover the maximum of communes through integrated activities. This includes:
- Support school-based SCH MDA in 8 health districts: Bembèrèkè, Kalalé, N'Dali, Kérou, Péhunco, Natitingou, Copargo and Ouaké; OV MDA in 51 endemic communes; LF MDA targeting in 25 endemic communes

MAJOR ACCOMPLISHMENTS

- Conducted situational analysis and discussions with the Ministry to identify potential areas for USAID support
- Benin work plan and budget approved by USAID in February 2012
- Dr. Aboudou Dare, Resident Program Advisor and Mr. Alexandre Assogba, Finance Officer started on Feb 11th.
- The government staff and new RTI staff were trained on general and financial procedures
- A contract was signed between RTI Benin and FECECAM-Benin, a national credit union. FECECAM-Benin will support the distribution of USAID funding to the periphery in support of cascaded training and MDA roll-out.
- 12 medical doctors including 10 males and 2 females were trained as trainers to carry out a cascade-like training of teachers and CDDs.
- National Program and RTI staff traveled to Borgo/Alibori and Atacora Dounga as part of social mobilization activities
- Procurement requests for PZQ and Kato Katz Kits were submitted for 2013 MDA and mapping

CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Administrative procedure is very slow in Benin. RTI supported the submission of a request for a steering committee to be formed. A ministry decree creating this committee exists, but people to form it have not been designated yet.
- Absence of historical data. It is known that the country was entirely mapped for STH in 2009 but data are not available. As a result, the national NTD Coordinator decided to re-map the 27 communes. A strategy for monitoring is needed for areas with no baseline data.
- Disease distribution for SCH was established using data from a survey done in 2003 however no protocol from this survey exists and data are believed to be flawed. As a result, establishment of sentinel sites for SCH will require careful consideration.
- Efforts are being made to improve the census of teachers and CDDs, but it is a long process and causes delays in the payment of per diem through FECECAM-Benin. If the census figures are not reliable, not only the estimation of money to transfer through this bank is inadequate, but money for workers may not reach the right persons, what appears to be the in-country biggest difficulty during the previous MDAs. Hence the necessity to obtain good census figures.

NEXT STEPS

- Launch of the Master Plan
- Carry out mapping of STH in 8 Communes of the northern region of country; assess a need of trachoma mapping in the northern region.
- Support pre-MDA activities: Cascaded training, secure the permanent supply of necessary medicines for MDAs; develop and validate a NTD communication plan. This will include the development, testing and implementation of tools for IEC and social mobilization activities
- Implement school-based SCH MDA in 8 health districts before the end of May 2013; OV MDA in 51 endemic communes; LF MDA targeting in 25 endemic communes; conduct post MDA coverage surveys
- Conduct oncho epidemiological surveillance in 10 villages
- Establish sentinel SCH sentinel sites
- Conduct pre-TAS in 5 communes
- Train government and RTI staff to use the TIPAC
- Create and manage an integrated NTD database.

CAMEROON

ENVISION Resident Program Advisor: Julie Akame (HKI)

Reporting Period: October 2012-March 2013

BACKGROUND

Cameroon is endemic for all five NTDs targeted by ENVISION. Onchocerciasis is endemic in 111 health districts and more than 60% of the population lives in at-risk communities. LF is endemic in 158 districts, but due to co-endemicity with Loa Loa is only treated in 134 health districts. Schistosomiasis is endemic in 134 health districts to various degrees; about 17million people are considered to be at risk, 5 million of them are school-aged children; treatment is planned in 78 districts. Intestinal worms are endemic throughout the country, but to different degrees with schoolchildren (5 to 15 years) being most affected and thus treated once or twice annually. Trachoma is currently being treated at district-level in 16 health districts; 13 in the Far North and 3 in the North region.

The National NTD Program in Cameroon is led by a part-time focal point within the Ministry of Public Health (MSP) who coordinates activities of the vertical disease programs. The MSP works in partnership with Helen Keller International who is the lead recipient of ENVISION funding, as well as Sightsavers, Perspectives, and the International Eye Foundation. The partner NGOs each oversee various regions of the country while HKI also provides grant management and technical oversight to ENVISION project overall.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support the MSP NTD control coordination structure in the finalization, adoption and dissemination of the NTD Master Plan, advocating for a budget line item for NTDs, and encouraging the development and provision of an annual work plan.
- Support the MSP in planning integrated NTD control activities in each region and at central level, and in organizing advocacy and social mobilization meetings at all levels. HKI-Cameroon will work to strengthen partner capacities at all levels for the implementation of NTD control activities.
- Work with the national program in supervising all MDA activities in schools and communities, including MDA monitoring activities in communities, Pre-TAS survey in 5 health districts in the North and Far North regions, a coverage survey in Far North and East regions, and annual review meetings at regional and national level. National NTD Control Program activities include –
 - Treating all school-aged children (5-15 years) with PZQ in 78 health districts and high risk adults in four of these districts.
 - Treating everyone over 5 years of age with Zithromax tablets, children between 6-59 months with syrup and children under 6 months with tetracycline eye ointment in 16 health districts of North and Far North regions.
 - The program will treat 80% of the total population targeted communities with IVM + ALB where LF is endemic, and will treat 80% of the total population with IVM targeted communities where onchocerciasis is endemic. Because of co-endemicity with loiasis, 24 health districts endemic for LF will not be treated.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- NTD Master Plan and Trachoma National Plan adopted in July 2012.
- IVM and ALB for onchocerciasis and LF MDA was transported

- A national review meeting was held for 2012 activities and planning of 2013 activities in November 2012. Regional integrated planning meetings were also held in the East, Centre, Far North, North, South, Littoral, Northwest, and Southwest regions from January to March 2013.
- Over 1,300 health personnel and Community Drug Distributors were trained in the East Region in advance of MDA which started in February 2013.
- MDA for LF and oncho was launched in 4 health districts in the East region in February 2013.
- Community MDA supervision began in the East Region in March of 2013 and regional level advocacy meetings were held in the Centre, North and Far North regions in March 2013.
- IEC materials and data collection tools (treatment registers, T-shirts, posters) were produced for the community MDA in the Centre, North, Far North and East regions in March 2013; Data collection tools for the deworming campaign were also produced.
- November 2012, several presentations were made during the ASTMH meeting in Atlanta by MSP representatives and NGO representatives, with ENVISION support.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

The major challenge in implementing the work plan was the delay in FOG approval until February 7, 2013 which was four months into the fiscal year. This disrupted all project activities, including drug procurement, training, MDA, planning meetings, surveys, IEC material development, etc.

One other major challenge was the weakness in communication across the MSP and the partners about serious adverse events (SAE). In Cameroon, the 2012 campaign had 11 SAEs; 10 recovered and one unfortunately resulted in death due to Loa Loa complications. Strengthened communication and coordination at all levels, including the systematic, annual training of health staff due to high turnover, is essential in SAE detection and management and steps in order to improve this aspect in FY'13 and beyond.

NEXT STEPS

Planning meetings will be held in Adamawa and West regions in March/April 2013. School-based deworming is scheduled for April 2013. The health personnel and CDD training in the Central, South, Far North, Littoral, North, Adamawa, Northwest and Southwest regions will take place in March/April 2013. Regional level advocacy meetings in the South, Littoral, West, Southwest, Northwest and Adamawa will be held in March 2013 and sensitization and social mobilization meetings in Centre, South, Far North, Littoral, North, Adamawa, Northwest and Southwest is scheduled for March/April 2013. The MDA for LF and onchocerciasis in the Central, South, Far North, Littoral, North, Adamawa, Northwest and Southwest will be conducted during April, May and June 2013. MDA supervision will be held from March to June 2013 and monitoring and data collection is scheduled from May to July 2013. Regional review meetings will be conducted from July to August 2013 and a national 2013 review and 2014 planning meeting is scheduled for August or September 2013. A 2014 ENVISION work plan and budget will be completed in July 2013.

DEMOCRATIC REPUBLIC OF CONGO

ENVISION Resident Program Advisor: In recruitment

Reporting Period: October 2012-March 2013

BACKGROUND

The Democratic Republic of Congo (DRC) is endemic for all five of the targeted NTDs (LF, onchocerciasis, SCH, STH, and trachoma), but of these only OV has been mapped with confirmed findings published. According to the report from the Ministry of Public Health (MSP)/WHO Mapping Workshop (Feb 2013), of the country's 515 health zones, 356 need to be mapped for SCH and STH; 327 for LF; 40 for TRA in areas bordering countries known to be endemic, to determine the need for further mapping; and 27 for onchocerciasis in areas where security has been an impediment. The MSP is conducting mapping for LF and SCH-STH with support from the Centre for Neglected Tropical Diseases (CNTD). Mapping of onchocerciasis will be supported by APOC, and mapping of trachoma will take place when resources are available.

The National Onchocerciasis Control Program (PNLO) was established with support from WHO/APOC in 1996 and conducts annual MDA following the CDTI strategy, via ~20 "projects" that encompass multiple health zones. The CDTI projects are supported by APOC, with certain receiving additional support from an NGO (CBM, United Front Against Riverblindness (UFAR), or IMA World Health). The PNLO recently revised its aim to focus on elimination. A challenge for onchocerciasis (and LF) elimination is high co-endemicity of Loa Loa in several provinces.

A National NTD Coordination was established in 2009, and vertical national programs exist for LF, SCH-STH, and TRA. At the present time, onchocerciasis is the most functional and active program. The MSP plans to expand the existing onchocerciasis CDTI projects to include other NTDs, with the projects to be represented within anticipated Provincial Steering Committees as part of the MSP's overall Health System Strengthening Strategy.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- ENVISION staff to visit DRC and meet with MSP representatives and NTD other stakeholders
- Issue request for Expressions of Interest to ENVISION partners and work with USAID to determine how best to design ENVISION assistance
- Conduct training and implementation of TIPAC with MSP and partners (May-June 2013)
- Conduct Work Planning for FY13/FY14, including training and use of the TIPAC

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Corresponded with National NTD Coordination regarding organization of TIPAC training, and prospective capacity-building support for the central level
- Participated in MSP's National NTD Partners Forum (Jan 2013) and introduced ENVISION project in DRC
- Organized meeting of global ENVISION NGO partners in DRC, to assess interest and capabilities for implementation

- In March 2013, issued Request for Expressions of Interest to all ENVISION partners for support for mapping and/or support for integrated MDA, in specific provinces of DRC. Review of responses underway.
- Began working with CNTD, a key partner of the MSP, to harmonize support for National Program
- Provided technical guidance to MSP on nocturnal surveys for microfilariæ (LF)

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- An integrated National NTD Program does not yet exist as such, rather an NTD Coordination with independently-operating vertical National NTD Programs.
- The MSP has a 5-year Framework Plan for NTDs, but has not yet established annual plans with concrete activities or budget. Existing and potential partners request clearer planning, and in turn the MSP requested ENVISION's support in implementing the TIPAC.

NEXT STEPS

- Provide TIPAC training (May 2013) and support implementation
- Develop FY13 and FY14 ENVISION work plans and budgets
- Determine ENVISION implementing partners in DRC via request for Expressions of Interest
- Recruit Resident Program Advisor and Finance Manager, and secure office space

ETHIOPIA

ENVISION Resident Program Advisor: in recruitment

Reporting Period: October 2012 – March 2013

BACKGROUND

The Ethiopia FMOH focuses on 8 priority NTDs: LF, onchocerciasis, trachoma, STH, SCH, podoconiosis, drancunculiasis, and leishmaniasis.

Partial mapping of LF was conducted from 2008-2010 with support from Addis Ababa University, The Carter Center (TCC), and WHO. Since that time, LF is known to be endemic in about 34 districts in 5 regions (B. Gumuz, Gambella, SNNP, Oromia, and Amhara). Additional mapping is now underway, with support from CNTD. They plan to map all areas of the country but the lowlands and expect more than 100 woredas to need MDA. Onchocerciasis activities have been carried out in 10 CDTI project zones (2 with support from Light for the World, 8 with TCC support). Recent assessments have found 34 additional endemic woredas that are not yet under NGO support. Oncho will need further investigation nationwide due to the change in strategy from control to elimination.

Data from the 2005-2006 national blindness survey suggest that Ethiopia is the most endemic country in the world for trachoma. To date, the DFID-funded, Sightsavers-managed Global Trachoma Mapping Project (GTMP) has completed mapping of more than 200 districts in Ethiopia, with specific NGOs leading mapping by region. The project is looking to complete mapping in Tigray by the end of March, Oromia by mid-May, Somali by the end of June, and SNNPR by the end of July 2013. MDA for trachoma is currently carried out by various NTD stakeholders including ENVISION partner, TCC.

For SCH, Ethiopia bears 29% of the known Sub Saharan disease burden with 5.01 million people may be infected and 37.5 million at risk. With support from Schistosomiasis Control Initiative (SCI), EHNRI (Ethiopian Health and Nutrition Research Institute) is leading the national SCH survey which will also map STH in SCH-endemic areas. This survey will reach about 8,000 schools and is anticipated to be complete by the end of June 2013.

For STH infection, Ethiopia has the second highest burden of ascariasis (26 million), third highest burden of hookworm (11 million), and the fourth highest burden of trichuriasis (21 million) in Sub-Saharan Africa. Launched in 2004 by the FMOH, the Enhanced Outreach Strategy uses Regional Health Bureaus to carry out deworming for all children from 2 to 5 years old every six months. ENVISION partner World Vision also carries out deworming activities via 'child-health days' in its many Area Development Programs across the country. To date, however, control activities have been disjointed and recent drug donations have gone unused due to lack of financial support. There is also a mapping need in areas not thought to be endemic for SCH.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Meet with Ethiopia FMOH, USAID Ethiopia and NTD stakeholders to introduce ENVISION and determine ways in which ENVISION can support current and future activities
- Determine program implementation areas of support
- Support the FMOH to host the Ethiopia NTD Symposium in June

- Hire Resident Program Advisor and Finance Manager

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- RTI traveled with USAID in April 2013 to introduce the ENVISION program and explore areas of support needed as highlighted in the FMOH NTD Master Plan.
- Discussed coordination of support for NTD control activities with other donors and met with key organizations (NGOs, academics) supporting NTD activities

NEXT STEPS

- Support and attend the Ethiopia NTD Symposium and Master Plan launch in June 2013
- Determine program implementation support for FY13 and FY14 with the FMOH and Regional Health Bureaus; determine ENVISION support to the FMOH NTD program
- Interview and offer positions to current RPA and Finance Manager candidates

GUINEA

ENVISION Resident Program Advisor: Sylvain Haba (HKI)

Reporting Period: October 2012–March 2013

BACKGROUND

In the Republic of Guinea, LF, onchocerciasis, SCH, STH and trachoma are endemic. The Ministry of Health and Public Hygiene (MSHP) has created an integrated coordination unit called the National Program to Control Onchocerciasis and Blindness and Neglected Tropical Diseases (PNLOC/MTN) that implements the integrated NTD strategic plan for the period from 2011–2015. The MSHP will implement this strategic plan to reduce morbidity, disability, and mortality.

The program in Guinea is currently in the scale-up phase with mapping underway for LF, SCH, STH, and trachoma. Treatment for onchocerciasis has been underway in Guinea for many years with support from Sightsavers and the Organization for the Prevention of Blindness (OPC). MDA for LF and trachoma will take place for the first time in Guinea in FY 2013. The SCH MDA continues to increase in scale.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Improving knowledge of the epidemiological profile by completing mapping of targeted NTDs;
- Strengthening capacity at the central (PNLOC/MTN), intermediate, and peripheral levels, including provision of research materials, medical equipment, and office supplies to support program coordination and surveillance and to improve performance;
- Advocacy activities targeting policy decision-makers, partners, and community leaders for increased commitment and resource mobilization to tackle NTDs;
- Support for MDA in health districts that exceed prevalence thresholds for NTD treatment;
- Establish sentinel sites for LF in districts that have not yet begun treatment; conduct onchocerciasis epidemiological assessments in districts that have been treated for at least 15 years or more

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

In November 2012, a baseline study of microfilariasis was conducted in 4 sentinel sites in the health districts of Guékédou, Dabola, Dinguiraye, and Koundara. Data on microfilariasis prevalence and average microfilariasis density were collected. This study was completed in anticipation of a MDA campaign scheduled for FY 2013.

Furthermore, various meetings took place during this reporting period. In October 2012, one MoH and one HKI staff member attended the Mano River Union meeting, which was held in Abidjan (Côte d'Ivoire). In January and March 2013, coordination meetings took place with MoH staff (PNLOC/MTN) in order to adjust the schedule of specific program activities. The creation of IEC materials, data collection forms, dose poles, and training guides/training of trainer guides in support of the MDA were also completed during this period.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

The LF MDA and the trachoma MDA campaign could not take place in November 2012 as scheduled due to the delay in FOG submission and subsequent approval (late February 2013). This situation delayed

implementation of activities based on the initial schedule, resulting in an increased workload later in the fiscal year that will require prioritizing the implementation of some activities over others.

NEXT STEPS

A number of MDA campaigns will take place in the next reporting period. Trachoma MDA will take place in April 2013 in the health districts of Faranah and Kissidougou, and then again in June 2013 in the health districts of Dabola, Dinguiraye, and Kouroussa. The International Trachoma Initiative has approved Zithromax for the two districts that will conduct MDA first, since this is the first time trachoma MDA has taken place in Guinea; after results are received from the MDA, the drug for the other three districts will be shipped. LF and onchocerciasis MDA will take place in April in the health districts of Guéckédou, Koundara, Dabola and Dinguiraye pending approval from the Mectizan Donation Program. MDA for schistosomiasis will take place in June 2013 for 12 health districts (Labé, Mali, Tougué, Koumbia, Dabola, Dinguiraye, Siguiri, Mandiana, Kankan, Kérouané, Kouroussa, and Forécariah), while a MDA campaign targeting both schistosomiasis and soil-transmitted helminths will take place in 8 health districts (Faranah, Kissidougou, Guéckédou, Macenta, N'zérékoré, Lola, Beyla, and Yomou) in June 2013.

Disease mapping planned for FY13 will be completed in May 2013; there may be a delay in LF mapping due to the delay in receiving ICT cards. Mapping activities will include 4 health districts for lymphatic filariasis (Kindia, Koumbia, Siguiri, and Labé), 10 health districts for trachoma (Kankan, Kérouané, Mandiana, Beyla, Siguiri, Gaoual, Mali, Koumbia, Tougué, and Mamou), and 17 health districts for schistosomiasis and soil-transmitted helminths (Kaloum, Dixinn, Matam, Ratoma Matoto, Coyah, Dubréka, Kindia, Boffa, Fria, Boké, Téliélé, Gaoual, Koundara, Lélouma, Lola, and Yomou). Epidemiological surveillance will be conducted in 28 sentinel villages and 8 health districts (Kindia, Forécariah, Mamou, Faranah, Gaoual, Koundara, Kankan, and Kérouané) for onchocerciasis. This surveillance method will be performed by the bloodless skin biopsy method, and will take place in June 2013.

A drug order for PZQ will be placed in anticipation of the 2014 MDA campaign once the aforementioned 2013 schistosomiasis mapping and treatment campaigns have taken place. Various meetings will be supported including the annual health review and a study tour in Niger, respectively taking place in April 2013, and the annual MDA meeting in August 2013. Financial resources will be mobilized from mining companies within targeted endemic areas to help support the purchasing of tetracycline and support other MDA costs.

HAITI

ENVISION Resident Program Advisor: Abdel Direny (IMA)

Reporting Period: October 1, 2012 to March 31, 2013

BACKGROUND

The Haiti Neglected Tropical Disease (NTD) Control Program (HNTDP) is a joint effort between the Ministry of Health and Population (MSPP) and the Ministry of Education (MENFP) to eliminate and control LF and STH in Haiti. The HNTDP is supported by a group of collaborating partners who include World Health Organization/Pan American Health Organization (WHO/PAHO), the Centers for Disease Control and Prevention (CDC), University of Notre Dame (UND), Christian Blind Mission (CBM), Partners in Health (PIH) and GlaxoSmithKline (GSK). This collaborative effort includes regular meetings with Central, Departmental, and Communal MSPP and MENFP officials as well as among partners in the US and Haiti.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Continue to collaborate with the MSPP, MENFP, and all program partners to continue successful implementation of the HNTDCP. ENVISION will support 8 of the 10 departments.
- Establish 1 new sentinel site and spot check site in the Northeast department (Caracol). This will be in addition to the sentinel sites located in the North (Quartier Morin), NW (Port de Paix), Southeast (Jacmel), Nippes (Anse a Veau) and Artibonite (Verettes).
- Conduct TAS in 3 evaluation units based on recommendations from MSPP and CDC.
- Conduct coverage surveys in 10 communes to confirm reported coverage and explore reasons for non-compliance.
- Complete fifth round MDA in North, North West, Artibonite, Southeast, and Nippes Departments, fourth round MDA in Northeast Department, and third round in South and Grand Anse Departments.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Training of CDDs in the North, Northwest, Artibonite departments
- Conducted 5th Round of MDA in the North, Northwest and Artibonite departments
- Conducted NTD partner meeting
- Trained medical personnel in the South and Grande Anse Departments on MDA strategies and SAE management
- Held refresher training for Community Leaders and Promoters in the Northeast, Southeast, Nippes, South and Grande Anse Departments
- Restarted local partner meetings between local partners and MSPP
- Organized and managed public diplomacy event to showcase distribution of TOMS shoes and MDA drugs attended by the US Ambassador and representatives of USAID/Port-au-Prince, RTI, TOMS, and IMA.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- The main challenges encountered during this period were (a) a delay in advancing funds from RTI to IMA and (b) delays in approval of FOG agreements by USAID. As a result, activities occurred later than planned.
- The cost budgeted for the posters given to the Community Leaders to educate the population increased by 30%. To resolve this problem the number of posters printed was decreased.

NEXT STEPS

- Conduct coverage and KAP surveys in the Northeast, Southeast, Nippes, South and Grande Anse Departments
- Conduct sentinel and spot check site surveys in Northeast, North, Northwest and Artibonite Departments
- Train CDDs in the Northeast, Southeast, Nippes, South and Grande Anse Departments
- Conduct 4th Round of MDA in the Northeast, 5th Round in the Southeast and Nippes, and 3rd Round in the South and Grande Anse
- Hold TAS in the North, Northwest and Artibonite, depending on the sentinel sites results

INDONESIA

ENVISION Resident Program Advisor: Herty Herjati (RTI)

Reporting Period: Oct 2012-March 2013

BACKGROUND

LF, STH and SCH are endemic in Indonesia which has one of the heaviest burdens of NTDs globally. In 2011, LF MDA reached 21.77 million people in 29% of the 337 assumed LF-endemic districts, although some with only partial coverage. While 2011 LF MDA coverage was estimated to include 1.45 million preschool and 2.9 million school-aged children likely at risk of STH, exact figures for other children treated for STH through food programs, school health or local government were unknown. A 2012 STH policy, which states that deworming should be integrated with Vitamin A distribution for preschool children and with Child Health activities for school-aged children, is in the process of being legally adopted. It states that all districts should receive one round of STH MDA annually, based on the average national prevalence of 28%. A detailed plan to eliminate SCH, which affects an area of 20,000 people in Central Sulawesi, is being implemented with support from the World Health Organization (WHO).

The Subdit Filariasis dan Kecacingan (Sub Directorate of Filariasis and Worms), a unit within the Directorate General of Disease Control and Environmental Health of the Ministry of Health, is the lead for LF, STH, and SCH activities. A LF National Task Force is being expanded to cover STH and SCH.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Increase NTD commitments through TIPAC implementation, national stakeholder meeting, and LF advocacy meetings in 20 districts.
- Develop protocols for STH MDA in schools, LF mapping, and LF TAS.
- Finish 2012 LF MDA in 22 districts.
- Support activities preparing for 2013 LF MDA in 36 districts.
- Provide high-level support to STH MDA in 34 districts through national planning, provincial coordination and training, and IEC material development.
- Map for LF in 96 districts (41 by end of 2012 and 55 by September 2013).
- Support LF sentinel sites in 47 districts (37 by end of 2012 and 10 by September 2013)
- Implement TAS in 2 districts.
- Build capacity in monitoring and evaluation of LF programs through training, database development, collection of data on Indonesia-specific LF technical issues, and review of data.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- TIPAC translated into Bahasa Indonesia and MOH has identified a focal point, with implementation in late April and early May 2013.
- 2012 LF MDA reports complete from 27 of 28 districts, with 25 districts near or above 65% coverage of total population.
- Mapping complete in 41 districts, all with <1% microfilaraemia results.
- Sentinel sites complete in 37 districts, with 2 baseline and 2 mid-term districts >1% microfilaraemia.
- Request for Applications for local NGOs to support district in 2013 LF MDA posted and national mapping, with decisions to be made by May 1, 2013.
- Data collection tools for partial coverage MDA, LF mapping protocol and LF TAS protocol were drafted and under review by Subdit and ENVISION team.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- LF MDA was delayed by a change in Indonesian policy that now does not allow financing of districts directly through fixed obligation grants (FOGs). FOGs supported MDA in November 2012 through March 2013 in 7 districts; the others were supported through various other methods.
- Delays in MDA delayed implementation of TIPAC and national stakeholders meeting; now scheduled for May 2013, which also fits better with government FY2014 planning schedule.
- Kota Batam, in Kep Riau province, had very low coverage (~50% of total population), mostly because provincial officials decided that anyone over 60 years was ineligible. There was also a death during MDA which influenced health center staff to be very conservative. This was discussed at the ENVISION evaluation meeting and the Subdit also plans to address these issues at the district coordination meeting to ensure understanding of eligibility criteria and response to SAEs by district and health center staff.
- Kolaka (Sulawesi Tenggara) and Kota Gunung Sitoli (Sumatra Utara) both implemented MDA in 2012 before RTI support was available so they did not have the total budget needed. In addition, social mobilization was not very strong. This was discussed at the ENVISION evaluation meeting and the districts know they need to wait until NGO FOGs are signed for 2013 LF MDA; the district coordination meetings will also include a special session on social mobilization strategies.
- Due to change in ENVISION Indonesia staffing needs and the large amount of time needed to orient NGOs to the FOG mechanism and NTD activities, the program has hired a Grants Specialist and is in the process of hiring a M&E Specialist. The project is in the process of hiring an expatriot Resident Program Advisor to help coordinate and liaise with various stakeholders, particularly related to STH.

NEXT STEPS

- ENVISION review and workplanning meeting for 38 districts to be held April 17-19, 2013.
- RFA applicants for local NGO support for LF MDA to be chosen by May 2013, with training in July 2013 after FOGs are signed.
- RFA for national NGO to support LF mapping to be posted and NGO chosen by May 2013, with FOGs signed by June 2013.
- STH national coordination meeting to be held in Jakarta April 30, 2013.
- STH coordination meetings/trainings to be held in 3 provinces in May 2013.
- Protocol for STH MDA to be finalized by May 2013.
- Protocol for follow-up data collection regarding microfilaraemia/antibody ratios in Brugian areas to be finalized by May 2013.

MALI

Program Manager: Dr. Seydou Goita (HKI)

Reporting Period: October 2012 – March 2013

BACKGROUND

Mali has been working to control and eliminate targeted NTDs (LF, onchocerciasis, SCH, STH and trachoma) for several years resulting in 100% geographic coverage for MDAs, adequate program and epidemiological coverage sustained over time, and an initiation of impact assessments providing evidence to stop MDA and begin post-endemic surveillance for LF and trachoma.

A military coup d'état on March 22, 2012 brought the program to a temporary halt and indefinitely separated the three northern regions (Gao, Kidal, Tombouctou) from the southern part of the country. After much deliberation between the MOH, HKI, RTI, and USAID staff, it was determined that USAID funding could not support the implementation of activities under the T2 unsuspension status established by the U.S. government. Thankfully, the END Fund and the Conrad N. Hilton Foundation agreed to provide the necessary funding support to the Government of Mali to continue NTD interventions during this time.

TECHNICAL OBJECTIVES FOR THIS REPORTING PERIOD

While ENVISION support is currently limited to support for HKI office and staffing in Bamako, we expect to resume support for national NTD program activities in FY14. Consequently, we continue to track progress of Mali's NTD program and collect program data through our ENVISION partner, HKI still working support NTD program activities with funding from the END Fund. Technical objectives for the FY13 year include -

- Maintain 100% geographic coverage for LF, oncho, SCH, STH, MDAs in the southern regions (including the secure areas of Bamako, Kayes, Segou, Sikasso, and Mopti Regions). Districts in need of trachoma MDA in 2012 have already been treated with support from the Carter Center.
- Conduct LF sentinel sites and spot check studies in the districts that have completed 5 or more rounds of treatment, impact assessment for trachoma, conducting the Transmission Assessment Survey (TAS) in eligible districts for LF, and continue sub-district level trachoma surveillance as part of the post-endemic surveillance plan.
- Work to increasing government and community ownership and donor support of NTD program activities through targeted advocacy and social mobilization activities.

MAJOR ACCOMPLISHMENTS

The activities listed below represent activities that HKI has supported with other funding sources.

- LF MDA implemented in 33 districts; oncho MDA in 8 districts, SCH MDA in 20 districts, STH MDA implemented in 33 districts.
- National and regional review meetings held to review, finalize, and validate the NTD coverage data, collect information on the remaining drug stock, and discuss best practices and lessons learned.
- Other MDA support provided: Advocacy and social mobilization, distribution of drugs and other necessary materials, training and refresher training conducted for health workers, and CDDs, supportive supervision

- Support provided to the NTD secretariat for 3 Technical Coordination Committee meetings and monthly planning meetings if needed
- Pre-TAS conducted for LF in 13 districts

CHALLENGES TO IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Although initially targeted, the three districts of Douentza, Teninkou, and Youwarou in Mopti region became too insecure and the MDA did not take place as originally planned. Insecurity in northern Mali has affected key program activities since January 2012, namely the indefinite postponement of the mapping of schistosomiasis in Kidal region, trachoma impact studies in Gao and Kidal regions, and 2012 MDA for endemic districts in the north. Three districts in Mopti were also deemed “off limits” during the 2012 MDA due to their proximity to other insecure areas and the insurgence of rebels. Not being able to treat endemic districts jeopardizes the control and elimination targets due to the risk of disease recrudescence after missed treatments. Cross-border transmission from mass population migration from Mali into Burkina Faso and Niger also serves as a complicating factor, yet with generous support from the END Fund, Malian refugees living in camps in Niger will be able to receive NTD treatment in the coming months.
- National-level coverage rates surpassed the adequate threshold as defined by WHO for all diseases, however poor coverage has been shown on a district-by-district basis in the disease workbooks.
- NTD campaigns were crowded by other health initiatives making it difficult to always have the necessary people focused on NTDs.
- Flow of data from the community level up to the national to analyze program success remains challenging under current situation

NEXT STEPS

The activities listed below will take place within the next 6 months through the support of the End Fund, Sightsavers, HKI, and WHO:

- Support for LF impact studies was postponed until May/June 2013 since they should take place at least 6 months after the MDA; conduct impact studies for SCH/STH
- Provide support for upcoming MDAs including reproduction of MDA materials (dose poles, training manuals, data collection forms, etc) and IEC materials, trainings/refresher trainings, drug transport to districts, advocacy, social mobilization, launching ceremonies in the regions and MDA Supervision

USAID-Washington is currently working with Mali USAID Mission director to determine next steps to release suspension, allowing ENVISION to resume normal activities.

MOZAMBIQUE

ENVISION Resident Program Advisor: Sharone Backers (RTI)

Reporting Period: October 2012-April 2013

BACKGROUND

Mozambique is endemic for all USAID targeted NTDs. More than 75% of treatment areas are co-endemic for LF, SCH, and STH. Trachoma is also co-endemic with other NTDs, however very few provinces have been completely mapped. Onchocerciasis is considered hypo-endemic in the country and is not targeted for mass drug administration (MDA); an elimination strategy is being considered. Criteria for discontinuation of MDA for LF have been established and 2-3 sentinel sites will be established per province to monitor progress towards elimination.

Under the coordination of the National Directorate of Public Health, each province is responsible for planning and coordinating the implementation of control activities, including any remaining baseline prevalence mapping for trachoma and MDA for the treatment of LF, SCH, trachoma, and STH. A draft of the Ministry of Health's (MISAU) National Action Plan for Prevention and Control of Neglected Tropical Diseases (2013-2017) currently serves as a guide for the control, elimination and eradication of NTDs in Mozambique.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

The FY'13 work plan broadly supports implementation of NTD control and elimination activities, capacity development, and improved management and monitoring of NTD program data.

- Support formation of National NTD Steering Committee
- Identify training needs at central, provincial and district level for NTD related activities
- Organize and support a three day NTD partners meeting to assess work achieved during 2012 and plan activities for 2013
- Implement TIPAC
- Train survey teams and support trachoma baseline prevalence mapping in 4 provinces (Cabo Delgado, Zambezia, Manica, and Inhambane)
- Support development and dissemination of new IEC materials (Posters/cards for schisto/STH and trichiasis, etc.)
- Support MoH attendance to National and Regional workshops and conferences on M&E
- Complete MDA for trachoma in 10 districts of Niassa Province

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Worked with Sightsavers International to complete trachoma mapping in districts of Cabo Delgado and Zambezia provinces; procured 26 Android-based phones in support of future mapping and disease impact assessments.
- NTD National NTD Plan (Master Plan) was printed and distributed
- Worked in collaboration with the Ministry to establish a NTD Steering Committee and a Trachoma Focal Person
- Provided financial support to the MOH to hold a Central level ToT NTD training in Beira in March; Provided consultant through TAF to assist Mozambique MOH NTD team to prepare and participate in trainings at provincial and district levels

- Supported the development and coordination of Trachoma work plan for June MDA in Niassa Province (503,210 people targeted in 10 districts):
- Developed with the Niassa Provincial Health Service (DPS) a formal Fixed Obligation Grant (FOG) agreement to provide support to the government led MDA
- RTI Resident Program Advisor participated in a SSI Start-up Workshop to guide SSI financial staff with USAID Rules and Regulations
- Recruited a data base manager to help national program set-up a NTD database and to complete TIPAC; seconded a drug-supply logistician to the Ministry to assist with in-country supply chain.
- Updated TIPAC with 2013 activities
- With the MoH and other partners, developed disease-specific IEC and other NTD materials and health kits; produced 200 Zithromax dose-poles to be used in the June MDA and beyond; produced 200 WHO eye grading cards to be distributed throughout the provinces; A new MOH NTD Logo was designed for the MOH
- RTI appointed to coordinate the Mozambican Eye Care Coalition (MECC) for the next 6 months (starting from March 2013)

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Trachoma MDA was delayed until June 2013. Working with national program to address supply chain issues that were responsible.
- November 2012 NTD Partners Review Meeting was delayed until February 2013 due to understaffing in the NTD department and conflicting schedules. The ENVISION program is providing greater support to the National Program to assist with logistics and coordination for future meetings
- Lack of human resources in the NTD Department in the Ministry making it difficult to advance with planned activities. The ENVISION program is providing additional human resources that will be available to help build the capacity of the NTD Department. Additional advocacy efforts to create a National NTD Task Force will also help address this problem.
- Lack of reliable data in the NTD Department in the Ministry

NEXT STEPS

- The Data Base Manager will work with NTD Program team to update TIPAC for 2013 including all activities and to work on their National Data Base System
- RTI will support an M&E training led by the Ministry and including relevant partners such as WHO AFRO
- RTI will continue to support Partner Review Meetings when necessary and support the NTD Steering Committee and Trachoma Task Force
- Develop comprehensive training manuals for trainings in advance of trachoma MDA
- Trachoma MDA in July 2013 - Distribute Zithromax to the remaining 6 districts in Niassa and continue round 2 of the first 10 districts in the same province
- Coordinating with SSI and the MOH, complete trachoma mapping in Cabo Delgado and Zambezia provinces
- Modify the WHO Program Managers Course for Mozambique with CNTD for a countrywide training for all Provincial Directors.
- Support Ministry of Health in expanding current SMS system for dissemination of information for the NTD Program

NEPAL

ENVISION Resident Program Advisor: Nastu Sharma (RTI)

Reporting Period: October 2012 – March 2013

BACKGROUND

Nepal is endemic for three of the target NTDs: LF, TRA and STH. The government of Nepal initiated LF elimination activities for LF in 2003 and STH control program for school age children of grade 1-5 in 2008. The trachoma elimination program started in 2005 by Nepal Netra Jyoti Sangh (NNJS) through its National Trachoma Program (NTP). In 2010 the government of Nepal approved a “Plan of Action for Neglected Diseases in Nepal: an Integrated National Control Program” focused on diseases controlled by preventive chemotherapy as a joint effort between the Ministry of Health and Population (MoHP) and the Ministry of Education (MoE) to eliminate and control these diseases. This integrated control program is supported by a group of collaborating partners including the WHO, RTI, the Centre for Neglected Tropical Diseases (CNTD) at the Liverpool School of Tropical Medicine, GlaxoSmith Kline (GSK), and Pfizer.

Nepal’s LF and trachoma elimination and STH control programs follow the WHO recommended strategies. LF-endemic districts are treated with DEC and ALB for up to 6 years of consecutive MDA; SAFE is implemented for trachoma for a minimum of 3 years; and STH is treated through twice a year de-worming of school-aged children with ALB. Program activities are at different stages in each district depending on the year programs were initiated. In 2012, Nepal achieved national coverage for trachoma and STH for school age children in grades 1-10 in all public schools and reached 46 districts of 60 LF endemic districts. There is plan in place to achieve national coverage for LF by year 2013. In 2011 Nepal conducted TAS in five districts which has completed 5 rounds of LF MDA and prevalence in all five districts were found below cut off point. As a result, LF MDA has been stopped in these 5 districts. Similarly, by the end of this reporting period trachoma impact surveys were conducted in 16 of 19 endemic districts, all of which were eligible to stop trachoma MDA.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support LF MDA in 20 districts, trachoma MDA in two districts and STH MDA in four districts
- Support and participate in NTD Steering Committee & Technical Working Group meetings
- Fund regional and district level planning meetings and training of trainers (TOT)
- Fund mass media mobilization for NTDs
- Print and transport training and IEC materials to NTD program districts
- Support district, municipality and village development committee level interactions for NTDs
- Support and supervise MDA in NTD program districts
- Fund supervision from center, regions and districts to monitor activities in NTDs program districts
- Support training of health workers, teachers and CDDs for NTDs
- Support LF TAS eligibility surveys in 16 districts
- Support trachoma mapping at the sub-district level in 14 districts
- Support a trachoma impact survey in one district
- Conduct LF baseline survey in 10 new districts
- Monitor financial, logistics, and programmatic activities

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Completed trachoma MDA in one district
- Completed LF Baseline surveys in 10 districts
- Completed LF MDA in 20 districts
- Worked with MoHP/DoHS and stakeholders to conduct one NTD Steering Committee & one Technical Working Group meeting
- Supported and participated in three regional level LF MDA planning meetings.
- Completed district level planning meetings in 20 districts for LF and one district for trachoma
- Completed district level trainings for trainers in 20 districts for LF and one for trachoma
- Funded an LF MDA inauguration program organized by MoHP and chaired by the Minister of Health and Population
- Printed following training and IEC materials and reporting forms as requested by EDCD
- Completed trainings for district supervisors, health workers, and CDDs in 20 districts for LF and one for trachoma

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- The NTD secretariat has not yet been established and there is no designated national coordinator for the three NTD programs which are currently being implemented by three different authorities. This imposes limitations on effective coordination and implementation of integrated activities.
- The Ministry of Health's budget approval was significantly delayed and the EDCD budget was lower than expected, causing challenges in program implementation.
- Fixed obligation grants to 20 districts were not approved in time to implement through this mechanism, causing significant challenges for implementation.
- LF MDA coverage in urban areas continues to be low, and represents a major challenge as the program attempts to reach elimination.
- The government has not adopted and does not feel ownership of the TIPAC, which causes significant challenges to implementing the tool.

NEXT STEPS

- Work with the NTD Program Coordinator and NTD stakeholders to complete the TIPAC for 2014
- NTD TWG and Steering committee meetings are planned in April-May 2013
- Support STH surveys in 4 districts in May-June 2013
- Support a coverage survey in 10 districts following the LF MDA in April-May 2013
- Support LF TAS in 16 districts in July-August 2013
- Support trachoma mapping to the subdistrict level 14 districts in April-August 2013
- Support trachoma MDA in one district in July 2013
- Support STH MDA in 4 districts in May 2013

NIGERIA

ENVISION Resident Program Advisor: In recruitment

Reporting Period: October 2012 - March 2013

BACKGROUND

Nigeria bears a disproportionate burden of NTDs as compared to most other endemic countries in Africa. It is considered either first or second (after the Democratic Republic of Congo) according to WHO estimates of populations at risk for onchocerciasis with an estimated 27 million Nigerians needing treatment with IVM. Approximately 30 million Nigerian people, more than in any other country in the world, need to be treated routinely with PZQ for schistosomiasis. Nigeria is second in the world after India for persons in need of treatment for STH with an estimated 20 million persons requiring treatment. Like infection with intestinal schistosomiasis (*S. mansoni*), however, the extent of STH infection is not well known due to the costly and labor intensive nature of the mapping strategy.

At present, programs for STH directly target only about 4.2 million children, though treatment is an ancillary benefit of programs targeting LF in most states and will subsequently end with LF elimination. Partners for both direct and indirect (e.g., LF) STH control include WHO, Partnerships for Development/De-Worm the World, MITOSATH, Sightsavers, and The Carter Center. The nationwide prevalence of active trachoma (TF) is estimated at nine percent, suggesting that as many as 61.5 million persons may require antibiotic annual mass treatment.

The ENVISION project began working in Nigeria during this reporting period with direct support provided by both The Carter Center (TCC) and RTI International. For the current work plan year, both TCC and RTI developed separate but complementary work plans. The ENVISION work planning process will be consolidated in FY14.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

For The Carter Center -

- Conduct disease mapping or assessments (dependent on previous PCT interventions in a given area) for STH, SCH, trachoma and Loa Loa in Plateau, Nassarawa, Abia, Anambra, Delta, Ebonyi, Edo, Enugu, and Imo states.
- Support for MDA and accompanying mobilization, training, health education, and supervision for existing programs for onchocerciasis, SCH and trachoma in two states (Plateau and Nasarawa).

For RTI International -

- Hire ENVISION Resident Program Advisor and Finance Manager to reside in Nigeria
- Support strategic planning activities at the national level: a National Review Meeting, 2 Steering Committee Meetings, 2 NTD Task Force Meetings, Trachoma Action Plan (TAP) meeting and a meeting of eye health experts to discuss issues surrounding trichiasis surgery in Nigeria
- Work with the FMOH to field test the national, integrated database template that is being developed by RTI in collaboration with WHO, AFRO, APOC, and CNTD
- Support representatives from the Federal Ministry of Health (FMOH) NTD M&E team to conduct training for zonal coordinators and specific data managers within each of the 9 USAID-priority states on data collection and management

- Provide support for two FMOH representatives to attend a TIPAC Trainer of Trainers workshop in Kampala; support TOTs to conduct TIPAC workshop for the FMOH and for the 9 USAID-priority states

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- ENVISION FY13 work planning completed and approved by USAID
- State Domestication of the NTD Master Plan and launch of the official NTD Master Plan took place in February 2013 with support from ENVISION and other NTD partners.
- NTD steering committee meeting held in Abuja from February 5-6, 2013 to discuss implementation of mapping and treatment activities;
- Two FMOH attended the TIPAC TOT training hosted by RTI in Kampala

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- The trachoma MDA originally scheduled for Nov-Dec 2013 was delayed until Jan-Feb 2013 due to delays in shipping. This will cause a delay of a planned June 2013 trachoma impact survey until September, since at least 6 months are required between the last round of MDA and the assessment.
- Recruitment of Resident Program Advisor and finance manager is underway.

NEXT STEPS

- TCC and RTI staff members will travel to Nigeria in April/May to provide support and technical assistance for the implementation of trachoma, STH, schistosomiasis and Loa Loa mapping and trachoma, STH and schistosomiasis assessment activities;
- Mapping and assessment will begin with inter-observer reliability testing of trachoma graders and other training for field staff and pilot testing survey materials and mobile smart phones;
- Oncho and SCH MDA will start after evaluations have been completed; and
- Planning for the next fiscal year will commence in June 2013.
- RTI will support the development of a trachoma action plan, including planning for surgical activities

SENEGAL

ENVISION Resident Program Advisor: TBD

Reporting Period: October 2012-March 2013

BACKGROUND

Senegal is endemic for all five of the targeted NTDs: LF (50 districts), Onchocerciasis (8 districts), SCH (59 districts), STH (76 districts), and Trachoma (9 districts), according to the country's Strategic Plan for NTD Control (2011-2015). NTD control and elimination programs are supported by a number of partners. USAID/Senegal supports NTD control as part of the bilateral project, Programme Santé Santé Communautaire II (PSSC II, 2011-2016), which is led by ChildFund with partners Africare, CRS, Plan, and World Vision; PSSC II has been supporting MDA including related trainings, and social mobilization around the country. Sightsavers International is the National Eye Health Promotion Program's principal partner for trachoma among other eye health needs. Schistosomiasis Control Initiative (SCI) is supporting mapping of SCH and STH in 20 districts. The Organization for the Development of the Senegal River (OMVS), an intergovernmental organization including Guinea, Mali, Mauritania, and Senegal, has implemented an Integrated Water Resources Management Project (PGIRE) in several locations in Louga, Saint Louis, Matam, Tambacounda and Kédougou, distributing treated bednets and conducting MDA with PZQ and ALB.

Senegal's Strategic Plan includes PC, morbidity management, prevention, and surveillance. PC has been conducted for individual diseases in five regions. In Tambacounda, an integrated approach, jointly addressing LF, Onchocerciasis, and STH, has been implemented since 2007. Since 2005, children under 5 have been dewormed twice a year with MBD on Child Survival Days, organized by the Ministry of Health and Social Work (MSAS) and the Ministry of Education. MDA for trachoma began in selected districts in 2005, but was not implemented in 2007, and only partially implemented in 2008 and 2009, due to insufficiency of resources. MDA been conducted around the country since FY12, with support from USAID/PSSC II.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Train the members of the NTD Task Force in utilization of the TIPAC
- Support mapping of trachoma in 17-22 districts, with technical assistance from GTMP
- Implement an impact survey of sentinel sites for SCH and STH in 21 sites
- Conduct LF baseline sentinel site surveys in Thies, Fatick, Diourbel, Kaolack, Kaffrine Regions
- Assist in developing a plan for control of NTD morbidity; support reproduction of NTD morbidity management documents for training & guidance
- Support Media/advocacy training, in partnership with ITI
- Procure multifunctional devices for use in mapping and impact studies; train teams in use of devices
- Support Senegal participation in NTD Program Managers training course
- Support M&E workshop in country for MSAS and relevant partners
- Implement LF Transmission Assessment Surveys in Tambacounda Region
- Support implementation of oncho impact survey (skin snips) in Kedougou and Tambacounda Regions
- Implement post-MDA coverage surveys in 10 districts of low and/or questionable coverage

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- At MSAS's request, coordinated with SCI and Sightsavers to determine who would support certain SCH and TRA-related activities (taken into account in Technical Objectives, above)
- Participated in MSAS NTD coordination meeting (Dec 2012) and NTD Committee Meeting to plan launch event for NTDs and MDA (Jan 2013)
- Participated in MSAS Workshop on Review of Integrated MDA Tools for NTD Control, in Thiès in Dec 2012, in working group on Tools for Management of Data & Supplies; shared WHO guidelines and tools from other national NTD programs
- Reviewed MSAS's draft protocols on microfilaremia (LF) baseline and impact surveys; SCH-STH mapping; and TRA mapping
- Provided MSAS with tetracycline eye ointment for MDA, trachoma mapping and impact surveys
- Provided the MSAS with ICT cards for LF Transmission Assessment Surveys
- Worked with MSAS to complete FY13 Work Planning data in ENVISION Workbooks

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- USAID support for NTD control in Senegal is provided through 3 mechanisms, making communications in the planning and implementation of USAID-supported activities critical to success. ENVISION continues to work closely with USAID DC and USAID Senegal and its implementing partners to help facilitate open communication. The recruitment of an ENVISION Resident Program Advisor based in Dakar will also serve to improve communications.
- During the reporting period, the MSAS has been without a designated National Program Manager (role played by the head of the Disease Control Directorate (DLM)), SCH-STH Coordinator (vacant), or Oncho-LF Coordinator (vacated, then filled on an interim basis).

NEXT STEPS

- Work with MSAS to finalize FY13 ENVISION Work Plan
- Recruit a Resident Program Advisor, expected in June 2013
- Work with MSAS to finalize plans for support for trachoma mapping
- Supporting National Trachoma Program Coordinator's participation in GTMP training in Ethiopia in June 2013
- Organize Media/Advocacy training with ITI, tentatively for August 2013
- Anticipated reproduction of NTD morbidity management documents

TANZANIA

ENVISION Resident Program Advisor: Deogratias Damas (IMA)

Reporting Period: Oct. 1 to March 31, 2013

BACKGROUND

Several NTDs are endemic in Tanzania, the 5 most common are Onchocerciasis, LF, SCH, STH and Trachoma. A large portion of the population is at risk of 2 or more of these diseases.

In 2004, the Ministry of Health and Welfare (MOHSW) began discussions on how to integrate the 5 vertical disease programs and activities in regions where the diseases overlap. Integration activities began in Tanzania in 2004, when MDA for LF was combined with the onchocerciasis program's CDTI (Community Directed Treatment with Ivermectin) approach in the Tanga region. In 2010, funding from USAID allowed the Tanzania NTD Control Program (TZNTDCP) to plan for integrated disease control and elimination, with the ultimate goal of scale-up to national MDA coverage of all endemic areas in Tanzania. This support continues through the ENVISION project.

In 2012, the TZNTDCP completed the Strategic Master Plan for 2012-2017 which outlines the needs for all aspects of the NTDCP and costing. Annual stakeholder meetings in 2012 and 2013 have brought partners together to review the plan and discuss annual commitment for support to the TZNTDCP.

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Establish and manage FOGs to provide USAID funding for MDAs
- Support implementation of MDA with IVM+ALB through CDTI in 52 districts for the control of STH and elimination of LF; community distribution of antibiotics for trachoma in 28 district and school-based distribution of PZQ in 43 districts to control schistosomiasis.
- Conduct MDA coverage surveys in 2 districts from each of 5 regions in order to validate reported coverage and explore reasons for non-compliance with MDA
- Carry out trachoma impact surveys in Karagwe, Kilindi, Kilosa, Magu, Mbarali, Namtumbo, Songea Rural, and Tunduru districts.
- Map 3 districts for trachoma: Kibaha, Misungwi, and Siha.
- Establish sentinel and spot check sites for impact monitoring. These sites will be used to collect pre-TAS data for LF and measure MDA impact on SCH, and STH. (6 districts/12 sites)

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- Trained district/regional accountants in financial management, budgeting and reporting of ENVISION funds
- Conducted post-MDA coverage surveys to validate reported coverage and explore reasons for non-compliance to MDA in 10 districts, two districts from each region of Lindi, Mtwara, Coast, Tabora and Manyara in December 2012
- Conducted regional review and planning meetings in 9 ENVISION-supported regions
- Conducted district level review and planning meetings in 52 ENVISION-supported districts
- Produced MDA materials, including registers and IEC/BCC materials
- Conducted a joint NTD stakeholders planning meeting

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- TOT and regional advocacy meetings were delayed due to conflicting priorities within the national NTD secretariat. A meeting between IMA and the national NTD secretariat was held to re-plan the timeline for these activities, including agreeing to a delegation strategy for the national NTD coordinator
- Signing of grant agreements with sub-grantees was delayed due to delayed FOG approval, causing delays of activities at the district and regional level.
- The planned Steering Committee meeting did not take place. Committee members have not been officially appointed yet. MOHSW has pledged to put in place an interim committee as they wait for position holders to be reinstated and make the appointments

NEXT STEPS

- Conduct capacity building training on M&E and advocacy/social mobilization to selected districts in April 2013
- Establish sentinel sites in three regions (two per region in Lindi, Mtwara, and Coast) in May/June
- Hold national level and regional level advocacy meetings in May/June 2013
- Conduct regional training of trainers sessions in May 2013
- Map trachoma in three districts and conduct trachoma impact surveys in 8 districts
- Conduct household NTD census planned in June/July/August
- Hold ward-level sensitization/social mobilization activities planned in June/July 2013
- Support training of FLHCWs, teachers, and CDDs in advance of Aug/Sept MDA.
- Conduct community and school based MDAs in 52 districts planned in Aug/Sept 2013

UGANDA

ENVISION Resident Program Advisor: Ambrose Onapa (RTI)

Reporting Period: October 1, 2012 – March 31, 2013

BACKGROUND

Uganda is endemic for all USAID-targeted NTDs: LF, OV, SCH, STH and trachoma. The country is currently divided into 112 districts across four administrative regions. However, within districts the diseases are not uniformly co-endemic, resulting in a complex map of NTD prevalence and an integrated program with a very challenging planning process. The disease specific programs within the Vector Control Division of the MoH have successfully integrated to form a coalition to control and eliminate targeted NTDs as efficiently as possible. NTD control has effectively become part of the Uganda National Minimum Health Care Package as highlighted in the Health Sector Strategic and Investment Plan.

With support through ENVISION, the Uganda National NTD Program has geographically scaled up treatment to reach national coverage from 46 districts in FY 2008 to 81 districts in FY 2012. All mapping has been completed, with the exception of 6 districts which will be mapped for trachoma in FY13.

ENVISION support in Uganda is provided by RTI and The Carter Center (TCC). In support of the Uganda Ministries of Health and Education, the program engages with a wide range of dedicated local stakeholders, including Sightsavers, the Schistosomiasis Control Initiative (SCI), Danish Bilharzia Laboratory (DBL), WHO and the African Programme for Onchocerciasis Control (APOC).

TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

- Support all activities needed to deliver preventive chemotherapy to 13.7 million people in 73 targeted districts, including supervision, reporting, training, incentives, registration, social mobilization, health education, drug delivery, and advocacy.
- Review and update IEC materials and M&E tools, including a new integrated NTD register.
- Provide trainings to 69 trainers (TOT), new and refresher trainings to 11,428 central, district, sub-district and parish supervisors, and new and refresher trainings to 148,226 medicine distributors (CMDs including teachers). In addition, 95 central supervisors will be trained or retrained in M&E.
- Map four trachoma endemic districts using electronic tablets to capture data.
- Perform a trachoma desk review in eight districts of the Teso sub-region to determine whether full mapping for trachoma endemicity is needed.
- Create, pilot and conduct an M&E data quality assessment (DQA).
- Recruit, train and introduce M&E assistants at the regional level to aid in supervision and improve M&E data quality.
- Provide technical support for field and laboratory evaluations to evaluate impact of treatments on oncho transmission, including post-treatment surveillance activities in areas that have already interrupted transmission of oncho.
- Define boundaries of oncho transmission foci where endemicity is still in question.

MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

- MDA completed in 4 districts with USAID for SCH and STH.
- Conducted trainings for 23,710 persons including central level training for 60 ToTs and supervisors; 1,355 supervisors trained for district, sub-county, and parish levels; training for 22,200 CMDs and teachers; and 95 persons for M&E activities.
- Four districts were mapped for trachoma, of which none were found to have TF greater than 10% and therefore are not qualified for MDA at district level.
- A trachoma desk review was completed in Teso subregion: of the eight reviewed districts, four districts, Amuria, Bukedea, Kaberamaido and Katakwi have been recommended for trachoma baseline surveys.
- A regional level TIPAC training was conducted in February 2013 and attended by 12 participants from the Nigerian MOH and FHI, World Vision Ghana, Uganda MOH, RTI Uganda and RTI/ENVISION/HQ.
- 92,000 newly integrated registers were printed and distributed to targeted districts. All main implementing partners (TCC, Sightsavers, ENVISION) contributed towards the production of these registers.
- Carried out impact assessment surveys in Kashoya-Kitomi focus (Ibanda, Kamwenge, Rubirizi and Buhweju districts) and Bwindi focus (Kanungu, Kabale and Kisoro) for Oncho.

CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

- Delays in the timing of activities can be exacerbated when donated drugs do not arrive on time for co-administration, disease-specific programs present conflicting needs, and natural disaster or civil unrest disrupt operations. The NTD Secretariat should ensure greater coordination of all activities; districts should be split into 3 or more groups for ease of management and supervision during pre and post MDA activities.
- Delays in getting approval for FOGs for October 2012 MDA districts delayed release of funding to support pre-MDA activities. FOGS will need to be submitted to USAID well in advance to allow funds to be sent to the field prior to pre-MDA activities.
- During supervisory visits, senior managers from the NTD Secretariat, district focal persons (FPs), CMDs/VHTs and school teachers raised concern with the low level of remunerations and incentives provided by the program. This has led to reluctance of CMDs to participate in the program and refusal to hand over summary forms.
- Malaria control activities coincided with NTD work, yet they use the same health workers and village health teams. Programs that support malaria activities often pay hefty allowances contributing to some of the problems related to remuneration and incentives. This issue has been presented to and discussed with MOH and will hopefully lead to harmonization of incentives.

NEXT STEPS

- Finalize MDA in remaining October 2012 and April 2013 districts.
- Complete trachoma impact assessments in 12 districts.
- Complete LF TAS surveys in 7 districts; sentinel and spot site surveys in 9 districts including seven districts of Karamoja region and two districts from the Southwest region (Bundibugyo and Ntoroko).
- SCH sentinel site prevalence assessments in 5 districts; reassessments in 5 other districts (data collected over the last several years on all 35 endemic districts will be evaluated to determine future treatment schedule).
- Data Quality Assessment (DQA) surveys in 4 districts.
- REMO refinement in Agago and Lira Districts in Northern Uganda.
- Post MDA validation of reported coverage data (surveys) in 3 districts.

- Preparation and implementation of FOGs for the remaining (April 2013) districts; Review and submission of advance draft district work plans for two years (FY2014 and FY2015) for approval of FOGs.
- Pre- and post MDA activities in the remaining April 2013 districts.
- Identify consultants to support NTD communication strategy, IEC materials, and advocacy plan
- Prepare for delivery of TOMS shoes to Kamuli district
- Carry out community registration to determine the Ultimate Treatment Goal (eligible population) for all implementing districts.

ENVISION M&E SYSTEM AND FRAMEWORK

During the first half of Year 2, RTI focused on finalizing ENVISION's enhanced M&E system, including updating and drafting tools, developing USAID's NTD database, and drafting the Performance Monitoring Plan.

DISEASE WORKBOOK

The Disease Workbook has been developed to capture disease-specific data at the district level, including disease distribution, historical MDA information, projections for disease-specific assessments for LF and trachoma, and MDA targets and coverage with USAID and all funding. The Workbook was updated during the first half of the year, based on the experience of completing and reviewing the workbooks for FY13 work planning and during the semi-annual reporting period. RTI added data fields to more clearly capture projections for LF transmission assessment surveys and trachoma impact surveys, and added columns to capture coverage and treatment results by age and sex with all funding, as requested by sub-partners. Additionally, a number of changes were implemented to make the tool more user-friendly. RTI also translated the Disease Workbook and its corresponding instructions into French and Portuguese.

Important Note: All national program and epidemiological data collected by ENVISION is reported and analyzed through USAID's NTD Database, managed by ENVISION. This database is designed to track progress towards control and elimination targets over the life of the project in countries supported by USAID. Data is updated semi-annually but analyzed on an annual basis, since full year activities more accurately reflect the cycle of all NTD control and elimination activities led by national NTD programs and supported by USAID each year.

PROGRAM WORKBOOK

RTI developed the Program Workbook to report program-specific data, in order to capture country-level results achieved with USAID and other partners' support. The Workbook collects data on training conducted with USAID support, M&E activities, drug and other donations, and SAEs. National-level MDA data for each disease is also provided for both the calendar year and US Government fiscal year. The Program Workbook also captures process indicators that reflect implementation of best practices for rolling-out national integrated NTD programs, and snapshots of the activities, diseases, and districts supported through USAID. As with the Disease Workbook, the Program Workbook was updated during the first half of the year, incorporating the experiences during work planning and semi-annual reporting. The majority of the changes were to make the tool more user-friendly. RTI also translated the Program Workbook and its corresponding instructions into French and Portuguese.

END IN ASIA WORKBOOK

In order to capture the context and activities specific to USAID's END in Asia project, RTI developed the END in Asia Workbook. This Workbook collects national-level disease distribution, national-level MDA results for the calendar and US Government fiscal year, projections for TAS and trachoma impact survey implementation, and mapping activities. Similar to the Program Workbook, the END in Asia Workbook collects data on training conducted with USAID support, M&E activities, drug and other donations, and

SAEs. The Workbook also captures process indicators that reflect implementation of best practices for rolling-out national integrated NTD programs, and snapshots of the activities, diseases, and districts supported through USAID. RTI has updated the END in Asia Workbook to make the tool easier to complete; additional changes may be made, based on discussions between USAID, END in Asia, and ENVISION, to ensure accurate capture of USAID-supported results in countries supported by END in Asia.

MAPPING FORMS

RTI has drafted mapping forms specific to each disease, in order to capture results from mapping conducted through ENVISION and other USAID-supported NTD projects. These forms will be finalized, translated and disseminated for use during the second half of the year.

DISEASE-SPECIFIC ASSESSMENT FORMS

In order to capture results from disease-specific assessments (DSA) conducted with USAID support, RTI has drafted DSA forms. These forms will be finalized, translated and disseminated for use during the second half of the year.

TAF REPORTING FORMS

RTI has developed the TAF Report Summary Form to capture activities conducted through the TAF. This has helped to monitor the process of TAF implementation, as well as to track the results of TAF activities. This form will be translated during the second half of the year.

MOBILE DATA CAPTURE

Mobile devices are playing a larger role in data collection in ENVISION countries, specifically for mapping and disease impact assessment surveys. During the first half of FY13, Android-based phones and/or tablets have been procured for several ENVISION countries to support data collection, including:

- Uganda: 14 tablets (Samsung Galaxy 7") - wireless
- Mozambique: 26 Motorola Atrix 2 4G – mobile phones
- Tanzania: 28 tablets (Samsung Galaxy 7") – wireless

Electronic surveys supported by the ENVISION project all use the same LINKS application (app) for entering and transferring survey data from the field. The LINKS app is free and can be downloaded through the Android Market to any Android device. The advantages of mobile data capture tools are immediately apparent to survey teams during and after data collection. The user interface is very intuitive and data are easily entered and transferred to a cloud-based server. Data are immediately available after completion of the survey, reducing the amount of time need to transfer data from paper-based surveys into a spreadsheet and minimizing data entry and transfer errors. Surveys are more easily standardized across countries using the links system.

During October 2012 – March 2013, mobile devices have been used to complete trachoma baseline prevalence surveys in four districts and a TAS for LF in one district in Uganda. The Uganda program also intends to use tablets to complete trachoma impact assessment surveys and schistosomiasis sentinel site surveys. The Trachoma Control Program in Mozambique has switched to smartphones and will use this

method to complete all remaining trachoma baseline mapping in collaboration with ENVISION and the Global Trachoma Mapping Project. Tanzania is currently making preparations to use tablets to conduct trachoma impact assessment surveys and remaining trachoma baseline prevalence surveys. Interest in mobile data capture has also been expressed by the NTD programs in Benin and Senegal.

USAID'S NTD DATABASE, MANAGED BY ENVISION

ENVISION's M&E team has continued the development of USAID's NTD database, managed by ENVISION. All USAID-supported NTD data will be stored online in this secured platform. During the first half of the year, the database developers and the M&E team have worked to equip the database to perform the following functions:

- Generate, upload, and process populated Disease and Program Workbooks
- Route data through a review and approvals hierarchy for the different USAID NTD projects, including the sub-partner at the country level, sub-partner at the HQ level, FHI-Africa, FHI-Asia, USAID, RTI NTD Advisor, ENVISION's M&E team, and the MOH
- Grant specific roles and secure permissions to authorized users (e.g., user only has access to the country(ies) data that the user is responsible for)
- Provide read-only access to data for authorized users
- Perform cross-checks and flags for inconsistent and/or missing data
- Generate reports that allow the data to be used for multiple purposes, including additional analysis and submission of data for reporting to USAID. Dynamic reports have been created that allow users to select features of the data they'd like to see (e.g., specific countries, specific diseases, national versus district level results, etc.).
- Periodic back-up
- Process Disease and Program Workbooks in French and Portuguese (in process)
- Allow users to be able to interact with the user-interface in English, French, or Portuguese (in process)

Additionally, the developers and the ENVISION M&E Team have drafted User Guides; these will be translated into French and Portuguese in the second half of the year.

The M&E team has also developed a series of documents to inform users, MOH staff, USAID's NTD project staff, and the public about the database and the data it stores. Some of the key messages include:

- **Country data are owned by the MOH** in countries that are supported through USAID's NTD projects. However, project primes, as well as their respective sub-partners, have contractual obligations to USAID to report NTD data on USAID's NTD projects. All database users will be required to acknowledge how the data stored in USAID's NTD database will be (and will not be) used.
- The only organizations that will have automatic **access to data** are the MOH and those with contractual obligations to report the data to USAID. These are: 1) the lead coordinating NGO in the country for the USAID-funded NTD project, 2) the USAID-funded NTD project prime, 3) RTI/ENVISION through its data management role, and 4) USAID. The MOH is requested to specify other organizations that they wish to have access to the data.
- The **MOH** is requested to indicate its **approval** of the data stored in the database, since the MOH bears the primary responsibility for all NTD activities, and is the owner of the NTD data. It is essential that the MOH is aware of and approves what is being reported for its country.
- **Country-level results** may be shared publicly after the MOH indicates its approval for the data in the database. District-level treatment data and disease prevalence values will not be made available to the public or shared with other organizations, unless explicit approval has been granted by the designated MOH representative.

- The **MOH may use the data** stored in USAID’s NTD database for its own website; advocacy and promotional materials; presentations; planning, implementing, monitoring, evaluating, and reporting activities; and/or publications without prior approval from USAID’s NTD projects.

PERFORMANCE MONITORING PLAN

During the first half of the year, the ENVISION M&E team continued strengthening the Performance Monitoring Plan (PMP) in line with USAID’s enhanced M&E strategy, in order to guide monitoring and documenting program performance and results. The PMP is currently under review, and will be submitted to USAID during the next reporting period.

In addition to developing the enhanced M&E system, ENVISION provided review and feedback of data for all USAID-supported mechanisms, including 21 countries supported by ENVISION, END in Africa, or END in Asia. ENVISION’s M&E team also provided ongoing technical assistance to inform the USAID NTD Team Strategy regarding various Agency reporting requirements, and supported USAID staff with agency reporting. This has included USAID’s Portfolio Review, the Congressional Report, and the PPR, among other requests.