



# ENVISION

## FY14 PY3 Semiannual Report

Q1-Q2, October 1 – March 31, 2014



## ENVISION PROJECT 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 left: *Students in Kamuli District, Uganda receive new shoes from TOMS during mass drug administration.* Top right: *A queue forms during a community-based mass drug administration in Nepal.* Bottom Left: *A young girl receives Zithromax during trachoma MDA in Nepal.* Bottom Right: *A student stands by the dosing pole, another student receives medicines during school-based MDA in Lindi Region, Tanzania.*



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RTI International is a trade name of Research Triangle Institute.

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Q1-Q2, October 2013 – March 2014

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## LIST OF ACRONYMS

AFRO	WHO Regional Office for Africa
ALB	Albendazole
APR	Activity Progress Report
AOR	Agreement Officer's Representative
APOC	African Programme for Onchocerciasis Control
CBM	CBM Worldwide
CCN	Cooperating Country National
CDC	United States Centers for Disease Control
CDD	Community Drug Distributor
CDTI	Community-directed treatment with ivermectin
CMD	Community Medicine Distributor
CNHF	Conrad N. Hilton Foundation
CNTD	Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine
DEC	Diethylcarbamazine
DfID	Department for International Development, United Kingdom
DHO	District Health Officer
DSA	Disease Specific Assessment
DQA	Data Quality Assessment
EU	Evaluation Unit
FMOH	Federal Ministry of Health
FOG	Fixed Obligation Grant
GOI	Government of Indonesia
GON	Government of Nepal
HKI	Helen Keller International
ICT	Immunochromatographic 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
LGA	Local Government Area
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MBD	Mebendazole
MDA	Mass Drug Administration
Mf	Microfilariae
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSD	Medical Stores Department
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

PHO	Public Health Officer
PMP	Program Management Plan
PNLMT	National Program for the Fight against Communicable Diseases
PNLO	National Onchocerciasis Control Program (PNLO)
PZQ	Praziquantel
RPA	Resident Program Advisor
RPRG	Regional Program Review Group
SAC	School-aged Children
SAE	Severe Adverse Event
SAFE	Surgery, Antibiotics, Facial Cleanliness, Environmental Change
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative, Imperial College, London
SCORE	Schistosomiasis Consortium for Operational Research and Evaluation
SEARO	WHO Regional Office for South-East Asia Region
STAG	Strategic and Technical Advisory Group
STH	Soil-Transmitted Helminths
TAF	Technical Assistance Facility
TAP	Trachoma Action Plan
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
TZNTDCP	Tanzania NTD Control Program
UND	University of Notre Dame
USAID	United States Agency for International Development
WG-CS	Working Group for Capacity Strengthening
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific Region
WV	World Vision

## EXECUTIVE SUMMARY

The USAID-funded ENVISION project’s goal is to strengthen NTD control at global and country levels and support Ministries of Health to achieve their NTD elimination and control goals. In FY14 (project year 3), ENVISION is providing innovative technical assistance and funding support through close collaboration with governments of 14 NTD-endemic countries. FY14 ENVISION work plans for each of these countries include activities that are intended to move national NTD programs along the continuum towards their targeted NTD control or elimination goals, conducting multiple years of effective MDA in anticipation of achievements by 2016 that will position them for the final phases of NTD elimination. With the know-how gained through this large-scale project, the ENVISION project and USAID are established “industry leaders” for mass drug administration, NTD monitoring and evaluation, capacity building, problem solving and disease mapping – all key components of the WHO NTD roll-out package.

At this halfway point of the fiscal year, ENVISION is continuing to monitor and improve program quality while carefully planning and budgeting activities to position national programs for success. The best practices established under earlier USAID-supported NTD efforts are in process and being implemented, including completion of baseline disease mapping, mass drug administration with high coverage for impact, use of the tool for integrated planning and costing (TIPAC), provision of technical assistance through the TAF, and enhanced support of country-level supply chain management. ENVISION project staff are fully supporting WHO efforts to develop tools to strengthen country-owned NTD monitoring and evaluation systems – such as the national NTD database template and the data quality assurance assessment – to document impact.

Innovation, strategic collaboration, and maintaining high quality at large scale are fundamental during this expansion phase of the project and the overall USAID NTD portfolio. These foundations of ENVISION—as designed by USAID and implemented by RTI International and ENVISION partners—will assist countries to ensure they are on track to demonstrate impact, document achievement toward 2020 elimination goals and ensure long-term control of NTDs.

# 1. 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 2 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 (OV), 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 eradicated<sup>1</sup>.

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). ENVISION contributes to several activity areas for NTD control and elimination, including:

- NTD program implementation led by Ministries of Health (MOH),
- 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 2013 – March 2014 reporting period.

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

## 2. PROJECT MANAGEMENT

### ENVISION PARTNER COORDINATION

ENVISION is implemented by RTI International in partnership with CBM International (CBM), The Carter Center (TCC), Helen Keller International (HKI), IMA World Health (IMA), Sightsavers, Tulane University, and World Vision (WV).

During year 3, efforts continued to coordinate the consortium of ENVISION partners and seek fuller engagement. Quarterly partner teleconferences have become routine, allowing RTI to orient partners to new project developments, share information about new global NTD tools or resources, and to share lessons learned. These have become particularly useful for communication on activities related to capacity building and the Technical Assistance Facility. Additionally, ENVISION held an in-person partners meeting on February 4, 2014 with much appreciated participation by USAID. Project work planning, reporting, and financial practices were key themes discussed by project management and partners. RTI led a meeting around NTD data management and sharing followed the partners' meeting that was attended by USAID and FHI360.

### COORDINATION WITH USAID

ENVISION project management organized regular biweekly coordination meetings with USAID NTD management, proposing agendas, drafting minutes, and maintaining a project calendar of upcoming events and meetings in collaboration with USAID. These meetings were key for coordinating ENVISION support of global- and country-level activities under USAID leadership and guidance. Collaborative dialogue during the meetings gave project management the opportunity to develop innovative solutions for USAID NTD portfolio-wide challenges with technical expertise from RTI. Examples of RTI providing expert opinion for consideration by USAID have included: global NTD scorecards, NTD mapping and treatment strategies (including Loa Loa), global NTD capacity building initiatives, data management, diagnostics, disease surveillance, serious adverse events, etc. Country-specific discussions focused on proposed expansion of USAID support in Haiti, project start-up in DRC and Ethiopia, coordination with DfID-funded work in Nigeria, recommending USAID support in Mali, and harmonizing USAID support for NTD elimination in Senegal. In addition to these in-person coordination meetings, RTI submitted biweekly project country updates, accompanied by updates on drug and diagnostic procurement to USAID.

In November 2013, RTI hosted a coordination meeting for USAID- and DfID-funded NTD implementing organizations, including partners like FHI360, the Schistosomiasis Control Initiative, the Centre for Neglected Tropical Diseases at Liverpool, and Sightsavers. USAID's NTD team also participated in this collaborative meeting aimed at identifying key challenges in countries of overlap such as DR Congo, Mozambique, and Ethiopia and in strategizing collaborative approaches for activities such as trachoma mapping and national strategic planning.

RTI also participated in USAID's annual NTD Partners Meeting on December 16-17, 2013, providing technical expertise on NTD program endpoints (TAPE), disease control and elimination and the WHO verification process, NTD monitoring and evaluation, and drug and diagnostics procurement, in addition to an overview on the ENVISION project.

## PROJECT COMMUNICATIONS

### AMERICAN SOCIETY FOR TROPICAL MEDICINE AND HYGIENE 2013 ANNUAL MEETING

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The ASTMH Annual Meeting was held in Washington D.C. in November 2013. Two symposia, (organized by RTI) and six abstracts were accepted and presented by ENVISION project staff at the annual meeting.

Symposium Title: **Women and Out-of-school Children in Determining the Success of NTD Programs.** Co-Organizers: Emily Wainwright, USAID and Lisa Rotondo, RTI International

*Reaching and recognizing the importance of women in the community-directed treatment approach to NTD programs in Africa.* Uche Amazigo, former Director, APOC.

*Reaching out-of-school children for MDAs: what are the best strategies for SCH and STH control programs?* Amadou Garba, WHO AFRO NTD Program.

*Trachoma Infection in Women and children: Risk factors in Uganda.* Ambrose Onapa, RTI Uganda.

*Linking maternal and child health programs (immunization, de-worming, vitamin A supplementation) to NTDs mass campaigns: experiences and lessons learned from Sierra Leone.* Mustapha Sonnie, HKI Sierra Leone.

Symposium Title: **Completing the baseline map of the preventive-chemotherapy Neglected Tropical Diseases (NTDs): The Global Trachoma Mapping Project and WHO's NTD mapping initiative.** Co-Organizers: Anthony Solomon, London School of Hygiene and Tropical Medicine and Achille Kabore, RTI International

*WHO Africa Region Mapping Plan.* Louis Albert Tchuem Tchuente, WHO AFRO.

*Building a global health consortium.* Dominic Haslam, Sightsavers & Danny Haddad, International Trachoma Initiative.

*Two, three or four for the price of one: mapping other diseases alongside trachoma.* Caleb Mpyet, Department of Ophthalmology, University of Jos, Nigeria.

*The cost of mapping trachoma.* Deborah McFarland, Emory University & Thomas Engels, Sightsavers.

Presentation Title: *Assessing Data Quality of Neglected Tropical Diseases (NTD) Programs in Uganda.* Edridah Muheki, Uganda Ministry of Health.

Presentation Title: *Barriers to Compliance with mass drug administration for NTD control programs.* Achille Kabore, RTI International

Presentation Title: *Incentivizing Community Drug Distributors during Mass Drug Administration Campaigns for Neglected Tropical Diseases: Policy vs. Practice.* Lauren Barden, RTI International

Presentation Title: *Integrated, Community-based Surveys of Intestinal Parasitic Infections with Trachoma Impact Assessments in Amhara National Regional State, Ethiopia.* Jonathan King, The Carter Center.

Presentation Title: *Trachoma impact surveys after 5 years of implementation of the SAFE strategy in hyper-endemic Amhara National Regional State, Ethiopia.* Aisha E. Stewart, The Carter Center

Presentation Title: *Updates on Trachoma Prevalence in Tanzania as per 2012 Baseline Survey.* Upendo John Mwingira, Tanzania Ministry of Health.

## SHARING PROJECT NEWS THROUGH SOCIAL MEDIA

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RTI continued to expand its discussion on NTD control and elimination on social media, providing real time updates of important country program activities supported by ENVISION and bringing attention to critical issues facing NTD control programs. @RTIfightsNTDs now has more than 500 followers (individuals and institutions) and has put out over 1,400 tweets on NTD activities in countries supported by the ENVISION project.

**Twitter Chat on Women and NTDs.** Due to the very positive response and interest of Dr. Umazigo’s presentation at ASTMH in November, RTI organized a Twitter Chat on Women and NTDs to coincide with International Women’s Day, observed on March 7. Several individuals and organizations working in NTDs participated, discuss how to improve participation of women and girls in MDAs, how gender affects participation and one’s ability to contribute as a drug distributor, as well as how blindness and conditions like lymphedema affect women.



## ENVISION WEBSITE

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RTI continuously works with ENVISION partners and field staff to generate “Stories from the Field” and posts these to the ENVISION website. During this reporting period, updates were shared on the National Database Template, the roll-out of Data Quality Assessments in ENVISION-supported countries, and news and photos from the 1<sup>st</sup> WHO Program Manager’s Training Course held in Nigeria.

With USAID lifting restrictions and ENVISION support restarting in Mali, RTI and HKI developed a Spotlight story on the history of USAID support in Mali, how the program had maintained continuity with emergency funding from the END Fund, as well as the challenges the NTD program faces now, with substantial numbers of people displaced and some areas still facing insecurity. Following the publicity of the story, HKI received a letter of thanks from the CEO of the END Fund for acknowledging their support and partnership.

Videos and other NTD resources generated by the project and others working in NTDs are also regularly posted to the ENVISION project website. Based on information from Google Analytics, page views on the website range from 116-810 per week, totaling nearly 11,000 views during the first half of the year. An end of the year comparison will be possible in the upcoming SAR when more data are available.

#### PHOTO STORY ON TRACHOMA MAPPING

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The RTI team in Mozambique captured some amazing photographs while conducting trachoma mapping in remote, difficult-to-access communities. The ENVISION Communications team used these photos to help tell the story of this mapping project and of the people they encountered in the rural communities. What resulted was a unique photo story developed using a tool promoted by USAID, Exposure. The photo story was promoted on the project website and by @RTIfightsNTDs and received very positive reviews. It was also translated into Portuguese and has been used by the Mozambique Ministry of Health to talk about their program. The USAID mission also plans to share it on their Facebook page.

### 3. NTD MEDICINES AND DIAGNOSTICS

#### GLOBAL DRUG DONATIONS TO ENVISION-SUPPORTED COUNTRIES

The majority of NTD medicines distributed by national NTD programs are provided by pharmaceutical companies - Merck & Co. Inc., GlaxoSmithKline (GSK), Johnson & Johnson and Pfizer, Inc., their respective drug donation programs - the Mectizan Donation Program and International Trachoma Initiative (ITI), and under WHO leadership and oversight. Their donations and commitments to date are summarized in Table 1.

<b>Table 1. Summary of Global Drug Donation Programs</b>				
<b>Drug</b>	<b>Disease</b>	<b>Manufacturer</b>	<b>Drug Donation Program</b>	<b>Donation and Current Commitment</b>
<b>Albendazole (ALB)</b>	<i>Lymphatic Filariasis</i>	<i>GlaxoSmithKline</i>	<i>Mectizan Donation Program</i>	<i>All the ALB needed to eliminate LF worldwide by 2020; program established in 1998</i>
	<i>Soil-transmitted helminths</i>	<i>GlaxoSmithKline</i>	<i>WHO</i>	<i>400M tablets of ALB per year for deworming school aged children in endemic countries through 2020; program established in 2010.</i>
<b>Mectizan® (Ivermectin)</b>	<i>Onchocerciasis, Lymphatic Filariasis</i>	<i>Merck &amp; Co. Inc.</i>	<i>Mectizan Donation Program</i>	<i>All the Mectizan® required to treat onchocerciasis wherever it is needed for as long as it is needed; program began in 1987.</i>
<b>Praziquantel (PZQ)</b>	<i>Schistosomiasis</i>	<i>Merck KGaA (Merck Serono)</i>	<i>WHO</i>	<i>250M tablets of PZQ per year to WHO for allocation to national schistosomiasis control programs; initiated in 2007.</i>
<b>Mebendazole (MBD)</b>	<i>Soil-transmitted helminths</i>	<i>Johnson &amp; Johnson</i>	<i>WHO</i>	<i>200M doses of MBD per year for treatment of STH in children; program began in 2008.</i>
<b>Zithromax® (Azithromycin)</b>	<i>Trachoma</i>	<i>Pfizer, Inc.</i>	<i>International Trachoma Initiative</i>	<i>All the Zithromax® treatments needed to eliminate blinding trachoma in the context of the SAFE strategy by 2020; program established in 1998.</i>

For FY14 Q1-Q2, countries supported by ENVISION report receiving over \$1 billion in donated NTD drugs, with half of those donations being delivered to Ethiopia.

## PROCUREMENT UNDER ENVISION

In addition, USAID provides funding for some NTD medicines and diagnostics not already available through large global drug donation programs. Commodities include:

- Praziquantel, an anthelmintic used to treat schistosomiasis
- Diethylcarbamzine citrate (DEC) (only in countries where LF and oncho are not co-endemic)
- Tetracycline Eye Ointment (TEO), an antibiotic used against trachoma
- Immunochromatographic card tests (ICT Cards) for LF diagnosis (used in transmission assessment and sentinel/spot check site surveys)
- Kato Katz kits for schistosomiasis and soil-transmitted helminth diagnosis (used in mappings and assessments)

**Table 2. Value of Donated Drugs Delivered, FY14 Q1-Q2**

Country	Value in USD
Benin	\$245,509
Cameroon	\$48,060,828
DRC	\$114,729,375
Ethiopia	\$506,850,458
Guinea	\$61,889,868
Haiti	\$567,735
Indonesia	\$1,464,570
Mali	\$1,556,869
Mozambique	\$838,611
Nepal	\$487,332
Nigeria	\$203,730,641
Senegal	\$58,980,624
Tanzania	\$191,666
Uganda	\$19,225,400
<b>Total</b>	<b>\$1,018,819,486</b>

USAID-funded procurements are managed by RTI for countries supported not only the ENVISION project but also END in Africa and the Schistosomiasis Consortium for Operational Research and Evaluation (SCORE) projects. See Table 3. This should be the last year for procurement of any PZQ for the END in Africa countries, as FHI360 will be assuming that role. RTI is still working closely with FHI360, the Ghana Ministry of Health, and our supplier, the IDA Foundation, to bring PZQ into Ghana. High level discussions between FHI360, IDA, and the Ghana government have taken place in country, and IDA submitted a dossier to the Ghana Food and Drug Board. This dossier is currently under review and IDA expects to receive feedback within the next month.

RTI's support for the SCORE project involved procuring PZQ for the Tanzania, Niger, and Kenya projects this year. Initially, ENVISION planned to procure PZQ for use by the Mozambique SCORE project, but the MOH, noting a large stock-on-hand, requested not to receive the PZQ. The SCORE Project's Principal Investigator identified the Kenya project as needing additional PZQ. Consequently, RTI worked with SCORE and Kenyan MOH staff to obtain a waiver and ship 330,000 tablets of PZQ at the end of March 2014.

**Table 3. Drug procurements supported by ENVISION, FY14 Q1-Q2**

Country	Project	Tablets PZQ delivered	Tablets DEC delivered	Tubes of TEO delivered
Benin	ENVISION	1,458,000		
Burkina Faso	END in Africa	10,078,000		
Guinea	ENVISION			16,500
Haiti	ENVISION		15,000,000	
Mali	ENVISION	19,227,000		
Niger	SCORE	537,500		
Tanzania	SCORE	330,000		
Tanzania	ENVISION	2,023,500		
Togo	END in Africa	6,687,000		
<b>TOTAL</b>		<b>28,805,500</b>	<b>15,000,000</b>	<b>16,500</b>

\*Commodities delivered to countries were not necessarily distributed by national programs during the same reporting period.

One challenge facing the ENVISION project was a delay in procurements of TEO. All ENVISION TEO suppliers reported a shortage of the packaging for the ointment, which led to significant production delays. TEO orders will be delivered during Q3, and all countries affected by the delay have been notified. A summary of diagnostics procurements is provided in Table 4.

**Table 4. Diagnostic procurements supported by ENVISION, October 2013 – March 2014**

Country	Project	ICT cards delivered	Kato Katz kits* delivered	Brugia Rapid kits delivered
Benin	ENVISION	10,125	19	
Cameroon	ENVISION	7,025		
Guinea	ENVISION		5	
Haiti	ENVISION	13,625		
Indonesia	ENVISION	7,050		
Nepal	ENVISION	11,175		
Tanzania	ENVISION	32,900	17	
Uganda	ENVISION	6,725		
Zimbabwe	ENVISION	6,825		
<b>TOTAL</b>		<b>95,450</b>	<b>41</b>	

\* 400 tests per kit

## SUPPORT FOR SUPPLY CHAIN MANAGEMENT

During the first half of FY 2014, three country programs benefitted from Drug and Logistics Officers seconded to their Ministries of Health by the project. In **Tanzania**, the Drug and Logistics

Officer completed an inventory of NTD drugs in all ENVISION-supported districts following the completion of the community-based MDA in Q1. This inventory provided insight into the actual need for NTD drugs at district level and helped to identify drugs close to expiry. The Drug and Logistics Officer was also able to provide some capacity building for district pharmacists, to ensure they understand the requirements for storing and distributing NTD medications.

The Logistics Coordinator seconded to the **Mozambique** MOH has provided technical support to various MDAs for the treatment and prevention of LF, SCH, and STH in coordination with other organizations, including CNTD and SCI. He also provided supervision during MDAs and provided on-the-spot drug logistic information to assist provincial and district level officials in distributing various drug packages to the correct locations.

In Mozambique, a new system of MDA ‘Kits’ was developed by the Logistics Coordinator ahead of the June 2013 trachoma MDA. These kits, pre-packaged for each district, contained IEC materials, drugs, forms and registers, pens, tape, and everything else necessary for MDA. They were delivered for the trachoma MDA and reduced the amount staff time to count and separate drugs at the provincial and district level. This strategy is now being supported for upcoming MDAs for other disease drug packages.

In **Uganda**, the Logistics Officer coordinated the reorganization and clean-up of store rooms at the Vector Control Division (VCD) to ensure proper accounting and management of NTD materials (IEC, registers, dose poles) and small quantities of drug stock. In coordination with National Medical Stores (NMS), RTI facilitated delivery of some of the NTD drugs, especially LF drugs stored at VCD, and followed up on drug balances at NMS to ensure sufficient quantity for NTD programs.

## 4. SUPPORT FOR PROGRAM IMPLEMENTATION

During the first half of FY14, ENVISION provided support for national program implementation in 14 countries (Table 5), including resumption of activities in Mali.

ENVISION continues to support a variety of program implementation activities. During the reporting period, the primary activities included: strategic planning, advocacy, social mobilization, capacity development, supervision, and M&E. Support was also provided for mapping, MDA, and

Country	ENVISION Partner
Benin	RTI International
Cameroon	Helen Keller International
Guinea	Helen Keller International
DRC	RTI International with ENVISION partners
Ethiopia	RTI International with ENVISION partners
Haiti	IMA World Health
Indonesia	RTI International
Mali	Helen Keller International
Mozambique	RTI International, Sightsavers, Helen Keller International
Nepal	RTI International
Nigeria	RTI International, The Carter Center
Senegal	RTI International
Tanzania	IMA World Health
Uganda	RTI International, The Carter Center

drug logistics in nearly half of the ENVISION countries. MDA was implemented with project support in 6 countries: Cameroon, Guinea, Haiti, Nepal, Tanzania, and Uganda. Technical and logistical support was provided for MDA implementation for LF, SCH, and STH in Mozambique.

Activities originally scheduled in FY13 were completed in FY14 for some countries, resulting from shifts in scheduling due to a variety of factors. FY13 MDA was completed in the first half of FY14 in Indonesia, Nigeria, and Tanzania. Details of activities supported can be found in the Country Activity Progress Reports.

### FIXED OBLIGATION GRANTS

ENVISION continued using fixed obligation grants (FOGs) to provide funding to national, regional or district host-government entities as well as to local

non-government organizations (NGOs) to support program implementation: strategic planning and advocacy, mapping, training, Information, Education, Communication (IEC) materials, social mobilization, drug delivery, registration, drug distribution, supportive supervision, or M&E. FOGs were also used to implement disease-specific assessments. This well-established practice by the project to work directly with local entities allows them to plan activities, develop budgets and manage funding with rigorous standards and in accordance with U.S. Government best practices. ENVISION works one-on-one with each entity to cost activities in a manner that is realistic and for the best value of the US government (USG). ENVISION performed site visit assessments to identify gaps in policies and procedures; and provided assistance to help them understand good record

Country	FOGs to NGOs	FOGs to Host Governments
Cameroon	6	3
Guinea		12
Haiti		3
Nepal	1	19
Tanzania		64
Uganda		41
<b>Total</b>	<b>7</b>	<b>142</b>

keeping, sound financial management practices and reporting and documentation procedures. Payments made under a FOG differ from cost reimbursement grants mechanisms which require review of expenditures to verify allowable costs before payment can be made. Payments under a FOG are made upon receipt of each approved deliverable. All FOGs are approved by USAID. The foundation being built within these local entities through use of FOGs will help to ensure their sustainable development and natural progression to managing cost reimbursement mechanisms as allowed by the USG.

In FY14, the ENVISION project managed a total of 142 FOGs to both NGOs and host governments, see Table 6.

## CAPACITY BUILDING IN FOG MANAGEMENT

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ENVISION staff provided training both through formal facilitation and through one-on-one consultations with district/provincial or NGO staff on topics such as grant management, preparing detailed budgets, technical reporting requirements, and the development of milestone payment schedules. Use of FOGs at the district level encourages country ownership because the responsibility of managing funds and activities is transferred from the central MOH to lower levels of government accountable for implementation.

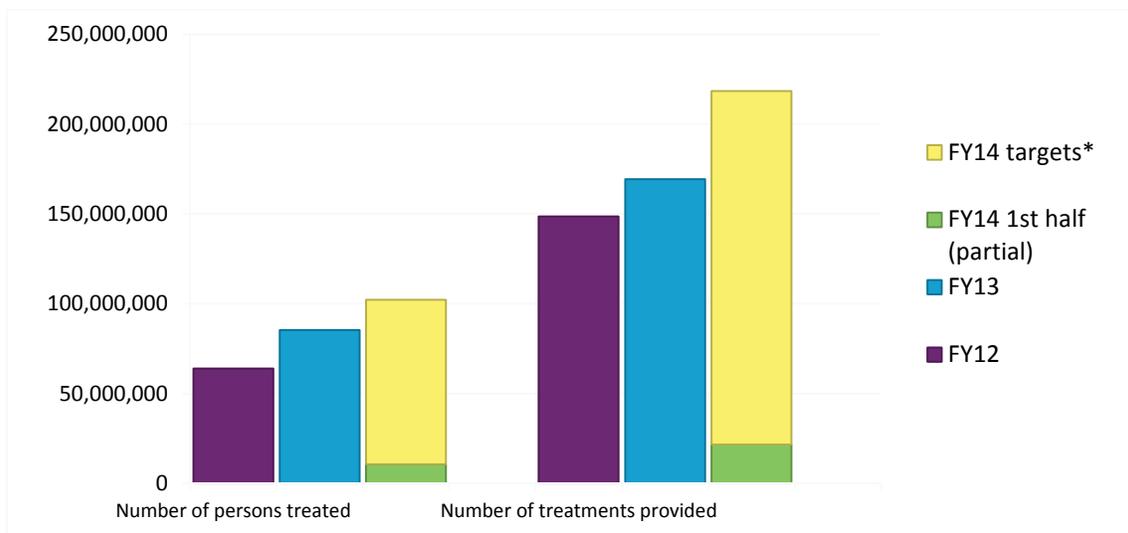
In Nepal, RTI led three regional planning and training workshops in January 2014 for district program managers and focal persons to share experiences from the last year and plan activities for LF MDA. RTI integrated training for district accountants in these workshops so personnel from twelve RTI supported districts received grants management training.

The Uganda team delivered a one-day training to grantees in March 2014 to strengthen their knowledge and capacity in grants management, the ENVISION project, and USAID rules and regulations. Over one hundred district health officers, NTD focal persons, and vector control officers from fifty-five (55) districts attended. The training focused on fundamentals such as the grant issuance process, required reports, milestones, technical challenges, and lessons learned during implementation.

## NATIONAL PROGRAM IMPLEMENTATION

While MDA in Cameroon is underway, and data for the other 5 countries are still being collected and finalized, preliminary results received to-date show that ENVISION supported the delivery of 21.6 million treatments to 10.6 million people in 104 districts in the first half of FY14, as seen in Figure 1. During the second half of FY14, MDA will be implemented in 12 countries with USAID support. The project aims to continue scaling up the number of treatments provided to eligible individuals in FY14, as national programs are scaling up and new countries have been added since the start of the project.

**Figure 1. Persons Treated and Treatments Provided with USAID Support in ENVISION Countries**

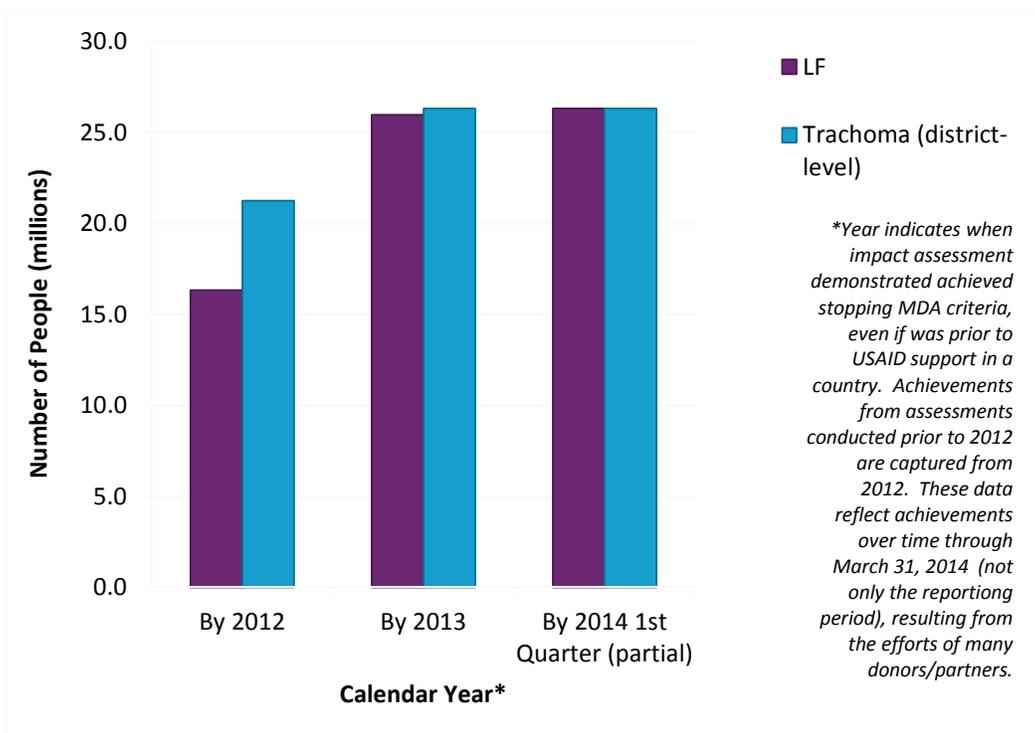


Please note that all FY14 data submitted in this semi-annual report should be considered preliminary and will be updated as additional data are received and reviewed for quality.

## PROGRESS TOWARDS ELIMINATION

As countries progress in program maturity and achieve control and elimination goals, it is expected that the districts, persons, and treatments targeted will decrease as MDA requirements reduce. As can be seen in Figure 2 and Table 7, there have already been substantial gains in achieving criteria for stopping MDA for LF and district-level MDA for trachoma since the start of ENVISION. These accomplishments reflect the commitment and efforts by country programs, donors including USAID and DFID, implementing partners, and drug donation programs to achieve the WHO NTD roadmap goals.

**Figure 2. Number of People in ENVISION Countries Living in Areas Where Criteria for Stopping MDA Has Been Achieved**



**Table 7. Number of districts where criteria for stopping MDA have been achieved by March 31st, 2014**

Country	LF	Trachoma
Benin	23	
Cameroon		1
Ethiopia		9
Indonesia	27	
Mali	2	46
Nepal	20	16
Nigeria	30	
Tanzania	1	
Uganda		10
<b>TOTAL</b>	<b>103</b>	<b>82</b>

## ACTIVITY PROGRESS REPORT - BENIN

Targeted NTDs: LF, OV, SCH, STH and trachoma

Reporting Period: October 2013 – March 2014

### BACKGROUND

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Benin, whose capital is Cotonou, covers an area of 114,763 km<sup>2</sup> and has a population of 6,769,914 (2002 General Population and Housing Survey). Approximately 38.9% of people live in urban areas and 61.1% in rural areas. The country is divided into twelve *départements* (departments - administrative and political subdivisions) of Alibori, Atacora, Atlantique, Borgou, Collines, Couffo, Donga, Littoral, Mono, Ouémé, Plateau and Zou. It is further divided into 77 communes (municipalities), 545 arrondissements (districts), and 3,754 villages.

Benin established the National Program for the Fight against Communicable Diseases (PNLMT) in 2007. The PNLMT works closely with the Ministry of Education, the Ministry of Energy and Water and the Ministry of Communication. The National Committee of NTD Control ensures that all the activities of the various departments are synchronized for integrated control of NTDs, including vector control management, hygiene and sanitation activities, insecticide-treated nets distribution and school latrine construction. Benin employs two strategies to reach targeted populations with preventive chemotherapy treatment, Community-Directed Intervention (CDI) using community drug distributors (CDDs) and school-based MDA for school-aged children (5-14 years) using teachers as distributors.

Disease mapping for LF and Oncho is complete, trachoma and STH/SCH mappings are ongoing. Results from remapping done in 2013 in 8 communes of the north have led the national NTD program to determine the need to remap the remaining 69 communes for SCH and STH. In FY14, trachoma mapping will be completed in all 25 suspected communes of Northern Benin through a collaboration by ENVISION and GTMP, with DfID funding. RTI provided technical support and assistance to the national program to organize preparatory meetings in Cotonou and in regions ahead of the mapping.

ENVISION began working to support NTD program activities in Benin in 2013. Before ENVISION, PC for Oncho and LF was provided using the Community Directed Treatment with Ivermectin (CDTI) strategy. These activities lasted about 4 months as they were performed by community volunteers working at their own pace. With the aim of achieving and maintaining optimal treatment coverage, of establishing an integrated drug distribution, and up-scaling community self-monitoring, ENVISION agreed to support integrated MDA campaigns. USAID is the primary supporter of the Ministry of Health's integrated NTD Program, targeting MDA for LF, onchocerciasis, schistosomiasis and STH.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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### **Strategic Planning**

- The Steering Committee will meet on a quarterly basis to coordinate the integration of NTD activities, assessing progress and addressing challenges for NTD control in Benin.
- The MOH will organize a cross border meeting with Togo and likely Nigeria.
- Annual NTD Program Review meeting to take place after MDA activities are completed to review accomplishments from the past year and to assess sector performance and to agree on actions to address constraints in implementation
- Hold TIPAC training for MOH and RTI staff

### **Advocacy**

- Develop a strategy aimed at securing additional resources to support NTD control activities

### **Social Mobilization**

- IEC materials development including posters, flyers, booklets containing useful information for school and community based MDA for nurses, teachers and CDDs
- Broadcast radio and TV messaging: activities (radio and television broadcasts, T-shirts, caps, posters and flipcharts).

### **Capacity Building/Training**

- Organize a meeting to review and ensure that information contained in the training material is in accordance with WHO guidelines.
- Cascade-like training at regional, departmental and communal levels: 34 NTD focal persons who in turn will conduct a cascade-like training of 7,950 school teachers and directors and 7,500 CDDs.

### **Mapping**

- Integrated SCH and STH mapping in 9 health departments in 30 communes
- Trachoma mapping in 25 communes with support from Sightsavers and funding from GTMP

### **MDA**

- School-based STH MDA in 21 communes; 665,344 million SAC targeted
- School-based SCH MDA in 21 communes; 665,344 million SAC targeted
- Community based OV MDA in 51 endemic communes; 4,997,679 people targeted
- Community based LF MDA in 25 endemic communes; 2.2 million people targeted

### **Drug supply Management and Procurement**

- Transfer drugs from Cotonou to regional levels
- Conduct annual monitoring of drugs (Central, Departmental levels)

### **Supervision**

- Supervision of trainers during MDA cascaded training
- Supervision of MDA: done in a cascade configuration from the central level to the community level: the central level supervises the department level, which in turn supervises the commune level.

### **M&E**

- Integrated NTD Database: RTI will support the national program to implement the national NTD database template currently in development by ENVISION.
- Data Quality Assessment (DQA) for assessing the in-country data and for improving data collection and reporting of NTD data by the national program

- Conduct Post-MDA Coverage Surveys for LF & Oncho in 10 communes carefully selected in order to ensure the quality of activities implemented and the data collected
- Carry out LF TAS surveillance in 23 communes where LF MDA was stopped

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## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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### **Strategic Planning**

- Held first annual meeting of the Steering committee, planning and coordination of upcoming activities were discussed

### **Social Mobilization**

- MOH and RTI staff travelled to Zou, Plateaux and Oueme departments for sensitization meetings with stakeholders for upcoming NTD activities and discussions with health managers for a strategy aimed at integrating health activities within the regions.

### **Capacity Building/Training**

- A workshop for reviewing training manuals for health workers, teachers and CDDs took place in Bohicon. The existing national training materials were reviewed, and recommendations were made for improvement.
- Training and refresher training for STH and SCH mapping was completed. A total of 24 supervisors and lab technicians were trained.
- With support from ENVISION and in partnership with DFID's GTMP, 11 graders and 11 recorders were trained to carry out trachoma mapping in 25 communes in the north suspected to be endemic for trachoma
- RTI hired a consultant to assist the NTD Program for LF TAS in 23 communes. A team of 30 lab technicians and supervisors were trained to conduct post MDA surveillance in the 23 communes where MDA was already stopped.

### **Mapping**

- STH/SCH mapping started on March 16 and is ongoing
- Completed trachoma mapping, data analysis is ongoing

### **Drug supply Management and Procurement**

- MOH received 1,458,000 tablets of praziquantel for the 2014 SCH MDA
- MOH received 7600 Kato Katz Kits for the SCH mapping
- MOH received ICT cards for the LF TAS activities in 23 communes

### **Supervision**

- A central team of five staff assisted in training trainers for all the STH, SCH and trachoma mappings that took place in Parakou. The staff was also present during the training for the LF TAS and will oversee supervision at the regional levels.

### **M&E**

- LF TAS in 23 communes started on March 31<sup>st</sup>

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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Teachers in all sectors in Benin have been on strike since the middle of January demanding a 25% pay increase. Since STH/SCH mapping and LF TAS survey are school-based activities, it took considerable effort to plan and carry out these activities. The central NTD program staff had to travel numerous times in the region to convince local authorities not to conduct their strike during the activities. This negotiation has been successful so far, but there is no guarantee this will continue during the MDA training which is scheduled to begin in late April.

Due to the delay in receiving receipts from the National Credit Union, the program decided to source other vendors and test a novel mechanism to distribute per diems to participants to NTD activities. ENVISION is currently conducting a test pilot with a mobile phone company, MTN Benin, to ascertain if mobile money is an option to disburse per diem to participants. RTI will assess MTN Benin's performance to determine if Mobile Banking will be used for future activities.

## NEXT STEPS

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- TIPAC training for MOH and RTI staff is planned for June 2014.
- Steering Committee will meeting on a quarterly basis and for coordinating integration of NTD activities. The next meeting is planned for April 2014
- Organize a cross border meeting with Togo and likely Nigeria in June 2014
- Annual NTD Program Review meeting to take place after NTD activities are completed. This is planned for Q4
- Advocate for increase in the GOB budget for NTD control. Develop a strategy aimed at securing additional resources to support NTD control activities. This is planned for Q4
- Organize sensitization meeting with local leaders. To start in April and end in June
- Produce existing IEC and social mobilization tools in the targeted communes. (i.e., posters, brochures)
- Organize awareness sessions in communes targeted for STH and SCH MDA
- School-based STH MDA in 21 communes in May 2014
- School-based SCH MDA in 21 communes in May 2014
- Community based OV MDA in 51 endemic communes in July-August 2014
- Community based LF MDA in 25 endemic communes in July-August 2014
- Transfer drugs and reagents from Cotonou to regional levels
- Conduct annual monitoring of drugs and reagents (Central, Departments and Health Zones)
- Data Quality Assessment (DQA) for assessing in-country data and for improving data collection is planned for the last quarter of this year.
- Conduct Post-MDA Coverage Surveys for LF & Oncho in 10 communes carefully selected to ensure the quality of activities implemented and the data collected. This activity will take place in August.

## ACTIVITY PROGRESS REPORT - CAMEROON

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: October 2013-March 2014

### BACKGROUND

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Cameroon is a large country in Central Africa, with a total population of 21.4 million people living in 10 regions, comprised of 181 health districts (HDs). LF is endemic in 158 out of the 181 health districts (HD) of Cameroon, according to epidemiological studies completed by 2012. However, with the issue of loiasis co-endemicity and the increased risk of severe adverse events (SAE) in HDs that are co-endemic with loiasis, drugs are only administered where IVM has already been administered for onchocerciasis for the past several years. As a result, only 134 of 158 endemic HDs currently benefit from mass treatment. Onchocerciasis is present throughout the 10 regions of Cameroon, 111 of the 181 HDs in the country are endemic for the disease.

The principal control strategy in Cameroon, Community Directed Treatment with Ivermectin (CDTI), has been ongoing in the endemic HDs for many years. All regions of Cameroon are endemic for STH. The national program strategy is based on regular and systematic deworming of pre-school-children and school-aged children at schools and in communities. Children aged 1 to 5 years are treated twice a year during Mother and Child Health and Nutrition Action Weeks. School-aged children are treated either annually with mebendazole (MEB) through the school based deworming campaign, and those living in LF-targeted districts are provided a second round of deworming with albendazole through the LF treatment package. According to epidemiological mapping studies conducted from 2010 to 2012, 135 HDs are endemic or SCH, with varying degrees of endemicity. The control strategy is based on PZQ distribution through MDA in endemic areas to all school aged children (5 to 14 years) enrolled or not in school. Trachoma is endemic in 13 HDs of the Far North region and 3 HDs of the North region. With a TF prevalence of 10% or greater in children aged 1-9 years, these HDs qualify for district-level SAFE strategy implementation, including MDA with azithromycin and tetracycline, distributed annually.

USAID is the major supporter of the integrated NTD program. With USAID support, baseline epidemiological mapping for NTDs targeted by preventive chemotherapy in Cameroon was completed in 2012. USAID's support under the ENVISION project is provided by HKI which coordinates with Sightsavers, International Eye Foundation, and Perspectives in-country to support the various regions of the country. The African Program for Onchocerciasis Control (APOC) and Lions Clubs International Foundation (LCIF) also provide additional funds to complete the implementation of activities for onchocerciasis elimination in some HDs.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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### **Strategic Planning**

- National-level Planning Meeting
- Central and Regional-level Planning Meeting
- ENVISION FY15 Work Planning Meeting

### **Advocacy**

- Finalization of the National Onchocerciasis Elimination Strategy document
- Further creation of budgetary lines with sufficient provision for the management of NTDs
- At the district level, advocacy meetings to strengthen mobilization for program success
- An advocacy plan will be developed for effective mobilization of all actors and the availability of necessary resources.

### **Social Mobilization**

- Development and reproduction of IEC materials
- Community meetings
- Official NTD Launching Ceremony

### **Capacity Building/Training**

- Cascade trainings of staff at the Central, Regional, District, and Health Center levels, and training of CDDs will take place prior to the MDA.
- Survey teams will be trained on trachoma impact surveys, Transmission Assessment Surveys (TAS), and coverage surveys.
- Ministry of Health in Cameroon will participate in the Global Trachoma Mapping Project grader training
- A national schistosomiasis review meeting will be held to realign the national schistosomiasis treatment strategy with WHO guidelines

### **MDA**

- LF: 134 districts, 12.6 million people targeted
- OV: 111 districts, 7.9 million people targeted
- SCH: 78 districts, 3.2 million people targeted
- STH : 181 districts, 7.2 million SAC targeted
- TRA: 16 districts, 2.2 million people targeted

### **Drug Supply Management and Procurement**

- WHO joint request form for NTD drug combined requests with a separate request to ITI for Zithromax.
- Tetracycline will be procured by ENVISION.

### **Supervision**

- Routine supervision of all MDA activities
- Supervision is also planned for the DSAs and M&E activities.

### **M&E**

- Post-MDA coverage surveys in 18 districts
- Data Quality Assessments

### **Disease-specific Assessments**

- LF pre-TAS SS/SC: 4 districts
- LF TAS: 5 districts
- OV epidemiologic evaluations: 7 districts
- TRA impact studies: 7 districts

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## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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### **Strategic Planning**

- The FY14 activities planning meeting was held in November 2013, which was integrated with the national review of FY13 campaigns

### **Advocacy**

- The elaboration of a National Onchocerciasis Elimination Strategy document is ongoing with ENVISION technical support
- Regional advocacy meetings were held in East region in January, in Center and North regions in March 2014;
- Advocacy meetings at health district level were held in East region in January, they started in Center and North regions in March 2014. Several are ongoing.

### **Social Mobilization**

- Production of IEC materials and data collection tools was completed for the Central, North, East and Far East regions in January 2014. Production for the South and Adamawa regions began in March 2014. An official NTD launching ceremony will be held the week of April 30th, 2014.

### **Capacity Building/Training**

- In the East region, health workers were trained in December 2013, followed by the training of Community Drugs Distributors in February 2014;
- A training of health personnel in the reference hospitals in the East region was conducted on the management of severe adverse events in February;
- A capacity building meeting of NGO and Regional delegation staff was conducted on the use of FOGs, including management and the creation of milestones;
- Training of central level staff on the collection and analysis of the data of NTDs program;
- Two representatives from the MOH participated in the Global Trachoma Mapping Project master training in Oromia, Ethiopia. This workshop brought together national program managers from French-speaking, trachoma-endemic African countries. The objective was to develop a common base of knowledge among the examiners of trachoma's stages (grades) and the new trachoma mapping approach.
- The schistosomiasis review meeting was held from December 2-3 with participants from WHO, HKI, ENVISION and the MOH of Cameroon. The meeting included a review of the current country strategy, a presentation of the WHO recommended strategy and a revision of the national SCH strategic plan of Cameroon.

### **MDA**

- MDA for LF and onchocerciasis began in the East region in March 2014.

### **Drug supply Management and Procurement**

- 30,318,000 tablets of ivermectin, 11,658,400 tablets of albendazole and 9,363,000 tablets of mebendazole were received;
- In preparation for the MDA, 720,000 tablets of ivermectin and 139,600 tablets of mebendazole were delivered to the East region from the National Central Supply of Essential Drugs (CENAME) at the central level. The district officials come to the region to collect the drugs, which are in turn taken from the district by health centers to make the drug available for distribution during the MDA.

### **Supervision**

- Supervision was conducted at all levels of the cascade training performed prior to MDA in the East region. Supervision of the health worker training in the East region was conducted by regional health staff and HKI in December 2013. Following the health worker training, the training of community drug distributors in February 2014 was supervised by district, regional, and HKI staff.

### **M&E**

- An M&E Orientation was held on January 20, led by ENVISION's M&E Specialist. The orientation was attended by the MOH NTD Focal Point, other MOH representatives from central level, HKI, Sightsavers, Perspective, and RTI
- The first francophone Data Quality Assessment (DQA) was conducted by the MOH in Cameroon in January 2014. In total, 18 people were trained in the DQA implementation from the MOH and NGO partners, including Helen Keller International, Sightsavers, Perspective, and International Eye Foundation. The three regions of the North, South West, and Littoral were included in the assessment. A final report, including overall recommendations to the DQA process, was shared in February 2014

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## **CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED**

Many activities scheduled for this period were delayed due to the requirements of the FOGs. Delayed receipt of deliverables at the different operational levels did not allow for the disbursement of funds to continue to the following activity, which increased the duration of the MDA campaign.

The official launching ceremony for the NTD campaign has been postponed to the end of April 2014. The STH and STH MDA planned for February 2014 has not yet taken place due to the late arrival of drugs. The drugs are currently available, and preparation for the MDA is now underway. The MDA is scheduled to take place from April 21- 25, 2014.

Assessments that have been delayed include the TAS for 5 districts of the Far North and North regions which were originally scheduled for March 2014. These surveys have been rescheduled for April 2014 due to the delay in receiving RPRG approval. Pre-TAS in 4 health districts of Far North and North regions has been postponed from March until April 2014 due to the finalization of the protocol. Additionally, trachoma assessment surveys, planned for February in 7 health districts in the Far North region, have not yet been conducted due to the unavailability of the technical expert to assist in the development of the protocol. The protocol has since been developed and reviewed and implementation of these surveys is planned for April 2014.

The training of health personnel in reference hospitals on the management of serious adverse events that was planned for 8 regions was conducted in the East region only. The training is scheduled for April in the remaining 7 regions.

The integrated advocacy plan to guarantee effective mobilization of all actors and the availability of necessary resources was delayed due to the preparation and implementation of the DQA in January 2014. This activity will be rescheduled for a later date, to be determined. Finally, implementation of the TIPAC was not conducted during the reporting period. There is no date set for the workshop at this time.

Historical low epidemiologic coverage for LF in some districts in the Center, East, Littoral and South West regions are due to loiasis co-endemicity in these areas.

## NEXT STEPS

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- Regional advocacy meetings in the Centre, South, Far North, Littoral, North, Adamawa, North West and South-west regions will be held in April 2014; Advocacy meetings at district-level in the remaining 7 regions is scheduled for April 2014;
- Transportation of drugs to regional and district level for the remaining MDA campaigns;
- Training of survey teams for the trachoma impact studies; trachoma assessment surveys in 7 health districts in the Far North region in April 2014;
- Implementation of TAS in 5 health districts of North and Far North regions in April 2014
- Conduct pre-TAS in 4 health districts in the North and Far North regions in April 2014;
- Conduct the official launching ceremony for the 2014 NTD MDA campaigns in April 2014;
- STH MDA in April 2014 in each of Cameroon's 181 districts;
- The training of health personnel and community drug distributors; training health personnel in reference hospitals in the management of severe adverse events
- Sensitization and social mobilization meetings
- MDA to treat LF and onchocerciasis in the Central, South, Far North, Littoral, North, Adamawa, North West and Southwest regions will occur in May, June and July 2014;
- Post-MDA coverage surveys in the Adamawa, Center and North regions in August 2014;
- Monitoring and data collection for all program activities from April to August 2014
- Onchocerciasis epidemiological assessments in 7 districts in June 2014;
- Regional review and planning meetings from July to August 2014;
- Development of an integrated advocacy plan.
- Finalization of the national Onchocerciasis Elimination Plan;
- National 2014 review and planning meetings in September 2014;
- Training on the use of the TIPAC tool.

## ACTIVITY PROGRESS REPORT - DEMOCRATIC REPUBLIC OF CONGO

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: October 2013-March 2014

### BACKGROUND

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The National Coordination for NTD Control (CNLMTN) was established in 2009, overseeing the national programs for onchocerciasis control (PNLO), for LF (PNLFL), SCH-STH (PNLB/PI), and trachoma (both the PNSOV and the Disease Control Directorate, DLM, have a focal point for trachoma), as well as programs addressing case management (CM)-NTDs. At present the PNLO is the lone program implementing NTD preventive chemotherapy. The Ministry of Public Health (MSP) plans to expand the existing OV CDTI projects to address the other PC-NTDs, with the projects to be represented within anticipated Provincial Steering Committees as part of the MSP's overall Health System Strengthening Strategy (CPP-SS).

In 2014, the MSP plans to initiate MDA for LF in a total of 119 pilot health zones across seven provinces (Bandundu, Bas Congo, Kasai-Occidental, Kasai-Oriental, Katanga, Maniema, Orientale), based on the PNLO's existing CDTI Project platform. Seventy-four of these health zones will be targeted for both OV and LF, and 45 will be targeted for LF alone. MDA in Bas-Congo, Kasai-Occidental, Kasai-Oriental, and Katanga Provinces will be supported by APOC and CNTD with funding from END Fund; in the other provinces the activity will be supported by APOC alone. MDP, which is providing the necessary Mectizan and ALB, asked that baseline data be collected following WHO guidelines before the start of MDA.

USAID's support for NTD control in DRC began with support for APOC, which primarily supported OV control via the MSP's PNLO. In 2013, USAID began providing additional support under the ENVISION project. ENVISION has supported disease mapping focusing on trachoma, including support for the participation of MSP in a Global Trachoma Mapping Project training of grader-trainers, and an assessment to determine the need and priority locations for mapping; preparation for integrated MDA, including a MSP learning visit to a Francophone country with a strong integrated NTD platform (Cameroon); coordination and planning, including support for TIPAC implementation, and organization of a national NTD partners' meeting and NTD steering committee meeting; and monitoring and evaluation, including assistance in developing a protocol for LF sentinel sites in two provinces.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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### **Strategic Planning**

- TIPAC Refresher Training and Implementation for MSP NTD staff and key partners
- National PC-NTDs partners meeting in Kinshasa
- National NTD Steering Committee quarterly meeting
- Provincial NTD working group meetings in Bandundu and Maniema Provinces

### **Advocacy**

- Development, printing, and distribution of MSP advocacy booklet on NTDs
- Media & Advocacy training for MSP, key partners, and journalists

### **Social Mobilization**

- Development, pre-testing, validation, and printing of IEC materials for integrated PC-NTD control
- Record radio and TV spots for IEC for integrated PC-NTD control

### **Capacity Building/Training**

- Technical Assistance to the MSP's NTD program
- Orient central-level MSP NTD personnel on USAID rules & regulations
- Order copies of WHO NTD guidelines for use at central level and in Bandundu and Maniema Provinces
- Organize MSP learning visit to a Francophone country with an established integrated NTD platform
- Development, pre-testing, validation, and printing of multi-level training materials for integrated MDA
- Support MSP participation in WHO Program Managers' Training Course

### **Mapping**

- Support participation of three MSP personnel in Francophone GTMP training of trachoma grader-trainers (in Ethiopia)
- Trachoma assessment to define the zones where there is some probability that trichiasis (TT) and active trachoma (TF) may be found, and to set priorities for mapping
- Trachoma prevalence surveys, where indicated
- Procure handheld devices and provide training for use in data collection and surveys

### **Drug supply Management and Procurement**

- Procure tetracycline eye ointment for persons showing signs of active trachoma (TF), during trachoma field visit and/or mapping

### **M&E**

- Training on USAID's NTD M&E Workbooks for RTI and ENVISION partners
- M&E workshop for MSP and key partners
- Support MSP participation in WHO Data Management Course
- Review, development, and validation of reporting forms and guidance
- Establish LF sentinel sites in Bandundu and Maniema Provinces

### **Other**

- Support to the MSP NTD Secretariat (monthly internet access for the CNLMTN, PNEFL, and PLBPI teams – in Q3-Q4)

## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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### **Strategic Planning**

- National PC-NTDs partners meeting held in Kinshasa in Jan 2014, attended by 80+ participants
- The MSP's first National NTD Steering Committee (called the NTD Sub-Commission) quarterly meeting held in Kinshasa in Nov 2013, with all national PC-NTD programs and several key partners represented, including RTI DRC and ENVISION partners

### **Capacity Building/Training**

- Ongoing support for development of activity protocols, and participation in MSP's NTD planning meetings and trainings in Kinshasa
- Oriented central-level MSP NTD personnel on USAID rules & regulations in Oct 2013 and Jan 2014
- Prepared for MSP learning visit to Cameroon in Apr-May 2014.

### **Mapping**

- Supported participation of three MSP personnel in Francophone GTMP super-training of Trachoma grader-trainers, held in Ethiopia in Oct-Nov 2013. One of the participants passed the test and was certified as a grader-trainer
- Assisted MSP in developing protocol for trachoma assessment, and ensured inclusion of paper-based TT surveys in health zone- (two villages) level mapping for LF in Nord Kivu and Sud Kivu Provinces (Apr 2014). The rest of the assessment, and mapping as indicated, will follow in Q3-Q4
- Procured Android smartphones, loaded with the LINKS app, for use in upcoming facility-level TT surveys (and for trachoma mapping, as indicated)

### **M&E**

- Assisting MSP in developing protocol for LF sentinel sites in Bandundu and Maniema Provinces

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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TIPAC implementation for 2014 will be postponed until the MSP is able to provide the necessary background data, otherwise the exercise will not be useful. RTI is strongly encouraging the MSP to organize a second NTD Sub-Commission meeting, which has not been a MSP priority. The advocacy activities and the development of IEC materials will all be conducted in Q3-Q4, with technical assistance from ENVISION.

The launch of most FY14 activities was delayed until the beginning of 2014, due to delays in coordination between national donor agencies supporting NTD control in DRC, and delays in approval of the FY14 work plan.

## NEXT STEPS

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- National NTD Steering Committee quarterly meetings
- Provincial NTD working group meetings in Bandundu and Maniema Provinces
- Development, printing, and distribution of MSP advocacy booklet on NTDs
- Media & Advocacy training for MSP, key partners, and journalists
- Development, pre-testing, validation, and printing of IEC materials for integrated PC-NTD control; record radio and TV spots for IEC for integrated PC-NTD control
- Development, pre-testing, validation, and printing of multi-level training materials for integrated MDA
- Complete trachoma assessment, and trachoma prevalence surveys (mapping) as indicated, in collaboration with GTMP; procure TEO for persons showing signs of TF, during trachoma field visit and/or mapping
- Training on USAID's NTD M&E Workbooks for RTI and ENVISION partners, and M&E workshop for MSP and key partners
- Review, development, and validation of reporting forms and guidance
- Establish LF sentinel sites in Bandundu and Maniema Provinces
- TIPAC Refresher Training and Implementation for MSP NTD staff and key partners (as possible)

## ACTIVITY PROGRESS REPORT - ETHIOPIA

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: October 2013-March 2014

### BACKGROUND

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Ethiopia carries one of the highest burdens of NTDs in Africa. The past two years have seen an unprecedented NTD mapping effort within Ethiopia with the expectation that all 5 PCT NTDs will be mapped and mapping results available for evidence-based intervention by September 2014. The Federal Ministry of Health (FMOH) has set the goal of implementing interventions for all districts endemic for oncho, LF, SCH, and STH, as well as the full SAFE strategy for trachoma endemic districts by 2015, in order to accomplish the goals set forth in the London Declaration. USAID's commitment to the FMOH includes supporting drug distributions in areas without sufficient support as well as building capacity in monitoring and evaluation and strategic planning to help facilitate this drastic increase in NTD activities.

<b>Ethiopia FMOH's PCT NTD Specific Targets by 2015</b>
• To scale up Oncho/LF interventions to all endemic districts
• To scale up SCH/STH interventions to all endemic districts
• To scale up SAFE interventions for trachoma to all endemic districts
• To establish a National Task Force for NTDs



Numerous partners and donors are concentrating support to the Ethiopia FMOH and RHBs to accomplish this goal including RTI, TCC, CBM, SCI, CNTD, FHF, LFW, Orbis and World Vision. Notable new funding sources include large DFID grants for both trachoma and STH/SCH, ready for imminent award and the END Fund is supporting 2 rounds of STH treatments to 10 million children in 2014.

USAID support under ENVISION is relatively new to the NTD landscape in Ethiopia, having targeted activities in the country for the first time in FY14. The FY14 ENVISION project work plan reflects the prioritized needs expressed by the Federal Ministry of Health (FMOH) joined with USAID priorities toward the common goal of achieving the elimination and control goals led by the WHO and set forth in the London Declaration on NTDs. USAID will be supporting oncho activities in the region of Beneshangul-Gumuz and oncho and trachoma-related activities in the Oromia region. Gaps that arise once additional NTD mapping data is released by the FMOH will also be considered by ENVISION in these regions through consultation with USAID. ENVISION is also focusing on capacity building efforts at the federal level that reach throughout the country.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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#### Strategic Planning

- Support for an NTD executive steering committee, an NTD Annual review, STH/Schisto program launch and action plan meeting, a National TAP update workshop, an Oncho/LF workshop,
- Creating and printing 38,000 Community drug distributor/health worker NTD pocket guides in 7 different languages for use by the Health Extension Workers supported by the FMOH.
- TIPAC training with the FMOH.

#### **Advocacy**

- Advocacy efforts are targeted throughout ENVISION-supported areas with the Regional Health Bureau directors, particularly in areas that are carrying out MDA for the first time to address newly-mapped diseases

#### **Social Mobilization**

- Social mobilization, specifically the advanced notification of pending MDA to community health workers through mobile devices, was targeted for FY14.

#### **Capacity Building/Training**

- Technical secondments at the FMOH and the Regional Health Bureaus of Oromia and Beneshangul-Gumuz.
- Implementation of the WHO Integrated NTD Program Managers' Training Course for Regional level Ministry staff

#### **MDA**

- In Oromia, 26 oncho endemic woredas (16 of which were newly identified as of the 2012 REMO) targeted for bi-annual distribution and 39 woredas targeted for trachoma MDA implementation.
- In Beneshangul-Gumuz, one round of oncho MDA targeted, with the expectation that an additional round would be supported by an existing partner (CNTD)

#### **Drug supply Management and Procurement**

- Tetracycline eye ointment will be procured by ENVISION for trachoma MDA

#### **M&E**

- Coverage surveys planned in Beneshangul-Gumuz and Oromia.
- Implementation of the Integrated national NTD database
- Implementation of data quality assessment (DQA)

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### **MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD**

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#### **Strategic Planning**

- For Q1-Q2, the draft FMOH NTD pocket manual has been created with oversight from the FMOH. ENVISION is currently planning focus group testing at the community level, and then will move forward with translations and printing of 38,000, per FMOH request.

#### **Advocacy**

- Advocacy with the federal and RHB leadership is ongoing.

#### **Capacity Building/Training**

- The technical secondment to the FMOH has been put into place. The secondments to the RHBs will take place in Q3/Q4.

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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Most of ENVISION activities were purposively weighted towards the latter end of the fiscal year to allow time to complete the rigorous project registration process within the country as well as to establish partnerships both with an NGO capable of large-scale MDA implementation in areas targeted by ENVISION and with the Regional Health Bureaus. The profile of support to the FMOH is rapidly changing in Ethiopia, with momentum building as mapping is completed and more donors and partners are pledging support. The FMOH has also created new parameters for many of the oncho areas originally targeted for bi-annual treatments within the ENVISION-supported areas of Oromia. Biannual treatment in oncho areas will now focus only on the 16 woredas found to be endemic in the 2012 REMO and will be carried out in September 2015 in Oromia. Newly mapped trachoma-endemic woredas in Oromia are also now targeted for October 2015 due to the rainy season and the regular program cycle.

In November 2013, the FMOH went through a major restructuring which included the creation of an official NTD team and NTD team leader. Many of the capacity-building efforts targeted at the federal level have been pushed to the second-half of the fiscal year at the request of the FMOH to allow them to staff up and fully adapt the trainings to the new NTD structure. The FMOH has also requested the TIPAC training be pushed to October 2014 due to the drastic increase in planned activities in the latter half of the fiscal year, brought about by an unprecedented surge in donor support.

## NEXT STEPS

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- Oncho MDA targeted for Q3-Q4
- WHO PMTC training in May 2014
- WHO integrated database training and implementation
- NTD annual program review
- STH/schisto program launch and action plan meeting
- National Trachoma Action Plan update workshop
- Oncho/LF workshop
- Creating and printing 38,000 community drug distributor/health worker NTD pocket guides
- Secondments to Oromia and Beneshangul-Gumuz RHBs

## ACTIVITY PROGRESS REPORT - GUINEA

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: October 2013 – March 2014

### BACKGROUND

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Neglected tropical diseases (NTD) are prioritized by the Guinean Ministry of Health, as evidenced by their NTD Strategic Plan (2011-2015) and inclusion of NTDs in the country's Strategic Framework for Poverty Reduction. Eight NTDs among those recognized by the World Health Organization (WHO) are endemic in Guinea and include: three NTDs addressed through a case management strategy managed by separate programs within the Ministry of Health: Leprosy, Buruli ulcer, and human African trypanosomiasis (sleeping sickness); and five NTDs addressed through a preventative chemotherapy strategy, implemented as part of an integrated program: Lymphatic filariasis (LF), onchocerciasis, schistosomiasis (SCH), soil-transmitted helminths (STH), and trachoma.

In May 2004, the National Program for Onchocerciasis and Blindness (PNLOC) was formed to lead the fight against blinding diseases in Guinea, including onchocerciasis and trachoma. Historically, activities related to schistosomiasis and STH were led by the Prevention Division of the Ministry of Health and the National Service for School Health, with LF eventually falling under this purview. Following the development of the first NTD Strategic Plan (2008-2012), in 2009 the PNLOC became the PNLOC/MTN. Guinea is divided into 8 regions including Conakry, comprised of 38 health districts. Excluding Conakry, which is a special zone due to its urban environment, the remaining regions are further divided into 33 prefectures, 303 rural sub-prefectures and an additional 330 urban communes. The country is also divided into 4 geographical zones: Lower, Middle, Upper and Forest Guinea.

USAID is the primary supporter of the integrated NTD Program, targeting MDA for LF, onchocerciasis, schistosomiasis, STH, and trachoma. The Organization for the Prevention of Blindness (OPC) and Sightsavers have historically supported CDTI for onchocerciasis. Sightsavers is currently supporting trichiasis surgeries in trichiasis-endemic areas of the country. The Center for Neglected Tropical Diseases (CNTD) Liverpool has supported various onchocerciasis assessments, LF mapping, and sentinel site establishment for LF in recent years. Catholic Relief Services (CRS) and Senegal River Basin Development Authority (OMVS) have supported integrated schistosomiasis and STH MDA in past years.

With USAID support, Guinea celebrated its first trachoma MDA in 2013, and its first LF MDA in 2014. All baseline NTD mapping in Guinea will be completed in FY14.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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### **Strategic Planning**

- Participate in the Mano River Union meeting
- Organize steering committee meetings to review the progress of activities and discuss challenges faced by partners in the coordination of NTD activities
- Participate in the general assembly on health in order to ensure a place for NTDs in the agenda of the MSHP
- Participate in the MSHP annual health review meeting to share NTD program accomplishments and outcomes with the other health programs
- Organize and participate the annual NTD review meeting to present the results of mapping, M&E activities, and MDA conducted during the past year
- Organize a workshop to draft the policy paper for the master plan for NTDs which constitutes a reference document to complement the fight against NTDs in Guinea
- Participate in a meeting with APOC in Ouagadougou to review recent findings from the epidemiological and entomological onchocerciasis assessments in Guinea, so that next steps in onchocerciasis elimination can be planned
- TIPAC training

### **Advocacy**

- Advocate for the support of the MSHP to assign two additional staff to PNLOC/MTN (monitoring-evaluation and data management);
- Participate in the World Sight Day (October 10, 2013) to increase awareness and advocacy for blinding diseases in Guinea, including onchocerciasis and trachoma

### **Social Mobilization**

- Development and reproduction of IEC materials
- Community meetings
- Official NTD Launching Ceremony

### **Capacity Building/Training**

- Cascade trainings of staff at the Central, Regional, District, and Health Center levels, and training of CDDs will take place prior to the MDA.
- Survey teams will be trained on trachoma mapping, onchocerciasis assessments, schistosomiasis/STH mapping, and LF sentinel sites.
- The MSPH will participate in the Global Trachoma Mapping Project's training of trainers in Ethiopia

### **Mapping**

- Combined SCH/STH mapping in the seven health districts
- Complete trachoma mapping in the 15 remaining health districts (N'Zérékoré, Macenta, Lola, Guéckédou, Mamou, Pita, Dalaba, Boké, Fria, Boffa, Kindia, Téliimélé, Forécariah, Labé and Lélouma) with the goal of completing the baseline map of trachoma in Guinea

### **MDA**

- LF: 4 districts, 1,145,792 million people targeted
- OV: 4 districts, 1,145,792 million people targeted
- SCH: 16 districts, 3,719,598 million people targeted
- STH: 15 districts, 1,463,322 million SAC targeted
- TRA: 9 districts, 2 715 199 million people targeted

### **Drug supply Management and Procurement**

- WHO joint request form for NTD drug combined requests (ivermectin and albendazole); separate request will be sent to ITI for Zithromax.
- Praziquantel and Tetracycline will be procured by RTI under ENVISION.

### **Supervision**

- Developing an NTD monitoring & evaluation plan for 2014;
- Supervising mapping and mass drug administration activities;
- Strengthening the mechanism to manage serious adverse events; and
- Implementing an integrated database for NTDs to facilitate sharing information between the program and partners.

### **M&E**

- Independent monitoring will be conducted in health districts where MDA for NTDs is provided with support from an independent organization with experience conducting independent monitoring for health campaigns such as polio and vitamin A supplementation.
- Carry out post-MDA coverage surveys of MDA; since many districts in FY14 will be treated for the first time for LF and trachoma.

### **Disease-specific Assessments**

- Epidemiological surveillance of onchocerciasis in 56 sentinel villages within 15 health districts, whose most recent assessments date back over 10 years
- Carry out a microfilaria study in 11 sentinel sites for LF to establish baseline sentinel sites

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## **MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD**

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### **Strategic Planning**

- Participated in the Mano River Union meeting on NTDs in Freetown, Sierra Leone from October 16-17, 2013. The objective was to identify problems interfering with coordination of NTD control efforts, specifically onchocerciasis and lymphatic filariasis, and to adopt joint strategies in the cross-border areas.
- Annual NTD review meeting held to present the results of mapping, monitoring and evaluation (M&E) activities, and MDA conducted

### **Social Mobilization**

- In each health district involved in an LF MDA campaign, radio announcements were tailored and broadcast in the local languages and a vehicle equipped with a loudspeaker played social mobilization messages for three or four days to inform/alert the populations in the urban area. Additionally, five banners were hung to inform the population about the campaign. An official launch ceremony was held on the first day of the campaign with the involvement of government, traditional, and religious leaders. To allow for the identification and acceptance of community drug distributors by beneficiaries, CDDs were provided with a T-shirt to wear during the distribution.
- In each village where an MDA was conducted, a public crier announced the campaign to the local population the five days prior to the MDA. Approximately 3,145 criers were included in the LF campaign.

## Capacity Building/Training

- Prior to the mass distribution, a series of cascade trainings was held. A training of trainers was held in Faranah and Koundara districts. This training was provided by PNLOC/NTD and HKI and fourteen people from the district management teams participated. Training for on-site supervisors was provided by district-level trainers (health center directors and one of their representatives). At the community level, training for community distributors was provided by on-site supervisors who were previously trained at the district.
- As part of the GTMP, two trainers from the PNLOC/MTN participated in the October 2013 trachoma mapping workshop in Oromia, Ethiopia. This workshop brought together national program managers from French-speaking, trachoma-endemic African countries. The objective was to develop a common base of knowledge among the examiners of trachoma's stages (grades) and the new trachoma mapping approach. Prior to trachoma mapping in Guinea, the two trainers who had participated in the GTMP training in Ethiopia in October 2013 led an investigators' training in Kourossa from March 3-8, 2014, with technical support from GTMP and RTI. As a result of the training, the GTMP certified nine of 11 investigators and 13 of 14 data entry clerks. In the end, eight investigators and eight data entry clerks were selected to form the eight survey teams needed to complete mapping.
- To improve quality and ameliorate MDA supervision, HKI Guinea entered into an agreement with a local NGO, Association Pour la Promotion de la Santé (APROSAG), to provide independent MDA monitoring. HKI Guinea trained four independent supervisors in Conakry from February 12-13, 2014. Those supervisors then trained 16 independent monitors (four per district) on February 22, 2014 prior to activities taking place.
- A refresher training for investigators participating in the SCH-STH mapping was held from March 27-28, 2014.

## Mapping

- Trachoma mapping was completed between March 3-23, 2014 in five health districts (Lélouma, Labé, Pita, Dalaba and Mamou). Mapping in an additional 3 districts was launched on March 24, 2014 (Kindia, Forécariah and Télémélé) and is ongoing, with anticipated completion of activities in April 2014. Schistosomiasis-STH mapping was launched in seven health districts (Pita, Dalaba, Mali, Tougué, Koubia, Siguiri and Dinguiraye) in late March.

## MDA

- MDA campaigns for LF and onchocerciasis were conducted in the districts of Dabola, Dinguiraye, Guéckédou and Koundara from February 22-26, 2014. **This USAID-supported campaign, which involved administering both ivermectin and albendazole to beneficiaries, was the first LF control effort of its kind in Guinea.** The MDA also targeted onchocerciasis, as the four districts are all co-endemic.

## Drug supply Management and Procurement

- Azithromycin arrived in Conakry on December 19, 2013, in time for the MDA which is scheduled to take place in May. Tetracycline arrived in Conakry on January 24, 2014 (16,500 tubes). This tetracycline ointment is for mapping activities.
- Ivermectin and albendazole, which were stored at the Guinea Central Pharmacy (PCG) were packaged and transported to the health districts prior to the MDA. The health districts organize the transport of the drugs to the health centers. Following their training, community drug distributors were provided ivermectin and albendazole to treat the populations in their respective catchment areas.

### **Supervision (during MDA)**

- A member of the PNLOC/MTN staff, one HKI staff member and one independent monitoring supervisor were assigned to each of the four health districts. They were responsible for supervising and supporting the health district's management team. During the campaign, these supervisors visited the health centers and communities to help the health center directors improve the distribution and provide feedback regarding the performance of the drug distributors.
- Two on-site supervisors (the health center director and one additional staff member) conducted supervision in the areas surrounding each health center. Independent monitors provided additional feedback to the on-site supervisors throughout the campaign.

### **Supervision (during mapping)**

- One of the individuals trained in Ethiopia during the GTMP training in October 2013 served as the primary supervisor on the trachoma survey. The PNLOC/MTN Coordinator was responsible more broadly for supervision;
- Two PNLOC/MTN managers (the deputy coordinator and the schistosomiasis-STH focal point) supervised the schistosomiasis-STH survey.
- HKI staff members were present throughout all of these surveys, particularly at the training and launch stages, to ensure that WHO directives were followed.

### **M&E**

- Members of a local NGO, Association Pour la Promotion de la Santé en Guinée (APROSAG), provided independent monitoring during the MDA. A LF post-MDA coverage survey was conducted in the Koundara health district from March 24-29, 2014. The survey objective was to determine a more accurate coverage estimate since the administrative results are calculated using unreliable census data as the denominator. The data are currently being analyzed. Sex disaggregated data for the training of evaluators and beneficiaries of treatment are available and were reported in the semi-annual report workbooks.

## **CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED**

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The trachoma and SCH/STH prevalence surveys, that were to have been completed during this reporting period, began in March and will continue in the second half of the fiscal year. The LF microfilariae study in 11 health districts did not begin during this period but are scheduled to take place in August 2014. These activities did not take place because of a delay in work plan and budget approvals and because of a desire to coordinate technical assistance provided by GTMP experts for the investigator training.

In addition, following an Ebola virus epidemic in Guinea confirmed in March, the timeline of the trachoma prevalence surveying was adjusted. Initially, Guinea's forest region was planned to conduct the survey first, but the national program redirected the survey to areas not affected by the illness, which had been planned for the second round of surveys. Similarly, the post-MDA coverage survey scheduled for Guéckédou (in the forest region) was cancelled. Ebola cases were recorded in the Dabola health district as preparations were underway for the survey there. Due to this cancellation, the coverage survey in Koundara will be the only one conducted in this fiscal year.

Three of the four health districts where LF MDA campaigns were held did not achieve the required epidemiological coverage (65%). This low epidemiological coverage is the result of an inaccurate count of the total population used as the denominator in these calculations. The numbers are obtained via a projection of the 1996 census which does not take into account subsequent population migrations to neighboring countries and mining regions. A post-MDA coverage survey was thus conducted from March 24-29 in Koundara health district (one of the districts with low epidemiological coverage). The preliminary results of the survey show program and epidemiological coverage rates of 91% and 80%, respectively, for the district. The preliminary results highlight the difficulty in using old census data, which show 74% program and 59.3% epidemiological coverage. The results of Guinea's third census, which was underway during the MDA, will provide a more accurate denominator for these calculations and will also allow for better planning for the coming years.

#### NEXT STEPS

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- Conduct the workshop to develop the NTD master plan policy document
- Organize the NTD annual review in September 2014
- Complete ongoing SCH/STH and trachoma mapping
- Conduct the training of trainers for all MDA campaigns in April 2014
- Trachoma MDA, SCH and STH MDA
- Organize a national NTD day prior to MDA scheduled for May 2014
- Tetracycline ointment is scheduled to arrive in Guinea in mid-May
- Conduct the LF microfilariae study at 11 sentinel sites
- Conduct onchocerciasis epidemiological monitoring in 56 sentinel villages in August 2014

## ACTIVITY PROGRESS REPORT - HAITI

Targeted NTDs: LF, STH

Reporting Period: October 2013-March 2014

### BACKGROUND

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The Haiti NTD Control Program (HNTDCP) is a joint effort between the Ministry of Health and Population (MSPP) and the Ministry of Education (MENFP) to eliminate and control lymphatic filariasis and soil-transmitted helminthes. In Haiti, LF and STH are endemic throughout the country. In its national NTD strategic plan and in line the with global LF elimination goals defined by WHO, the HNTDCP has a goal to eliminate LF by 2020 and continue control of STH throughout the country. Haiti follows the LF strategy for elimination through consecutive MDA with DEC and ALB for four to six years to interrupt transmission.

The HNTDCP is supported by a group of collaborating partners who include World Health Organization/Pan American Health Organization (WHO/PAHO), the U.S. Centers for Disease Control and Prevention (CDC), University of Notre Dame (UND), Christian Blind Mission (CBM), and GlaxoSmithKline (GSK). Geographically and historically, MDA implementation is split between IMA and UND, with IMA implementing in nine departments (North, Northwest, Artibonite, Northeast, South, Southeast, Nippes, Grand Anse and West) and UND implementing in the Center department. CDC provides financial support for implementation efforts in the Port au Prince (PAP) metropolitan area as well as technical assistance in M&E. In addition, CBM provides support for morbidity management activities in Leogane. Hospital Sainte Croix (HSC) personnel, funded by USAID and UND, implement sentinel sites and spot check sites. WHO/PAHO facilitates the procurement of ALB which is donated by GSK.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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#### **Strategic Planning**

- Continued collaboration among the MSPP and MENFP and all program partners with regular meetings with the Central, Departmental, and Communal MSPP and MENFP and partners in the US and Haiti.

#### **Advocacy**

- IMA participation /presentation at APHA meeting and the PAHO LF Regional Program Meeting.
- Work with local media in each department to inform them of upcoming MDA activities.

#### **Social Mobilization**

- Social mobilization activities (banners, radio and TV spots) in the areas where MDA will be conducted, and replace IEC materials where needed.

#### **Capacity Building/Training**

- Refresher training of the volunteers in areas with continued MDA and new trainings for community volunteers in new communes in the West department.
- IMA/MSPP/MENFP will hold refresher trainings for community volunteers (community leaders, promoters, and CDDs)

- IMA will train Medical Officers on program implementation and reporting
- IMA will train qualified field personnel to conduct Pre-TAS

#### **MDA**

- IMA will continue to work with MSPP to conduct planning workshops for all MDA related activities. IMA will also add an additional 11 communes in the West Department (population approximately. 1,146,774). MDA will be completed in the ENVISION supported communes.

#### **Drug supply Management and Procurement**

- Procure DEC/ALB for MDA distribution
- Procure TOMS shoes and distribute through schools to departments which received MDA

#### **Supervision**

- Work with MSPP to conduct supportive supervision to the communes during pre-MDA training and during MDA implementation.

#### **M&E**

- Plan for Pre-TAS in communes (Nippes and Southeast) with at least 5 rounds of MDA
- Sentinel sites and spot check in the Northeast
- TAS scheduled for Southeast and Nippes after pre-TAS

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### **MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD**

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#### **Strategic Planning**

- A TIPAC training with RTI staff was held in November 2013 for IMA and the MOH
- NTD partners meeting held in January 2014 in Haiti.

#### **Social Mobilization**

- Social mobilization activities through the volunteers were conducted prior to MDA in the departments of North, Northwest, Artibonite, West and Northeast.

#### **Capacity Building/Training**

- Refresher training for the community leaders and promoters in the Northeast department
- Training of the CDDs in the North, Northwest, Artibonite, and Northeast, as well as 5 West department communes (Petit Goave, Grand Goave, Cabaret, Anse a Galets, and Pointe a Raquette).
- Successful training of the community leaders and promoters in the West department
- Training for new MSPP communal heads
- Refresher training held for departmental accountants

#### **MDA**

- MDA carried out in the North, Northwest, and Artibonite departments as well as 5 West department communes (Petit Goave, Grand Goave, Cabaret, Anse a Galets, and Pointe a Raquette)

#### **Drug supply Management and Procurement**

- IMA received 7,515,400 tablets of ALB from GSK and 15,000,000 tablets of DEC from RTI
- IMA distributed TOMS shoes in the Northwest, Artibonite, and North departments

#### **Supervision**

- MSPP staff conducted supportive supervision during pre-MDA trainings of community volunteers in Q1 and Q2

- MSPP/IMA conducted supportive supervision during MDA implementation and M&E activities

## **M&E**

- Data was collected following the MDA in the North, Northwest, and Artibonite departments.

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## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

Most planned activities took place within the reporting period as planned but there were a few activities that experienced delays. Pre-TAS sentinel and spot check sites originally scheduled for Q1-Q2 were postponed to Q3 because of the delayed arrival of supplies originating in the US. Haiti is also facing a serious human resource shortage, as there are a limited number of trained individuals to conduct pre-TAS activities. Pre-TAS activities, therefore, cannot take place simultaneously in multiple locations. It is important to note that during this reporting period, MDA coverage remained high.

The main challenges encountered during the work plan period include:

- Delays in procurement of supplies originating from the US by IMA subpartner Hospital St. Croix led to postponement of sentinel and spot check site surveys.
- There were some instances of insecurity within the Petit Goave commune which caused minor delays in the social mobilization activities.

To address these issues, future procurement for surveys will be done in collaboration with RTI to avoid procurement delays. Options to increase the number of trained M&E personnel to conduct Pre-TAS will be discussed in more detail during the next partner meeting in July 2014

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## NEXT STEPS

- Social Mobilization in South and Grand Anse departments
- Training of the CDDs in the South and Grande Anse departments
- USAID/Haiti will host the USAID Assistant Administrator for the One Billionth Treatment event. IMA will support USAID to carry out the event at a school in the South Department
- MDA scheduled in the Northeast, South and Grande Anse departments as well as 6 West department communes (Cornillon, Croix des Bouquets, Ganthier, Fonds Verettes, Thomazeau, and Kenscoff),
- Disease assessment activities include: Sentinel sites (Caracol, Abricot, Port a Piment), spot check (Sainte Suzanne, Pestel, Cayes), Pre TAS (Nippes, Southeast, North, and Northwest), and TAS (Nippes, Southeast).
- Bi-annual partners meeting set to take place in July 2014
- Social mobilization activities will take place in Q4 prior to MDA in the North, North West and Artibonite if the communes do not pass Pre-TAS
- TAS planned for the Southeast and Nippes if positive results are received from Pre-TAS
- Pre TAS in the North, Northwest and Artibonite Departments

## ACTIVITY PROGRESS REPORT - INDONESIA

Targeted NTDs: LF, SCH, STH

Reporting Period: October 2013-March 2014

### BACKGROUND

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With a population of over 252 million, Indonesia has one of the heaviest burdens of NTDs globally. The Sub Directorate of Filariasis and Worms, a unit within the Directorate General of Disease Control and Environmental Health of the Ministry of Health (MOH), is the lead for LF, STH, and SCH activities. Indonesia aims to eliminate LF by 2020, although in 2014 only 137 of 228<sup>2</sup> known endemic districts are either implementing MDA or in post-MDA surveillance. The national STH strategic plan recommends annual PC in all 509 districts, through LF MDA, integration with Vitamin A for preschool children, or integration with the School Health Program for school-aged children. In 2012, 5.1 million of the 50 million preschool and school-aged children requiring PC for STH were treated. A detailed plan to eliminate SCH, which affects an area of 20,000 people in Central Sulawesi, is being implemented with support from the WHO. Donors for NTDs in Indonesia include the MOH, USAID, WHO, GSK, Global Network for NTDs, and UNICEF.

USAID support in Indonesia began in 2010 under the NTD Control Program and continues under the ENVISION Project. In Indonesia, funding from USAID is being used to support LF/STH MDA in 38 districts; complete mapping for LF; monitor progress towards LF elimination through transmission assessment surveys (TAS); revise LF and STH national guidelines; advocate at provincial and district levels to scale up LF/STH and STH-only MDA; build capacity in monitoring and evaluation; and implement costing and planning tools at the national level. In 2011, LF/STH MDA supported by USAID treated over 2 million people in 13 districts and trained over 13,000 persons in support of MDA. In 2012, ENVISION treated nearly 8 million people through LF/STH MDA in 28 districts, provided support for mapping in 41 districts, and trained nearly 40,000 people. In 2013, project support continued to grow with support for the treatment of over 10 million people in 34<sup>3</sup> districts, mapping in 30 districts, and MDA training for over 65,000 people participating in the MDA.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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#### Strategic Planning

- Improve MDA effectiveness through a project review and work planning meeting, and district and health center coordination meetings in 38 districts for 2014 LF/STH MDA.
- Improve national NTD planning through collaborating with the MOH to update the TIPAC for 2015 activities and supporting a national STH strategic planning meeting.

#### Advocacy

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<sup>2</sup> Redistricting has increased the number of districts in Indonesia from 497 to 509, including three districts endemic for LF. However, the disease workbooks are not yet updated. The districts ENVISION is supporting in year 3 have increased from 36 to 38 due to the redistricting.

<sup>3</sup> Two of the 36 ENVISION-supported districts have not yet reported results of MDA.

- Increase the number of districts implementing MDA through support for a national-level NTD stakeholders' meeting; LF/STH MDA advocacy meetings in 10 districts in the Kalimantan Region; and STH-only advocacy/coordination meetings in 3 provinces.

#### **Social Mobilization**

- Ensure knowledge of MDA by printing STH-only IEC materials for 3 provinces; and printing integrated LF/STH IEC materials for 38 districts.

#### **Capacity Building/Training**

- Increase technical skills in conducting and reporting on LF/STH MDA through training of cadres and village heads in 38 districts and in M&E through training on transmission assessment surveys.

#### **Mapping**

- Improve strategic planning by filling gaps in LF mapping, in 54 districts which were delayed from year 2 and 24 districts planned for year 3.

#### **MDA**

- Maintain geographic coverage by completing 2013 LF/STH MDA in 36 districts; and preparing for and implementing 2014 LF/STH MDA in 38 districts, with an estimated total population of 16,516,241.

#### **Drug Supply Management and Procurement**

- Support the delivery of the LF/STH drugs for 2014 MDA from central level to 38 districts.

#### **Supervision**

- RTI and MOH to supervise 2013 and 2014 LF/STH MDA activities, mapping, Pre-TAS and TAS.

#### **M&E**

- Build capacity in M&E through training of provincial and district staff on transmission assessment surveys.
- Data recording, reporting, and storage will be improved through implementation of the first data quality assessment (DQA) for NTDs, development of a national NTD database, and ongoing technical assistance.
- Coverage surveys in 10 ENVISION districts, delayed from year 2, will provide evidence of the effectiveness of MDAs.

#### **Disease-Specific Assessments**

- Provide data on the progress of the LF program through support to LF sentinel/spot check site assessments in 6 districts and LF TAS in 5 districts.

#### **Fixed obligation grants**

- To accomplish this year's tasks, the project will establish 38 FOGs with 10 local NGOs to support 2014 MDA activities and one FOG for mapping activities with an additional NGO.

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### **MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD**

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#### **Strategic Planning**

- ENVISION project review and planning meeting, which took place in March 2014 with 73 persons from the national, provincial and district level MOH, NGO partners, USAID and WHO, allowed for sharing of best practices among districts, refresher training on Indonesia LF and STH protocols, and microplanning for 2014 MDA.

#### **Social Mobilization**

- Printing and shipping of IEC materials will take place in Q3, including the development of an MDA Register to be used by all cadres to improve data quality and reporting.

### **Mapping**

- Mapped 30 of the 54 districts originally targeted for mapping in the FY13 work plan. Slides were unreadable in 15 districts, so these 15 districts will be re-mapped with 24 of the remaining FY13 targeted districts; and an additional 24 districts from FY14. Results from 10 districts have been read, with 4 districts having an mf rate >1%, and 6 districts having an mf rate <1%. To improve the quality of mapping, the protocol was revised, better lancets were purchased, mapping teams were replaced with better qualified individuals, and more supervisors were recruited. The National Task Force approved the revised protocol on April 10<sup>th</sup>.

### **MDA**

- Completed 2013 MDA in 34 of 36 districts. One district (Ende) has finished MDA and is finalizing the report. One district (Bengkulu Utara) will complete the MDA by the end of April. Of the 34 districts treated, 29 had adequate MDA coverage. Five districts had coverage of <65%.

### **Supervision**

- Completed supervision of FY13 MDA (data to be recorded in FY13 work books), Pre-TAS, mapping and TAS. The exercise led to suggestions for improvement of MDA training and reporting, and uncovered issues with quality of mapping.

### **M&E**

- Conducted DQA in March 2014 with strong MOH involvement in two ENVISION districts. Results have already led to the revision of reporting forms, use of ENVISION forms in national guidelines, and the decision to use registers instead of MDA cards, as well as plans for extra training for NGOs, district focal points, and health center staff, on recording and reporting data.
- Coverage survey results from 6 districts were presented at the ENVISION meeting, showing that reported coverage was usually similar to surveyed coverage. However, in a few districts, it was noted that number of people who ingested drugs was lower than those that received drugs, highlighting that directly-observed treatment needs to be better implemented.

### **Disease-Specific Assessments**

- TAS, combined with STH evaluations were implemented in 2 districts. Besides giving evidence of whether LF MDA could be stopped, the coordinated surveys (with the STH portion supported by the Task Force for Global Health) were helpful in providing the MOH with ideas for better coordination of LF and STH disease-specific assessments in the future.

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## **CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED**

The project faced several challenges in Indonesia this year, particularly relating to the delays in 2013 MDA activities and LF mapping. MDA delays were mainly attributed to late arrival of drugs in districts, due to changes in leadership and processes within the MOH division that procures drugs. Other contributing factors included late arrival of the government funding for cost share activities and many districts' inability to implement MDA at the end of FY13, when drugs were finally available, due to competing end-of-the-fiscal-year activities. Therefore, many districts had to push their MDA activities into FY14. To avoid having these delays again, RTI is working closely with the

MOH to track drug procurement and aiming to start MDA preparation activities in May. While many districts will complete 2014 MDA by the end of September, a number of districts will be pushed into the last quarter of the calendar year to avoid MDA rounds taking place too close together.

LF mapping was significantly delayed due to problems in the technical quality of national teams, as discussed in the Year 3 workplan. Approval for the new protocol took more time than expected, due to the 3-month contract break of the WHO NTD focal point and scheduling of National Task Force meetings. On April 10<sup>th</sup>, the National Task Force approved the new mapping protocol, which includes mapping with ICTs in Bancroftian areas, mapping with blood films in new Brugian areas, and mapping with Brugia Rapids and blood smears in the 15 districts which need to be reassessed. The mapping in the 15 districts, with support from the Task Force for Global Health for the Brugia Rapid tests, will not only provide information on endemicity status, but will help answer questions about the relationship between antibody and microfilaraemia, and the age-specific prevalence curves of Brugia antibody.

Five districts treated with MDA had coverage of <65%. Reasons for low MDA coverage of total population varied per district:

- Subang (59%): 17 villages were already treated for 5 years when Subang was implementing partial coverage MDA. The district did not include those villages in the target population for 2013, but they are included in the total population. In 2014, they will include those villages in MDA targets.
- Kutai Barat (51%): Kutai Barat split into two districts in 2013. The current workbook calculates epidemiological coverage using the mother district population. Using the population of Kutai Barat daughter district, the epidemiological coverage is 65%.
- Kota Batam (51%): The challenge remains of low commitment at district level resulting in minimal efforts to mobilize communities to participate in MDA. Additionally, Batam is an urban area that often presents distribution challenges in Indonesia. The MOH and the district have committed to stronger supervision to increase MDA coverage, while ENVISION and the NGO will increase frequency of communication with the district and the NGO will attend health center coordination meetings to help advocate with subdistrict representatives and cadres.
- Pidie (50%): Pidie experienced a stock-out of DEC, but did not inform the NGO, the MOH or ENVISION. In 2014, ENVISION and the NGO will maintain closer communication with the district and ENVISION will visit the district during preparation activities to ensure adequate drugs and supplies.
- Supiori (59%): The district, which is using population registration numbers as their coverage denominator, believes they have adequate coverage. Stronger advocacy is needed by ENVISION, the MOH and the supporting NGO to help the district properly report and track coverage throughout the reporting period, so that better sweeping activities can be implemented in health centers with low coverage.

A recommendation of the March DQA was to strengthen the training of district and health center staff to improve the quality of data and the capacity of drug distributors. As a result, RTI quickly

adapted a scheduled training for NGO staff to include district LF focal points. The April training will not only review USAID rules and regulations, but will now focus on correct recording and reporting of training, population registration and MDA data, using forms revised based on the DQA results. District and NGO staff will be trained in April 2014 and a cascaded one-day M&E training will be held for health center staff at district level.

Tapanuli Selatan failed TAS. Reported coverage was >65% for 5 years and Pre-TAS results in 2 sites were <1% Mf. It is likely that reported coverage was based on drugs distributed and not ingested. In addition, cut-off criteria for stopping TAS are more stringent in Brugian areas, due to the use of antibody test. The district has committed to conduct 2 more rounds of LF MDA starting in 2015. ENVISION will work with the Subdit and the district to develop a MDA strategy based on the TAS results and follow up.

#### NEXT STEPS

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- NGO and district LF focal point training will take place in April
- TIPAC for 2015 activities will be implemented in April 2014
- STH national strategic planning meeting will take place in April
- TAS will be conducted in 3 districts in April and May. Pre-TAS will be conducted in six districts during Q3/Q4 of this year. The National NTD stakeholders' meeting is scheduled for May
- 2014 MDA activities will begin in May in 38 districts
- Mapping in 62 districts will take place from May to September (two districts mapped with their own funding and will not be included)
- STH-only advocacy meetings will take place in Jawa Tengah, Jawa Timur, Sulawesi Selatan in May and June
- LF MDA advocacy in Kalimantan region will take place in 10 districts in June through September
- Implementation and training for the national NTD M&E database is to be implemented in June 2014. TAS training will be conducted in September for TAS taking place in 2015

## ACTIVITY PROGRESS REPORT - MALI

Targeted NTDs: LF, OV, SCH, STH, trachoma  
Reporting Period: October 2013-March 2014

### BACKGROUND

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Mali has 9 health regions and 60 health districts. Mali has implemented an integrated NTD control program since 2007, with well-established elimination strategies for LF, onchocerciasis, SCH, STH and trachoma. LF is endemic throughout Mali's 60 health districts, however two districts in Sikasso have passed the transmission assessment survey (TAS), thus only 58 districts are currently targeted for treatment. Onchocerciasis is endemic in 17 districts; MDA is ongoing in all endemic districts except for two in Sikasso which have stopped MDA for LF. STH treatment is targeted in the 58 districts undergoing treatment for LF. Out of Mali's 60 health districts, 56 are considered at-risk for schistosomiasis; a mapping gap exists in the other four districts comprising Kidal region. Mali has historically been a country with a heavy disease burden of trachoma, with 51 districts targeted for treatment since MDA began in 2002; to-date, 46 out of the 51 originally endemic districts have reached the threshold for stopping district-level MDA and sub-district level surveys have begun in 5 districts.

USAID's support for NTDs in Mali began in 2007 and has historically been a major contributor of resources to Mali's integrated NTD program, focusing on mapping, MDA, training, strategic planning, strategic development, and impact assessments, among other activities. With the suspension of the USAID funding due to the conflict in Mali in 2012, the END Fund stepped in as a major donor through HKI and allowed for two additional rounds of treatment to take place in the six southern regions of the country from 2012 – 2014. The END Fund also supported management of lymphedema and hydrocele surgery, complications from LF resulting in morbidity). The Conrad N. Hilton Foundation (CNHF) has been supporting trachoma SAFE strategy efforts in Mali for many years through HKI and The Carter Center. Most recently, the CNHF committed funding to HKI, The Carter Center, and Sightsavers to support a trachoma elimination partnership in Mali through 2017 that will help Mali reach elimination. World Vision and the Organization for the Development of the Senegal River have historically supported procurement of albendazole and praziquantel. Tetracycline eye ointment 1% is provided by The Carter Center.

The USAID suspension for NTD support in Mali was lifted on September 11, 2013. An in-country work planning meeting for ENVISION-supported activities was held in Bamako in February, with the revised ENVISION work plan and budget finalized in early Q3. The majority of activities reported in this SAR, covering the Q1-Q2 period, were carried out with alternate funding. USAID-support resumed during this period, however significant planning was required based on the changing realities on the ground. As such, ENVISION supported activities in FY14 will largely take place in Q3-Q4.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Re-establish MDA activities across all regions of Mali, with attention to the northern regions of Gao, Tombouctou, and Kidal, including drug transport and delivery, MDA-cascade training at regional, district, and community levels, and supervision of MDA.
- Promote informational and educational messaging about MDAs and NTD advocacy at all levels.
- Conduct meetings at district, regional, and national levels, including program reviews, NTD technical coordination meetings, and an annual review with coordinating partners, in order to assess the current state of Mali's NTD elimination and control programs and plan for moving forward in the new post-conflict environment.

## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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Activities during Q1-Q2 and listed below were supported by the END Fund included as part of Mali's FY13 MDA schedule. As such, data from these activities will be available in FY13 workbooks.

- Training of trainers at the regional, district, and health center levels in Bamako, Kayes, Mopti, and Segou (November and December)
- Training of CDDs in Kayes and Segou (December), and in Bamako and Mopti (January)
- Drug transport to the districts and health centers for all districts being treated (November)
- Advocacy and IEC meetings at the community level in Bamako, Kayes, Mopti, and Segou (November and December)
- Diffusion of radio messages for MDA social mobilization took place in community radios across the regions of Bamako, Kayes, Mopti, Segou (November through February)
- MDA and supervision of MDA in Kayes and Segou regions (December and January), and in Segou and Mopti (January and February)
- Review meetings at the district, regional, and national levels (February)
- NTD technical coordination meetings (October, December, February, and March)
- Schistosomiasis and soil-transmitted helminthic evaluations (January-February)

With USAID authorization to resume activities, the ENVISION project supported the following activities in Q1- Q2:

- An annual review meeting was held in Bamako (February 17-18) with participation from RTI and HKI staff to review the FY13 MDA and plan ahead for the FY14 MDA. This was supported by both the END Fund and ENVISION.
- Work-planning to finalize FY14 activity timelines and revised budget (March- April)

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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Mali faces a drug shortage for the upcoming campaign which will impact the number of regions that can be treated in FY14 with ENVISION support. Gao, Kidal, and Tombouctou in the north will be targeted for treatment, along with five districts in Koulikoro and Sikasso. Bamako, Kayes, Segou, and Mopti will likely be treated in FY15. For the first time since 2011, the northern districts of Mali will be treated in FY14.

Note: During the writing of this report, unrest again threatens to derail project activities in the North with protests also occurring in the capital city of Bamako.

## NEXT STEPS

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- Drug request to be made to the Mectizan Donation Program and International Trachoma Initiative for FY15 MDA
- Secondment of pharmacist for the program to improve drug and supply chain management
- Drug delivery to the regions, districts, and CSCOMs for the MDA in the north
- Production of IEC materials
- Printing of program materials/production of MDA supplies
- Training module revision workshop
- Mobilization meetings at central, regional, and district levels
- Onchocerciasis epidemiologic and entomologic assessments in Koulikoro and Sikasso (April-May for epidemiologic, June – September for entomologic)
- Training of trainers
- MDA in Kidal, Gao, and Tombouctou (April – June)
- Supervision of MDA
- Technical planning meetings
- Schistosomiasis/STH sentinel site assessments in Koulikoro and Segou
- National stakeholders meeting
- Regional review meeting
- National review meeting
- LF pre-TAS in Bamako
- Environmental Mitigation and Monitoring Report

## ACTIVITY PROGRESS REPORT - MOZAMBIQUE

Targeted NTDs: LF, OV, SCH, STH, trachoma

Reporting Period: October 2013-March 2014

### BACKGROUND

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Mozambique is endemic for all five USAID targeted NTDs. Approximately 70% of 142 districts are co-endemic for LF, SCH, and STH. Although trachoma prevalence mapping is still ongoing, 35 Districts have been assessed to have TF prevalence levels >10% in children 1-9 years of age. Onchocerciasis is considered hypo-endemic in the country however an elimination strategy is being considered in collaboration with APOC; the new strategy would need to consider results of delineation mapping to pinpoint 'hotspots' for mass drug administration (MDA).

The ENVISION project continues to support the Mozambique Ministry of Health (MISAU) in scaling-up integrated NTD control activities throughout Mozambique. 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, schistosomiasis, 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.

Criteria for discontinuation of MDA for LF have been established and 2-3 sentinel sites have been established per province to monitor progress towards elimination; results of recent sentinel surveillance for LF & Schisto surveys are still pending. Trachoma Impact assessment surveys are not expected to start until 2016 at the earliest. Periodic sentinel site surveys for SCH and STH are used to monitor and evaluate the current control strategy.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Build local capacity and assist the National NTD Control Program in the coordination and integration of NTD control activities;
- Strengthen internal relationships within the Ministry of Health and cross sector collaboration, including the departments of school education and environment, other NGOs and strategic committees including the Mozambique Eye care Coalition (MECC);
- Target 19 districts for Trachoma MDAs in Niassa and Cabo Delgado Provinces;
- Treat 2.1 million people with Zithromax or Tetracycline for the control of trachoma;
- Improve quality of data reporting and management of all NTDs targeted for MDA;
- Train 12 TOTs, 46 supervisors (National, Regional, District) combined, and 2,000 Community Drug Distributors related to Zithromax MDA;
- Train 20 Journalists and MoH Staff as part of an NTD media training event;
- Train 142 Provincial level NTD Focal Points in WHO Program Managers Course;

- Provide direct support for trachoma mapping in Inhambane, Gaza and Maputo. Provide IT assistance and coordination to Light for the World for trachoma mapping in Sofala and Tete Province.
- Conduct an integrated DQA survey in Niassa Province
- Work with the existing Zithromax training manual and develop supplementary materials to be used at district level
- Collaborate with USAID Mozambique on their ‘One Billion and Counting’ Campaign.

## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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### Management Support

- RTI recruited a ministry based administrative assistant for a 1 year secondment
- Project collaborated with the Ministry of Health’s Communication Department for World Health Day providing IEC NTD materials
- RTI has been acknowledged and complimented by the GTMP on the mapping input and coordination at country level
- RTI provided logistical support and technical input during coordination meetings for the June 2014 Trachoma MDA in Niassa province and 5 districts in Cabo Delgado Province
- RTI developed with the Niassa and Cabo Delgado Provincial Health Service (DPS) a formal FOG agreement to provide support to the government led Zithromax MDAs

### Advocacy and Communications

- Shared updates and information regarding the work being done in the country via the @RTIfightsNTDs twitter feed.
- RTI participated at the first Lusophone NTD Conference in Lisbon presenting on ‘The Power of Partnerships: International Collaboration to Achieve Trachoma Mapping in Mozambique’, 31st October, 2013.
- Produced NTD informational booklet for Mozambique, the first of its kind in Mozambique.
- Regular communications with USAID Mozambique
- RTI published trachoma mapping photo journal shared through social media and posted to the ENVISION website (<https://ntdenvision.exposure.co/on-the-road-to-elimination>)

### Capacity Building

- Held discussions with WHO and MISAU about the recruitment of a National integrated data base manager. WHO will take part of the recruitment panel.

### Mapping

- Collaboration between MISAU, Sightsavers, Light For the World, ENVISION, and GTMP proved successful in targeting and completing trachoma baseline prevalence mapping, including 12 districts in Inhambane province completed in October 2013 (2 additional districts in Inhambane were considered urban and not mapped). None of the 12 districts had TF prevalence >5%. The project anticipates that all district baseline mapping (in suspected districts) will be completed by the end of 2014, with the exception of Sofala province which remains under a security advisory
- We continued to provide android technical support to all implementing partners and will support mapping in Maputo and Gaza provinces in the second half of FY14
- Head of the Ophthalmology Department has made remarks at various high-level meetings on the successful coordination of trachoma mapping activities

- RTI Resident Program Advisor facilitated a LFTW trachoma mapping training in Tete and Inhambane with the National Head of Ophthalmology.

### **Planning and Coordination**

- RTI staff worked closely with the Ministry to update and finalize the NTD National Strategic Plan 2013-2017;
- ENVISION facilitated the first drug management meeting with Central Drug Warehouse (CMAM) and the Ministry of Health to discuss how drug management in the country can be improved;
- RTI participated in a Trachoma Action Workshop meeting supported by the Queen Elizabeth Diamond Jubilee Trust. The meeting included key MECC Members and future activities and support were discussed to help coordinate and monitor progress of the National Ophthalmology Program.
- RTI was successful in advocating for the formalization of a National NTD Steering Committee which met for the first time in February 2014 and by the National NTD Coordinator.
- The project financed the 2nd Annual NTD Partners Review Meeting in February 2014. This meeting provided a platform for the NTD Department and partners to present their work and for programmatic gaps to be discussed. This also provided an opportunity for partners to discuss progress made in the country and to better plan their activities and interventions.
- RTI continued to coordinate the Mozambican Eye Care Coalition (MECC) and coordinate mapping activities with various NGOs in the country;
- RTI has continued to strengthen inter and internal relationships within the Ministry of Health as well as branching out within the Ministry to other areas such WASH, including WaterAid and UNICEF.

### **MDA**

- The ENVISION project provided logistical and technical support to various MDAs for the treatment and prevention of LF, SCH, and STH with support from other organizations, including CNTD and SCI.
- ENVISION's Logistics Coordinator provided supervision during MDAs and provided on-the-spot drug logistic information. The ENVISION project also provided help with payment of per diems for participants, printing IEC materials, registers and overall coordination.
- Produced 182 Zithromax dose-poles to be used in the June MDA and beyond
- Produced 2000 dose-poles for LF MDA
- Produced 1900 dose-poles for SCH MDA

### **IEC Materials**

- Developed IEC materials with MISAU and other partners to be used throughout the year, primarily for informing people about MDAs
- Produced 15200 trachoma brochures
- Produced 4550 trachoma posters

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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Political instability caused some delays in activities such as the Media and Advocacy Training that was scheduled to take place in November but was postponed due to security threats. This was rescheduled for May 26-30.

Lack of qualified staff in the NTD Department in the Ministry makes it difficult to advance with planned activities in the time frame expected. Lack of reliable data from the NTD Department in the Ministry remains a constant drawback. We've also had difficulty recruiting a Data Base Manager to help strengthen the NTD data base system and to work with all partners.

## NEXT STEPS

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- Recruit a Data Base Manager who will work with NTD Program team to update TIPAC for 2014 including all activities and to work on their National Data Base System with input from WHO and other implementing partners
- RTI will support an M&E training led by the Ministry but including relevant partners such as WHO AFRO, CNTD, and SCI
- RTI will continue to support Partner Review Meetings when necessary and support the NTD Steering Committee and creation of the Trachoma Task Force
- Work closely with the Ministry Central level and the Provincial Ministry in Niassa and Cabo Delgado to ensure successful Zithromax MDAs
- Hold the Media & Advocacy Training May 26-30
- Complete the NTD Advocacy booklet in collaboration with MoH
- Continue printing registration forms for all MDAs
- Support MoH in post MDA evaluation surveys
- Seek opportunities to adopt electronic reporting of MDAs, including SMS systems for dissemination of information for the NTD Program
- Continue to strengthen relationships with other NTD Partners and Stakeholders
- Coordinate a WHO Program Managers Course at Provincial level
- Continue to support and strengthen Eye Care NGOs through the MECC mechanism
- Provide support to the Head of the National Ophthalmology Program to participate at the ASTMH Conference in the US, November, 2014.

## ACTIVITY PROGRESS REPORT - NEPAL

Targeted NTDs: LF, STH and trachoma  
Reporting Period: October 2013-March 2014

### BACKGROUND

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Nepal is endemic for three of the targeted NTDs for which preventive chemotherapy is available: LF, trachoma and STH. The Government of Nepal (GoN) initiated LF elimination activities in 2003 and the STH control program for school-age children (SAC) in grades 1-5 in 2008. The trachoma elimination program was started in 2005 by Nepal Netra Jyoti Sangh (NNJS) through its National Trachoma Program (NTP). In 2010, the GoN approved the “Plan of Action for Neglected Diseases in Nepal: An Integrated National Control Program.” This document focuses on the joint effort between the Ministry of Health and Population (MoHP) and the Ministry of Education (MoE) to eliminate and control NTDs that can be treated with preventive chemotherapy. The integrated control program is supported by a group of collaborating partners, including WHO, USAID, RTI, CNTD, Glaxo Smith Kline, and Pfizer. This collaborative effort includes regular meeting with Ministry of Health and Population (MOHP), Department of Health Services (DoHS), regional and district officials and stakeholders. Implementation of program activities is carried out through the established government system under government ownership and leadership.

USAID support for Nepal’s NTD program began in 2010 with the NTD Control Program and continues under the ENVISION Project. USAID funding has supported the LF and trachoma programs to reach national scale; in FY14, ENVISION printed IEC materials and training guidelines and held regional level planning and review meetings for all LF-endemic districts requiring treatment, as well as supporting MDA in 19 districts. ENVISION also will support trachoma MDA in three districts. In FY14, ENVISION will provide support for a number of disease specific assessments, including TAS and pre-TAS, post-MDA coverage surveys, trachoma remapping and impact surveys, and a national STH survey.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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- Support the NTD Secretariat to conduct steering committee and TWG meetings
- Support and participate in an NTD midterm sharing meeting
- Support national level activities for LF MDA in 42 districts
- Fund and provide oversight for LF MDA in 19 districts
- Fund and provide oversight for trachoma MDA in 3 Districts
- Conduct LF post MDA survey in 21 districts
- Conduct LF TAS I in 5 districts and pre-TAS in 10 districts.
- Conduct trachoma impact surveys in two districts
- Complete trachoma remapping to the sub-district level for 13 districts
- Fund STH training in five districts
- Conduct a national STH survey of school-age children to assess worm burden.
- Finalize the national NTD M&E plan.

- Apply TIPAC as a tool in the NTD planning and budgeting process through NTD secretariat at MOHP.

## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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### **Strategic Planning**

- Conducted Technical Working Group Meeting
- Supported 4 central LF task force meetings

### **Advocacy**

- RTI participated in 3 LF MDA regional level planning meetings
- In FY13, the LF MDA coverage in Kathmandu, Bhaktapur and Lalitpur districts was under 50%, and in five other districts coverage was below 65%. As a result, RTI worked with the MOH's Epidemiology and Disease Control Division to implement a number of advocacy meetings -
  - Teacher training at the district, village development committee (VDC), and ward levels
  - VDC-level school health education about the LF MDA
  - Increased advocacy around the LF MDA in national print and electronic media
  - National level interaction meetings with various professional and health related organizations to directly and indirectly increase the awareness of LF MDA among urban populations
- Completed trachoma district-level planning meetings in Rukum, Achham, and Baitadi districts

### **Social Mobilization**

- Printed training and IEC materials for LF, STH, and trachoma programs
- Promoted LF MDA through school health education across 18 districts
- Supported local level printing of LF MDA materials and other social mobilization activities in 19 districts

### **Capacity Building/Training**

- Held LF MDA training for health workers and CDDs in 19 districts
- Held LF district level planning and training in 19 districts
- Held training of health workers and volunteers for trachoma MDA in three districts
- Held refresher training for ophthalmic assistances for trachoma surveys in 13 districts
- Held STH training to health workers and school teachers in 5 districts with FY13 funding

### **Mapping**

- Trachoma re-mapping in 8 districts

### **MDA**

- LF MDA activities in 19 districts
- Trachoma MDA in Rukum district.

### **Drug supply Management and Procurement**

- Drugs were transported from district HQ to health facility level for LF and trachoma MDAs

### **Supervision**

- RTI provided monitoring and supervision during the LF and trachoma MDAs

## M&E

- LF TAS in 16 districts (recorded in FY13 Workbooks)
- STH sentinel site survey in 4 districts (recorded FY13 Workbooks)

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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An STH training for health workers and teachers in Sarlahi district did not take place because the District Health Office lacked a detailed implementation plan and failed to coordinate with the District Education Office for the training. Following consultation with the MOH's Child Health Division, it was determined that training should be rescheduled for FY14/15.

RTI conducted TAS in 16 districts (recorded in FY13 workbooks). One district, Kapilvastu, failed TAS. Following the WHO guidelines, the MOH decided to continue LF MDA for two more rounds in Kapilvastu. The ENVISION project will support the 2014 MDA in Kapilvastu, and has worked with the MOH to identify areas where it appears coverage was very low in previous rounds of MDA. We will also support a post-MDA coverage survey in Kapilvastu this year. The GON will support the next round of MDA in Kapilvastu in 2015.

In spite of our support for STH trainings in five districts, the STH reporting system is still very weak. As a result, complete information on STH distribution and coverage is still unavailable. We will continue to work to address this issue.

Another challenge this year was the timing of regional planning meetings in advance of the LF MDA. They took place very close to the planned MDA dates. This meant a very tight timeline in accomplishing activities for the LF MDA.

## NEXT STEPS

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- TWG and central-level LF task force meetings planned
- NTD Mid-term sharing meeting is planned in May-June 2014
- M&E plan finalization workshop is planned in May-June 2014
- LF MDA coverage survey in 21 districts
- TAS-1 in five districts
- Pre-TAS in ten districts
- Trachoma MDA in two districts
- Trachoma population based survey powered to the sub-district level in a final 5 districts
- Trachoma impact survey in 2 districts
- National level STH prevalence survey
- STH MDA training in five districts
- STH regional reviews and a national level coordination meeting
- Introduce and use the TIPAC in MOHP for NTD planning and budgeting.

## ACTIVITY PROGRESS REPORT - NIGERIA

Targeted NTDs: LF, OV, SCH, STH and trachoma  
Reporting Period: October 2013-March 2014

### BACKGROUND

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Nigeria currently has the challenge of addressing a PC NTD disease burden that is either the first or second highest for each disease in Africa. In accordance with the NTD National Master Plan launched in 2013, Nigeria follows the London Declaration elimination strategy of LF and blinding trachoma elimination by 2020, and an STH/SCH control strategy primarily targeting school-aged children. Nigeria is currently attempting to shift their Onchocerciasis policy from control to elimination. The FMOH launched the NTD Master Plan in February 2013 which promotes greater coordination of control and elimination efforts for NTDs and advocates for the expansion of treatment throughout the country. The objective of the NTD Program of the Federal Ministry of Health (FMOH) Nigeria is to progressively reduce morbidity and mortality due to NTDs using integrated and cost-effective approaches, with the goal of controlling and eliminating targeted NTDs by the year 2020. These control and elimination activities are carried out under the leadership of the Head of the Department of Public Health. The Nigerian NTD program consists of an integrated package of existing NTD programs that maintain their disease-specific focus while at the same time allowing for integration where possible to achieve shared objectives and strategies. The State Ministry of Health (State MOH) is the lead for implementing these activities at the state level. They facilitate trainings, order and receive medicines, coordinate distributions, assist with advocacy and implement interventions strategies.

In 2013, ENVISION project support helped the FMOH carry out NTD surveys in nine states: Plateau, Nasarawa, Imo, Anambra, Ebonyi, Enugu, Edo and Delta. The survey data revealed an estimated minimum of 22 million people are at-risk of infection for at least one of these diseases with the majority at risk of multiple infections. Based on these findings, The Carter Center worked with the FMOH to conduct MDA for Oncho, LF, trachoma, schisto and STH in Plateau and Nassarawa and Oncho support alone in the 7 southeastern states.

In FY14, the project is supporting the FMOH and state ministries with MDA for Oncho, LF, and STH intervention in five of the 9 USAID-priority states in Nigeria: Plateau, Nasarawa, Imo, Anambra and Ebonyi. In addition to the support for MDAs, we are also working to build capacity at the FMOH level. This support is particularly important given the current surge of support for NTD activities throughout the country. ENVISION is also highly invested in M&E capacity building at all levels.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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### **Strategic Planning**

- Support the FMOH to better plan for their fiscal year and coordinate with planned state level activities through partial support of National Review Meeting, Steering committee meetings, NTD task force meetings, media sensitization workshop, a STH/SCH action plan workshop, and technical planning meetings to prepare for MDAs on the state level.

### **Social Mobilization**

- Create cultural and language-specific health and IEC materials particularly targeting areas with new disease-burdens as a result of last year's survey work. Sensitization and advocacy meetings take place at central, state, and LGA levels, all co-hosted with the Ministry of Health.

### **Capacity Building/Training**

- Integration of NTDs as it relates to both program management and M&E including; Organizing the WHO Training for Integrated NTD Program Managers Course and the WHO Integrated Database Training.
- MDA trainings or refresher trainings for CDDs, LGAs and Front-line health facility focal persons are focused in all 5 States of Plateau, Nasarawa, Imo, Anambra and Ebonyi.

### **Mapping**

- A Community census is planned in USAID-priority states to confirm old communities and capture new ones.

### **MDA**

- LF/Oncho/STH/SCH MDA in 5 of the 9 USAID-priority states, Plateau, Nasarawa, Imo, Anambra and Ebonyi.

### **Drug supply Management and Procurement**

- Coordinate with the national program to ensure that the WHO Joint Drug Application is submitted no later than August 15<sup>th</sup> of the year before the drug is needed. Work with federal agencies to facilitate appropriate documentation and clearance for all medications. Supervise the receipt of drugs and monitor its delivery to the states, who then take over in getting the drugs to the LGA and community level.

### **Supervision**

- MDA supervision from the Federal, State and lower implementation tiers will be supported.

### **Short-term Technical Assistance**

- An international consultant will work with the FMOH to compile all of the NTD disease survey results and treatment history for the entire country. An international consultant will also be hired to give trainings on establishing Oncho sentinel sites (training in black fly catching, PCR analysis, etc.)

### **M&E**

- M&E support includes holding a training on the WHO integrated M&E database, supporting the collection of all of the NTD historical data in the country, Oncho and LF sentinel surveillance sites. Community census is targeted for MDA-targeted states.

## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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### **Strategic Planning**

National level training for use of TIPAC was conducted; the TIPAC is being completed and finalised to be used at both national and State levels for Program planning and costing of FY14 Work Plans. One Task force meeting was held to review and fine-tune program implementation as year 2013 was being concluded and to determine the focus of program components and emphasis that will be targeted during work planning process for 2014. Each of the quarterly meetings of the national NTD Steering Committee meetings have been held as scheduled and have been effective in steering the strategic direction of the NTD Programme particularly in accomplishing in most states, the development of effective work plan and ensuring state-level ownership and support for the program.

A strategic planning meeting was held from Jan. 20-21, 2014 in Jos, for programming in Plateau and Nasarawa. Attendees included the Carter Center Country Representative, the Plateau/Nasarawa Director, the two State Ministry of Health Directors, and the Health Directors from the 30 LGAs of the two states. Strategies were drawn out to meet challenges the program was experiencing in the field, and progress reports from the states and program updates were given by the Carter Center Directors. In the southeast, program meetings were held in January at project levels as well as at the National Office in Jos to harmonize TCC Nigeria implementation and plans for 2014. A project-level strategic planning meeting was held in Owerri for the Imo/Abia project, in Benin City for the Edo/Delta project and in Enugu for the Enugu/Anambra/Ebonyi project to plan for the village census, MDA registration and 2014 LGA-specific treatment strategies and drug combinations, including setting targets.

A Carter Center/RTI work planning meeting for 2014 and 2015 took place on March 24, 2014. This extremely productive one-day meeting took place at the Yakubu Gowon Center in Abuja, and included Carter Center and RTI HQ and U.S. staff. This group also attended the USAID/RTI-supported Nigerian NTD Steering Committee meeting from March 25 – 27, 2014 at Springview Hotel in Abuja.

### **Advocacy**

Between October and December 2013, a Carter Center team conducted numerous advocacy visits to village and LGA leaders, school management board members, and Plateau and Nasarawa States' Ministry of Health officials prior to MDA. The team solicited local support for successful MDA and for the trachoma school health program. In the southeast, Carter Center staff made advocacy visits to village leaders and LGA coordinators prior to village listing and LF baseline surveys.

### **Capacity Building/Training**

RTI planned and facilitated the WHO Integrated NTD Program Management Course for all 36 States' PC NTDs Program and Data Managers. As the first roll-out of the WHO course, there is additional detail on this event in the Capacity Strengthening section of this report. RTI also edited training manuals for CDDs created by the FMOH according to adult learning principles.

The Carter Center has assisted the State Ministries of Health to form integrated health teams within the government structure. These health teams (made up of formerly vertical program staff) collaborate to train and support one another in their respective specialties. They then share duties while conducting field work so as to maximize their effectiveness in supporting interventions. By involving state and local government employees (described further in “Supervision” section below), the program enhances in-country capacity. Integrated training, mobilization, education, and, when possible, drug distribution are supported.

From October to December, 2013, 1,853 CDDs, 12 CDD supervisors, 36 health workers and 172 school headmasters were given health training in Plateau and Nasarawa states while in the southeast, 21,557 CDDs, 3,373 CDD supervisors, and 6,689 health workers received training. (These activities will be reported in the FY13 work books).

### **MDA**

As part of the no-cost extension on the FY13 award, MDA was completed in all nine TCC assisted states. From October to December 2013, nearly 400,000 treatments for schisto , 93,000 treatments for STH, and 200,000 treatments for onchocerciasis were provided in Plateau and Nasarawa States. In the southeast states, over 2.5 million RB treatments were given during this same period. Planned FY14 MDA will take place in Q3-Q4.

### **Drug supply Management and Procurement**

The Carter Center supported drug logistics for more remote communities.

### **Short-term Technical Assistance**

An RTI consultant has been working with the FMOH to complete the WHO Database tool, sustain its usage and continue the data collection process during Q1-Q2. The Oncho sentinel site consultant will be supported in Q3-Q4.

### **Supervision**

Each state has or is in the process of hiring a State Project Officer (SPO). This person is assisted by four or five State Onchocerciasis Control Team (SOCT)/State Integrated Health Team (SIHT) members. While the SPO coordinates the program in the state, the local government areas under treatment are divided into areas of responsibilities under the direct supervision of each SOCT/SIHT member. At the next lower level are the Local Onchocerciasis Control Team (LOCT)/Local Integrated Health Team (LIHT) members in each local government area. The LGAs employees of the respective local government areas are well versed with the details of the health system of the LGA. They work closely with the SOCT/SIHT in charge of the area through their respective Directors of Primary Health Care. All of these levels of personnel are involved in supervision of treatment and training which was supported by ENVISION.

Supervision of field activities was carried out by TCC to ensure that interventions were provided as planned in the LGAs of Plateau and Nasarawa States. During these supervisory visits, village/school spot-checks were also conducted to ensure appropriate treatments. The village/school registers were examined for accuracy. Village heads were also interviewed to ascertain their ownership of the programs. Supervision was carried out in conjunction with ministry of health personnel.

In December, Director of TCC Southeast Programs facilitated a “training of trainers” organized for Edo and Delta States’ State Onchocerciasis Control Teams. He also attended the meeting of Carter Center and Edo State MOH to resolve some administrative issues. He also attended the workshop organized by TCC Nigeria for NTD Zonal coordinators from 16th to 21st December, 2013.

A meeting took place in October on cross-border issues between Edo and Ondo states that have resulted in poor impact on onchocerciasis. This meeting was held at the office of zonal Coordinator B-Zone NOCP in Akure, Ondo State. In addition to the two State teams, MITOSATH and The Carter Center were represented.

The TCC Country Representative of Nigeria visited the Southeast States in November 2013, after the NOTF and NGDO coalition meetings held in Benue State. His visit was very timely and helped resolve issues impeding MDA, especially in Edo and Delta States.

### **M&E**

The WHO Integrated Data Base has been introduced for use by the national programme and all historical data for Nigeria’s NTDs’s are currently being input into the database. WHO is also finalizing this tool using information and experiences gain in the current usage. Efforts will be made to complete this data input, finalize the database and introduce the Database with capacity building to the state level for operationalization in the coming program year, 2015. Community reporting forms have recently been created by the FMOH. They include sex disaggregated indicators. These forms will not be implemented by the FMOH until they have been field tested so sex disaggregated data will not be captured in FY14.

Onchocerciasis sentinel sites are monitored on an ongoing basis for nodules, microfilaremia, and entomology. Schistosomiasis sentinel villages are monitored on an ongoing basis using dipsticks to detect blood in urine. Treatment validation and surveys for community ownership and integration were conducted in all nine states. LF Sentinel sites for establishing a baseline are ongoing.

### **CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED**

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All planned activities took place though there have been various changes in the schedule due to national holidays and availability of national program officers. One of the steering committees targeted for ENVISION-support was covered instead by the DFID-UNITED project. This was a planned funding transference to allow for cost-share and give the UNITED project more of a stake in federal support as agreed during the formation of the ENVISION/UNITED collaboration.

During a meeting with RTI and TCC in Abuja, it was discussed that the quarterly reforecast was being prepared by the field finance team without sufficient consultation with the program coordinators or technical directors. Because of this, the FY14 budget had projected MDA activities to occur in January, but project personnel had actually planned for it to start later in the year. Future spending projections will more accurately reflect planned activities.

Security challenges are an ongoing and unpredictable issue, at times affecting coverage and population figures. In this reporting period, Wase and Lantan South LGAs in Plateau State had displaced persons which entered other LGAs and affected the population treated there. The program must allow the government to intervene in these cases. Community support for volunteer drug distributors is also reportedly diminishing so high-level advocacy is planned to mitigate this issue. A huge problem for drug supply allocation and coverage reports lies in the variation between the community register population and national census population in LGAs. The WHO Joint Drug Application has also created extra steps to the process of obtaining drugs for partners which requires an adjustment period. Lastly, the transition from the National Onchocerciasis Control Program to an Elimination Program is ongoing and will have major ramifications on how oncho is addressed in the future.

#### NEXT STEPS

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- WHO NTD Integrated Database training
- SCH-STH Action Planning process
- Media sensitization for journalists
- Annual NTD Program Review Meeting
- NTD Steering Committee meeting
- Drug shipments have arrived in country and are expected to clear customs shortly. Training and mobilization will begin during the next quarter in the 9 USAID-priority states.
- High-level advocacy visits from the Country Representative Dr. Emmanuel Miri and former Head of State Gen. Yakubu Gowon to the state governors of TCC-assisted states in April
- Onchocerciasis assessment in April 2014 in 8 sentinel villages in Edo, Delta, Anambra and Enugu states. A similar assessment in 10 sentinel sites of Plateau and Nasarawa states will commence in July 2014.
- The Southeast community-wide LF baseline survey field work began in April 2014 (night blood samples for thick smear) and will continue through the next few months. Sentinel sites will be selected in areas of the seven southeast states which are starting LF treatment. The indicators to be monitored are microfilaremia (assessed using blood smear microscopy) and antigenemia (assessed using ICT cards). Blood samples for both are obtained via fingerstick.
- Radio jingles and training materials that include bed net messages for both lymphatic filariasis and malaria prevention will be developed in Q3 and Q4. Jingles will be aired in Q3 and Q4, and the training materials will be rolled out in FY15.
- The program will undertake treatment coverage questionnaire surveys that provide 95% confidence intervals. A community census is also planned in the southeast, to ensure that we have not overlooked villages there.

## ACTIVITY PROGRESS REPORT - SENEGAL

Targeted NTDs: LF, OV, SCH, STH and trachoma  
Reporting Period: October 2013-March 2014

### BACKGROUND

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Senegal's Strategic Plan for NTD Control (2011-2015) includes preventive chemotherapy for LF, onchocerciasis, SCH, STH and trachoma, morbidity management, prevention, and surveillance. Preventive chemotherapy has been conducted in five regions of the country. 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 Ministries of Health and Education. MDA for Trachoma began in selected districts in 2005, but has not been implemented consistently since then due to limited resources.

NTD control and elimination programs are led by the Ministry of Health with support from the Organization for the Development of the Senegal River (OMVS) and USAID/Senegal's Programme Santé Santé Communautaire II project (PSSC II, 2011-2016), led by ChildFund with partners Africare, CRS, Plan, and World Vision. USAID Senegal's FARA project also supports MSAS coordination meetings, institutional capacity-building, technical training, field supervision, evaluations of MDA, and M&E. The ENVISION project coordinates with these mission funded projects as well as other NTD partners to provide technical support to the MSAS, support for disease mapping and surveys, technical training, advocacy, and M&E including managing the database for all USAID-supported NTD activities. Completion and review of the USAID M&E Workbooks with the MSAS is a joint activity of ChildFund, RTI, and USAID Senegal.

### TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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#### **Capacity Building/Training**

- Provide ongoing technical assistance to the MSAS's NTD programs
- Support MSAS's participation in WHO's NTD Program Managers Training Course

#### **Mapping**

- Support participation of selected MSAS personnel in GTMP super-training of Trachoma "grader trainers" in Ethiopia
- Training on the use of smartphones for surveys
- Support trachoma prevalence surveys in 22 districts (17 baseline, 5 impact)

#### **Drug supply Management and Procurement**

- Procure tetracycline eye ointment (TEO) for use during trachoma MDA and mapping

#### **Supervision**

- Joint supervision with MSAS and Childfund of MDA

## **M&E**

- Support MSAS participation in WHO Data Management Course
- Provide training in M&E integrated NTDs, USAID reporting forms
- Hold M&E workshop for MSAS and relevant partners
- Support the capture, compilation, cleaning, vetting, and preliminary review of data for timely reporting to USAID
- Post-MDA Coverage Surveys in 10 Districts

## **Disease-specific Assessments**

- Onchocerciasis Impact Survey in Kédougou, Kolda, and Tambacounda Regions

## **Other**

- Participate in MSAS's monthly NTD coordination meeting
- Participate in MSAS's weekly NTD updates meeting

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## **MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD**

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### **Strategic Planning**

- Participated in development of the MSAS's national Annual Work Plans (PTA) for 2013 and 2014, along with other key partners

### **Capacity Building/Training**

- Supported the participation of three MSAS personnel in the GTMP super-training of Trachoma “grader trainers” in Ethiopia (Oct-Nov 2013); one of the participants led the training, and two of the participants passed the test to become certified GTMP graders

### **Mapping**

- RTI led a training in Thiès, Feb 2014 in anticipation of the the trachoma impact surveys to be conducted. Fifteen trainers, graders, and recorders participated with key partners such as WHO and Sightsavers. Four ophthalmologists (out of six) passed the test to become graders, and four health personnel were identified as recorders. RTI's RPA trained the recorders on the use of the Android smartphones and the LINKS-based system for completing the surveys and uploading data. Two consultants from Sightsavers attended the training to ensure compliance with the GTMP system.
- RTI began working with the MSAS to conduct baseline trachoma mapping. Six districts have been completed ; 11 more districts are slated to be completed in Q3-Q4. Four teams are active, each composed of a grader, a recorder, and a driver. The grader leads the team and conducts clinical examinations. The recorders use the Android smartphones to complete surveys using the LINKS application, recording GPS position, clinical findings, and information about water, sanitation, and hygiene (WASH)

### **Drug supply Management and Procurement**

- RTI's RPA participated in the development and finalization of a MSAS tool to compile information on drug availability at national and regional levels prior to MDA. To date, six medical regions have received drug supplies for MDA

## **Supervision**

- RTI's RPA jointly supervised the MDA in five districts of Thiès Region, enabling Thiès District to make certain improvements including ensuring that the public and the schools received advance notice, and ensuring the correct filling of data collection tools at district level
- RTI's RPA jointly supervised, in collaboration with the MSAS, WHO, and CDC, an LF-Onchocerciasis Co-Assessment in Kédougou Region (Jan-Feb 2014). See Disease-Specific Assessments below for more information.

## **Short-term Technical Assistance:**

- RTI's RPA served as GTMP's trainer for the recorders (data collectors) for the Guinea-Conakry MOH's trachoma standardization workshop (March 2014). GTMP requested this STTA and covered the cost of travel.

## **M&E**

- In November, RTI facilitated training on USAID's M&E Workbooks, on NTD disease-specific assessments, and on USAID's NTD M&E system, for personnel from USAID/Senegal, ChildFund, and the MSAS
- RTI's RPA coordinated and collaborated with the MSAS, ChildFund, and USAID/Senegal to complete and review the FY13 and FY13 Disease and Program Workbooks, capturing all USAID-supported support and interventions. The MSAS has promised to try to disaggregate trachoma data by sex in future.

## **Disease-Specific Assessments:**

- RTI coordinated with the CDC to conduct an LF-Onchocerciasis Co-Assessment in Kédougou Region, (Jan-Feb 2014) to assess the status of LF in districts that were treated with IVM for Oncho for at least 15 years without combined distribution with ALB. The LF component was funded by CDC with IMA World Health as implementing partner. The oncho component was supported with ENVISION funding. This integrated assessment jointly served as an impact survey for oncho (including skin-snip and Ov16 serology) and assessed the status of LF (using ICT cards and Wb123 serology, and collecting information on the use of bednets). MSAS personnel from Kolda and Tambacounda Regions also took part in the training, since they will be carrying out an oncho impact survey in those regions in Q3-Q4. RTI's RPA will provide additional STTA for the operations research component, managed by the Task Force for Global Health under the COR-NTD project funded by The Bill and Melinda Gates Foundation.

## **Other**

- RTI's RPA attended the training-of-trainers (TOT) for implementing WHO's National NTD Database template and Data Quality Assessment (DQA) protocol hosted by RTI at KEMRI in Nairobi, Kenya. Training covered customizing the national database template to store, manage, analyze, and report NTD data, and to implement DQA to review the quality of NTD data and national reporting

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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The shipment of tetracycline eye ointment was delayed but will arrive on time for trachoma MDA which was postponed. The Onchocerciasis impact survey in Kolda and Tambacounda regions did not take place but is scheduled for Q3-Q4. Even though the project does not directly support MDA in Senegal, we do collect data from MDAs supported by other USAID mechanisms. Low coverage has been recorded in certain districts. This may be tied to inaccurate (official) denominators for the population. The MSAS, WHO/Senegal, and USAID/Senegal has indicated that this may be caused by insufficient funding for the campaigns.

Senegal has conducted six rounds of treatment for LF in the seven districts of Tambacounda Region. The MSAS planned to conduct TAS for LF in 2014, and submitted a request to WHO's Regional Program Review Group. However, data for 2010 and 2011 are missing, and not all rounds recorded effective coverage ( $\geq 65\%$ ). In its review (Apr 2014), WHO/AFRO's RPRG recommended two more rounds of treatment, and the collection of coverage data. The criteria for stopping MDA for trachoma have not yet been achieved. The impact surveys planned for five districts in Q3-Q4 should provide more information to guide a decision on those particular districts.

Additional challenges include limited availability of vehicles for the trachoma mapping and impact surveys. The availability of just four vehicles for this activity limited the number of teams and has extended the duration of the activity overall. Insecurity in the south of the country could slow or impede trachoma mapping in several targeted districts. Different approaches are being explored, including the involvement of local humanitarian actors. M&E Workbook submissions, and responses to feedback by reviewers, have been delayed due to limited availability of MSAS, ChildFund, and USAID/Senegal personnel to meet to complete and review the data.

## NEXT STEPS

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- Technical and financial support for the MSAS's trachoma mapping and impact surveys
- Delivery of TEO for use by the MSAS during MDA for trachoma
- Joint supervision of MDA
- Support Oncho impact survey in Kolda and Tambacounda Regions
- Conduct post-MDA coverage surveys in 10 districts
- Assist the MSAS in completing the National Database Template
- Support the MSAS in conducting a Data Quality Assessment (pending authorization)
- Orient MSAS on the use of the TIPAC and support implementation of the tool (pending authorization)
- Ongoing TA to the MSAS's NTD programs
- Ongoing coordination and support for completion and review of USAID's M&E Workbooks
- Participate in development of MSAS's national NTD Annual Work Plan (PTA) for 2015

## ACTIVITY PROGRESS REPORT - TANZANIA

Targeted NTDs: LF, OV, SCH, STH, and trachoma

Reporting Period: October 2013-March 2014

### BACKGROUND

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The five most common NTDs in Tanzania are Onchocerciasis, LF, SCH, STH and trachoma. A large portion of the population is at risk of co-infection of two or more of these diseases. In 2004, the Ministry of Health and Welfare (MOHSW) began discussions on how to integrate the five vertical disease programs and activities in regions where the diseases overlap. Integration activities began in 2004, when MDA for LF was combined with the Onchocerciasis program's Community Directed Treatment with Ivermectin (CDTI) approach in the Tanga region. In 2010, funding from USAID, through the NTD Control Program 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. In 2013, the TZNTDCP implemented integrated MDA in 16 regions in Tanzania.

In addition to USAID support, NTD control activities in country are being supported by other funders including DFID, which funds CNTD and SCI to implement school based MDA in Mwanza region and both school and community based MDAs in Dar es Salaam region. Further, APOC provided support for the implementation of an integrated NTD program in six regions.

**Summary of USAID support under ENVISION:** IMA World Health works directly with the TZNTDCP in 9 regions and 54 districts to support implementation of MDA related activities. They provide technical assistance in program and financial management, as well as M&E, including trachoma baseline and impact assessment, pre TAS, TAS and sentinel and spot checks sites for LF. Capacity building is also a priority, with a focus on national, regional, and district health management teams to implement integrated NTD, financial management, drug management/logistics, social/community mobilization and M&E activities through training, mentorship, and supportive supervision. The project finances three seconded staff (M&E Officer, Drug Logistics, and Finance/Admin positions) with the TZNTDCP which has helped to strengthen the national coordination unit that oversees the program implementation country wide. Data storage, central access, analysis and quick use of available data is also a priority area of capacity and system strengthening for the project.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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### **Strategic Planning**

- Bring together key local NTD partners so as to share their NTD work and harmonize to avoid duplication of efforts among them.
- Facilitate all 54 envision supported districts review their previous work 2013 (pre-MDA, MDA and post-MDA activities) gather lessons from these planning to help them better plan for 214 MDA related activities.
- Strengthen teamwork of the National central coordinating unit including IMA staff and develop a clear road map towards full MDA geographical coverage.
- Establish a steering committee that will oversee all TZNTDCP undertakings.

### **Advocacy**

- Advocate for more support and government involvement at central and regional levels.

### **Social Mobilization**

- Produce high standard integrated IEC/BCC materials to be used to promote MDAs in schools and communities.
- Use media in MDA related social mobilization activities by producing and airing of radio and TV spots and jingles using both national and local (regional/district) radios and TVs.

### **Capacity Building/Training**

- Train 5 people each from 29 districts out of 54 ENVISION-supported districts on MDA data collection, recording, computing, and usage for decision making.
- Train at least 5 people from each of the 54 ENVISION-supported districts on best ways to conduct community mobilization, messaging and communication for large public health interventions.
- Train all pharmacists from the 54 districts and 9 regions on NTD drug management.

### **Mapping**

- Conduct a trachoma situation analysis survey in 57 unmapped districts so as to determine the districts that require trachoma mapping.
- Conduct trachoma mapping in suspected districts, depending on results of the situation analysis. Mapping will take place in Q3-4

### **MDA**

- Conduct school based MDAs for PZQ and ALB to all school aged children in the 9 regions, 54 districts envision supported.
- Conduct community based MDAs for IVM/ALB and Zithromax.

### **Drug supply Management and Procurement**

- Ensure a one month lead time of NTD drugs reaching the respective zonal Medical Store Departments so as to give ample time for districts to distribute the same within their districts.

### **Supervision**

- Intensify central team supervision of all activities happening at the district and regional levels so as to ensure quality and provide mentorship.
- Facilitate region teams to provide supportive supervision and mentorship to district level NTD teams.
- Facilitate district teams and FLHCWs to provide supportive supervision and mentorship to teachers and CDDs.

## **M&E**

- Increase data usage for decision making processes.

## **Disease-specific Assessments**

- Conduct trachoma situation analysis to ascertain needing mapping of the 57 unmapped districts for trachoma in Tanzania.
- Conduct trachoma impact surveys in 5 districts
- Conduct TAS in 3 districts and sentinel and spot-check site surveys in 21 districts.

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## MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD

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### **Strategic Planning**

- District and regional level review/planning meetings were conducted. The previous year's work was reviewed and lessons learned from the review meetings were used to improve the 2013/2014 plans.

### **Social Mobilization**

- High standard integrated IEC/BCC materials were produced and used to promote MDAs in schools and communities.
- Regional/District level media houses were used to promote and educate communities on MDA and NTDs as a whole

### **Capacity Building/Training**

- The Drug Logistics technical assistant conducted a training of regional/district pharmacists involved in NTD drug management. The training included representatives from the MOH medical store department from central and zonal offices

### **MDA**

- School-based MDA took place in 48 of 54 districts.

### **Drug supply Management and Procurement**

- Completed NTD drug inventory after MDA which has given a clear picture of actual NTD drug need for each district and helped in identification of about to expire drugs

### **Supervision**

- IMA worked with the Tanzania NTDCP team supervised regions and districts during school based pre-MDA and MDA activities

### **M&E**

- Completed data collection for community-based MDA funded with FY 2013 funds in 54 districts
- School-based MDA data collection is ongoing in 48 districts.

### **Disease-Specific Assessments**

- Completed trachoma situation analysis to 57 unmapped districts in the country to ascertain the districts that need full trachoma mapping and set priorities for the remainder of FY 2014.

## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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A community-based MDA originally planned for FY13 (delayed due to late arrival of drugs in Tanzania) was conducted during this reporting period. This ended up delaying some Q1 strategic planning activities, including the local stakeholder meeting, planned for November 2013. The activity will now take place in Q3. Also, the Central NTD team and IMA staff retreat has been moved to Q3, since key persons from the MOH were unavailable due to other competing priorities, including MDA implementation and travel outside the country.

TAS in Mkuranga and Newala was delayed awaiting RPRG approval for the surveys. There have been difficulties in obtaining data from previous sentinel and spot-check sites in these districts. Due to the delay, these districts received albendazole during the March school-based MDA. The activity must therefore be moved to Q4 to allow for time to get RPRG approval and the six months wait for appropriate timing of TAS following an MDA.

Low MDA coverage has been a problem in some districts in Tanzania. Based on recent coverage surveys carried out in FY13, low CDD motivation and inadequate community mobilization towards MDAs have had an impact on coverage. Where PZQ is distributed, memories of children experiencing adverse events such as vomiting have led to consistent parental resistance. In some areas where LF is endemic, the population's risk perception is low. We are working with the TZNTDCP to look at ways to improve coverage, but given the complex reasons behind low coverage, it is not a problem that will be easily fixed. Current activities to improve coverage include exploring ways to motivate CDDs, particularly options for incentives. IMA and the TNTDCP is looking at the use of district and regional media outlets for social mobilization, engagement with district cultural officers, and training at least five people from each district on social mobilization and communication techniques in large public health interventions

## NEXT STEPS

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- Conduct local stakeholders meeting and TZNTD and IMA Team planning meeting and retreat.
- Focus on production of targeted radio and TV spots to promote MDA activities.
- Plans for DQA to take place in Q3
- Finalize M&E Framework
- Support pre-TAS sentinel and spot-check site surveys in 10 APOC-supported districts.
- Continue to ensure availability of donated drugs anticipating any challenges to timely arrival for Community MDA.

## ACTIVITY PROGRESS REPORT - UGANDA

Targeted NTDs: LF, OV, SCH, STH, and trachoma  
Reporting Period: October 2013-March 2014

### BACKGROUND

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Uganda is known to be highly endemic for more than 11 NTDs, including PC and IDM diseases. The country has 5 main PC NTDs, namely LF, Oncho, SCH, STH and trachoma. All the PC NTDs in Uganda except intestinal worms are now targeted for elimination according to WHO.

Uganda now has about 112 districts. (The Government has placed an embargo on the creation of new districts). LF is endemic in 54 districts, all of which have been under MDAs; onchocerciasis originally endemic in 36 districts is now in 22 districts, having dropped some which are deemed to have attained elimination; SCH is endemic in 73 low and high prevalence districts and all are undergoing MDAs either in all endemic communities and/or in schools only. Trachoma is endemic in 36 districts where MDAs are being done annually. However, there are districts with TF above 10% at the sub district levels but no MDAs are being done (e.g. Butaleja District). Trachoma baseline surveys have been done in 2 districts where desk reviews showed that the districts are trachoma endemic. Results of the baseline surveys are being awaited.

In addition to the assistance provided by the ENVISION project, the national NTD program receives financial and technical support from several implementing partners in Uganda. The Carter Center (ICC) focuses on oncho and will soon start supporting components of the SAFe strategy for trachoma elimination with funding from the Queen Elizabeth Diamond Jubilee Trust Fund (QEDJTF). Sightsavers supports onchocerciasis control/elimination in 4 districts in western region; trachoma elimination efforts mainly in eastern districts (Busoga and Karamoja sub-regions) and TT surgeries mainly in Busoga Sub-region. Sightsavers is also soon receiving funds from QEDJTF and is expected to focus on TT surgeries. CBM supports eye care hospitals and is also a beneficiary of the QEDJTF expected to commence implementation activities in Uganda in June 2014.

USAID support began in 2007, first under the NTD Control program and currently through ENVISION. The ENVISION project is the leading NGDO on NTD control in Uganda, supporting 78 districts, each with 2 or more NTDs. There are many activities being undertaken to support NTD implementation in the country,, coordinated by the NTD Secretariat of MoH, including planning activities, advocacy, capacity development and training, production of training materials, IEC materials for sensitization campaigns, developing data tools and an NTD database, DQA tools, communication strategy, high level advocacy booklets for MPs and leaders, desk reviews, rapid (re)mapping and baseline epidemiological surveys, impact assessments for all the NTDs, supportive supervision, MDA and Post-MDA surveillance and monitoring, and report writing.

## TECHNICAL OBJECTIVES FOR THE WORK PLAN YEAR

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### **Strategic Planning**

- Support the national NTD Steering and Technical Committee meetings, other planning meetings by the Secretariat and cross border meetings.
- Conduct the Uganda Onchocerciasis Elimination Experts Advisory Committee (UOEEAC) meeting, the National Stakeholders meeting, central technical planning meetings, and annual program review for onchocerciasis elimination, all co-hosted with the Ministry of Health.

### **Advocacy**

- Participate in and support national, regional and district level advocacy activities including advocacy group meetings and NTD master plan meetings

### **Social Mobilization**

- Ensure that the masses are educated, sensitized and mobilized through the development, production, dissemination of IEC materials, sensitization meetings, press releases and conferences.
- Manuals and health education/training charts will be printed and radio programming will be broadcast.

### **Capacity Building/Training**

- Support the program to carry out training for integrated NTD control. The Program plans to reorient/train 60 Central supervisors. Additionally, 1,170 district supervisors, 1496 sub county supervisors, 1,840 health workers, 8,132 parish supervisors, 55,097 teachers and 94,170 community medicine distributors will be trained/retrained in the endemic districts. To support this activity, the program will revise and print flip charts, trainers' guides and manuals. Job aids to guide the implementers will be developed and printed.
- Train 16,110 Community Directed Health Workers (CDHWs) in 14 districts
- 6,006 Community Supervisors in 20 districts, 162 Health Workers in 18 districts (TCC)

### **Mapping**

- Conduct trachoma baseline mapping in 4 districts and desk reviews in 4 districts

### **MDA**

- Support the program and districts to conduct MDAs in 78 districts (Buhweju District was declared free of oncho by MoH and removed from the list of districts).

### **Drug supply Management and Procurement**

- Coordinate with NMS and through regular meetings, support drug importation, verification, documentation, storage, transportation / distribution to districts and accounting after MDAs.

### **Supervision**

- Provide supportive supervision to selected problematic districts during some major activities during MDA, post MDA and data collection.

### **Short-term Technical Assistance**

- Deploy M&E Assistants in districts so as to build and strengthen the capacity of district and sub county supervisors to manage data and make reports timely.

### **M&E**

- Carry out M&E activities in sentinel sites (LF), Transmission Assessment Surveys (LF), Trachoma impact assessment surveys, District mobile reporting, DQA surveys, Trachoma desk review and general M&E supportive supervision.

### **Disease-specific Assessments**

- LF and trachoma impact assessment surveys. The Trachoma program will target 4 districts for this and the LF program 11 districts.

### **Vector Control**

- Continue with the fly-catching exercise in the foci of Elgon; Kashoya-Kitomi; Maracha-Terego; Wambabya-Rwamarongo; Madi; Nyamugasani/Lhubiliha; Immaramagambo and Bwindi.
- Continue with crab catching exercise in the foci of W. Nile; Nyagak-Bondo, Budongo and Kashoya-Kitomi.
- Continue with river dosing in Budongo focus

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## **MAJOR ACCOMPLISHMENTS FOR THIS REPORTING PERIOD**

### **Strategic Planning**

- ENVISION gave a one day presentation on TIPAC to delegates from several African countries and partners during a Regional NTD meeting held in Entebbe in October 2013.

### **Advocacy**

- In October last year, Government of Uganda launched the National Master Plan to guide the control and elimination of all the NTDs endemic in the country. The launch by the Minister of Health (representing H.E. The President of Uganda), was supported by RTI and other partners, including WHO, TCC and Sightsavers. The ceremony was attended by MDP, GSK, SCI, APOC/ WHO Regional Office, TCC Atlanta, RTI DC, delegates from some districts and top officials from the Ministry of Health..
- District level advocacy has been carried out so far in 36 (2013/14) and 23 districts carried over from the previous financial year.
- An advocacy meeting for district leaders (RDC, LC V Chairperson, CAO, DHO, Secretary for Health, and DOCs) in the districts of Arua, Adjumani, Amuru, Pader, Gulu, Kitgum, Lamwo Nwoya, and Zombo in partnership with Ministry of Health officials, ENVISION representatives and Carter Center staff was conducted in November 2013. With 61 participants.

### **Social Mobilization**

- In all these districts where pre – MDA activities have commenced, social mobilization activities have been conducted. At the sub county level, Sub county leaders including Councilors, Parish and Security leaders have been educated and sensitized on NTDs in their areas, the control strategies being adopted, all the program activities leading to MDA in their communities and schools and what roles to be performed by the Sub county leaders. Flip charts, leaflets and posters were used in the education and sensitization activities. IEC materials were reviewed and printed by RTI. The CMD/VHT hand books were developed by a communications strategy consultant contracted by RTI and are currently being distributed to districts. Social mobilization was conducted by TCC in 1,899 communities of 12 districts (Kasese, Kabale, Kanungu, Kisoro, Nebbi, Zombo, Lamwo, Lira, Oyam, Nwoya, Hoima and Buliisa). This meets the TCC target for the current year.

### **Capacity Building/Training**

- Due to high turnover in CMDs/VHTs as well as changes in data tools we need to (re)train all cadres on a yearly basis. So far, 36 Central trainers have been (re)trained, most of them coming from Ministry of Health but a few selected ones (Focal Persons) coming from

districts. These will serve as “advocates”, trainers and supervisors in districts. Additionally, the number of district, sub county and parish supervisors; health workers in charge of health units; and CMDs / VHTs so far trained are as follow respectively :- 1,583; 510; and 39,641. To support this exercise, 20,000 Field Guides for supervisors and teachers; 2,000 training manuals for central and district level trainers and 1,000 Flip Charts have been printed.

- 12,127 CDDs were trained in the districts of Kabale, Arua, Gulu, Pader, Kitgum and Lamwo Kasese, Kanungu, Kisoro, Nebbi, Lira, Oyam, Nwoya and Buliisa. This represents 75.3% of our annual goal (16,110).
- 5970 Community Supervisors were trained in 20 districts. This represents 99.4% of our annual goal of 6,006. 177 Health Workers (IHC) were trained in 18 districts, some districts exceeded their targets. This represents 109.2% of our annual goal of 162.

### **Mapping**

- All the major NTD mappings in the country have been completed. Last year, rapid assessments of trachoma were performed in 8 eastern districts bordering highly endemic districts. It was planned that trachoma baseline surveys be carried out in 4 of these districts during Q1-Q2 of the financial year. It was not possible to do this because the trachoma team was overwhelmed with so many activities (including impact assessment surveys carried over from 2012/2013 FY). However logistical and financial arrangements for trachoma baseline surveys in 4 eastern districts (Amuria, Katakwi, Kaberamaido and Bukedea recommended following desk reviews) were finalized at the end of March and the surveys commenced at the beginning of April and will be completed in May 2014. The desk reviews in 4 districts are expected to be completed in June 2014.

### **MDA**

- Delayed FY13 MDAs for 23 districts were conducted during this reporting period. So far, 20 have completed MDA and submitted their final reports. The remaining 3 districts (Wakiso, Masindi and Kiryandongo) are either collecting data or still doing MDA. (Data for this distribution will be recorded in FY13 work books).
- FY14 MDA activities are in various stages of pre- MDA activities. Some are starting later than planned due to delay of FOGs, signing of questionnaires and or contracts, slow EFT approval required by Ministry of Finance, delay to access funds already in district accounts, lack or shortage of drugs and other reasons.

### **Drug supply Management and Procurement**

- The National Medical Stores (NMS) is responsible for receiving, clearing, storage and transportation of drugs to districts. NMS works very closely with NTD Secretariat, the ENVISION Logistics Officer and the MOH Logistics Officer attached to ENVISION. ENVISION has facilitated delivery of some of the NTD drugs especially LF drugs stored at Vector Control Division at the MOH with permission of NMS. No new consignments of drugs have been received during the reporting period. However the ENVISION Logistics Officer has been closely following the inventory of drugs still at NMS. These include 48,549 bottles of Azithromycin POS, about 2.7 million tablets of Azithromycin tablets, 5.9 million tablets of Praziquantel 600 mg tablets and 7,450 tubes of TEO. NMS is making arrangements to transport these drugs to districts. This (among other issues) will be discussed with NMS during a meeting to be held on 16<sup>th</sup> April 2014 at NMS HQ in Entebbe.
- Over 5.5 million Mectizan<sup>®</sup> tablets were delivered to districts for mass drug administration.

## **Supervision**

- Supportive supervision has been provided to some districts as planned. This financial year, supportive supervision was not planned for all the 78 districts but only 40 districts deemed to require such supervision. Out of the 40 districts, only 5 have been supervised, the rest are still in the early stages of implementation or have not yet started activities. CDTI activities were monitored by TCC in the districts of Gulu, Pader, Kitgum, Lamwo, Nwoya, Amuru, Arua, Adjumani and Moyo. The importance of activities like treatment, data management, and treatment register updates was emphasized.

## **Short-term Technical Assistance**

- The M&E Assistants provided support in data management to 20 districts which completed MDA in the reporting period. This has improved on the quality of data and timely submission of MDA treatment reports to the Secretariat. Uganda also hosted the 1<sup>st</sup> Global Trachoma Mapping Project (GTMP) training in Soroti, Eastern Uganda, during which 5 graders and 10 recorders were successfully trained. Three Ophthalmologists from Uganda, Tanzania and Malawi participated in the training as Consultants.

## **M&E**

- Tools to collect sex-disaggregated data were developed and now districts report data disaggregated by sex.
- Pre-TAS is on-going in 6 districts whereas other M&E activities will be implemented in the 2<sup>nd</sup> half of the year.
- MDA coverage surveys were conducted in the districts of Nwoya and Masindi.

## **Disease-Specific Assessments**

- Individual programs have continued to carry out disease specific assessments. These include pre-TAS in LF districts; trachoma baseline in 2 districts and trachoma impact assessment surveys in 11 districts of Eastern Uganda. Out of the 11 districts, in 6 districts, TFs were found to be below 5%, in 4 districts TFs were between 5 and 7%, and in one district, Kotido, TF was about 44.6% a slight reduction from the baseline prevalence of 65% TF rate. Surprisingly, in Kotido, TT increased from 17% baseline to 23.5%. These impact survey data from Kotido are puzzling since a GTMP training team that recently travelled there to look for TFs found very few cases of TFs but plenty of other eye infections.

## **Other**

- RTI staff from Uganda and the U.S. joined Kamuli District staff to kick off and supervise the distribution of TOMS shoes in all schools in Kamuli District. It was the first time and many lessons were learned which will be useful in the future in case the donations are scaled up to other districts. The shoe distribution was coordinated as part of a schedule Zithromax distribution.
- RTI's team coordinated with Sightsavers to organize a 5 day GTMP training held in Soroti Municipality (Soroti District, eastern Uganda) to train graders and recorders. A total of 5 graders and 10 recorders were successfully trained. Participants came from eastern districts earmarked for trachoma baseline surveys. This is the first such training in Uganda.
- RTI organized a one day grants training for District Health Officers and NTD Focal Persons from 55 districts. This was part of efforts to improve the understanding of the FOGs process by districts. The 110 participants from districts had ample opportunities to interact with RTI's Finance and Technical staff.

## Vector Control

- Fly catching exercises were carried out in Elgon; Kashoya-Kitomi; Maracha-Terego; Wambabya-Rwamarongo; Madi; Nyamugasani/Lhubiliha; Immaramagambo and Bwindi.
- Crabs were caught in the foci of W. Nile; Nyagak-Bondo, Budongo and Kashoya-Kitomi.
- River dosing was conducted in Budongo focus

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## CHALLENGES IN IMPLEMENTING THE WORK PLAN/LESSONS LEARNED

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Steering and Technical Committee meetings were delayed because of the time it has taken for the Ministry of Health to constitute and approve the committee members. The 1<sup>st</sup> Technical Committee meeting is slated for 5th May 2014 and it is expected that soon thereafter the Steering Committee meeting will follow.

The Secretariat and Health Education and Promotion Division is currently taking the lead in drafting a document for discussions concerning advocacy working groups. The 1<sup>st</sup> meeting is expected in May/ June (Q3). High level advocacy meetings with MPs in Parliament are expected to start in April 2014. However a booking and confirmation has already been made for a breakfast meeting with some MPs led by the Honorable Speaker.

Trachoma Program which was overwhelmed with many activities, some carried forward from 2013/2014 causing delays in impact assessments and baseline surveys. DQA and coverage validation surveys were delayed by MDA activities, however they will be done during Q3.

Kaabong is a remote district in North Eastern corner of Uganda and bordering Kenya and South Sudan which has historically had very low coverage. The main reasons are unstable District Health Office and NTD Focal Person (FP); unstable security environment, mobile populations and the persistent sometimes violent demands for incentives. District leadership have been engaged and promised to closely supervise activities of the Program. District Health leadership has been changed and a more stable FP appointed.

Districts carried out fresh registrations and many of them recorded higher populations than earlier estimated. Additionally, quantities of drugs delivered to districts by NMS were not as requested by Programs. Thus some districts received grossly inadequate drugs for MDA while others received drugs (mainly PZQ) which they did not require. It took a long time to sort out these anomalies and arrange to have the drugs transported. To compound matters, drugs that should have been delivered to districts remained at NMS either due to lack of capacity to deliver or errors made by NMS Logistics. Many LF, schisto and trachoma endemic districts have reported low MDA coverages and the main reason given is inadequate drugs supplied. The NTD Secretariat is having a meeting with Top Management of NMS on 16<sup>th</sup> April 2014 to hash out some of these issues affecting smooth delivery of drugs to districts. Program Managers have also been asked to review the way they estimate drug quantities to districts. Some PMs are not strictly following WHO guidelines for estimating drug quantities to endemic populations, resulting in drug shortages.

**Low Coverage realized in the districts of Adjumani (74.4% of goal), Kitgum (63.2% of goal), Lamwo (74.9% of goal) and Pader (56.7% of goal).** RTI will continue to monitor the issue.

Trachoma impact surveys were done in 11 districts. Six districts had TF rates below 5%; 4 districts had TF rates of between 5% and 7%. However, one district, Kotido had a TF prevalence of 44.5% down from about 65% baseline. TF increased 23.5% from about 17%. These results from Kotido are a great cause for concern and efforts shall be made to understand the factors responsible for this. Otherwise all pre-TAS and TAS surveys for LF so far done on are well below the cut off point for stopping MDA.

Certain districts had to postpone oncho activities due to a delay in the receipt of funding. This situation will soon improve as The Carter Center has been allowed to open bank accounts that will enable districts to access funds in time for activity implementation. Some districts did not meet coverage targets, we believe because the District Onchocerciasis Coordinators (DOCs) were involved in multiple programs at the same time hence limiting overall involvement and insufficient supervision. There were also cases where the districts replaced the DOCs. The Carter Center continued to hold advocacy meetings with the district leaders, and many district leaders have taken up onchocerciasis elimination seriously, and performance is expected to improve. New personnel have been recruited in northern Uganda in order to ensure close supervision and frequent support supervision.

Overall, programs are overloaded with too much work, including research and routine Ministry of Health activities. Parallel activities (e.g. research, implementation) organized by other NGDOS at the same time in some endemic districts where NTD Control Program is operating also burden health staff. Discussions are ongoing between NTD Secretariat, NGDOs and districts. There are no short term solutions here but attempts are being made to recruit more staff or re-assign them to NTDCP.

## NEXT STEPS

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- High level advocacy and strategic planning meetings
- Finalize questionnaires, FOGS and contracts for the remaining districts
- Complete MDA in 36 targeted districts
- Pre-MDA and MDA in 17 districts
- Complete trachoma baseline surveys, desk reviews and impact assessments
- Continue with LF pre-TAS and TAS surveys in remaining districts
- DQA and Post MDA coverage validation surveys in randomly selected districts
- Regional and national planning meetings
- Adoption of HMIS format and eReporting for NTD data
- Complete procurement of motorcycles (by Regional Office) bags, remaining registers and other supplies
- Technical supportive supervision to districts by M and E Assistants
- Supportive supervision by NTD Secretariat
- Finalize data collection on TOMS shoes

- Finalize SAR, work books tables and annual report
- TCC will conduct the following activities in Q3-Q4
- An international strategic and technical meeting, the Uganda Onchocerciasis Elimination Expert Advisory Committee (UOEEAC) will be held in August 2014 with a projected attendance of about 60 participants.
- Support distribution of over 2 million treatments in 20 districts.
- Train 38 Health Workers in the districts of Arua and Pader.
- Conduct Social Mobilization in nearly 2000 endemic communities of the districts of Adjumani, Amuru, Arua, Gulu, Kitgum, Moyo and Pader.
- Nearly 3000 CDHWs will be trained in the districts of Adjumani, Amuru, Hoima, Masindi and Moyo.

## 5. TECHNICAL ASSISTANCE FACILITY

RTI continued to support national NTD programs through the TAF by completing TAF activities in Benin and Laos during the reporting period. The activities included supporting a lymphatic filariasis transmission assessment survey protocol, training and supervision in Benin and technical oversight of the implementation of a trachoma assessment in Laos. Additionally, during the reporting period, RTI received six TAF requests. The requests were for technical assistance in Benin, Bangladesh, Cambodia, Indonesia, Vietnam, and Zimbabwe. Five TAF activities remain active and two are pending.

**Table 8. TAF supported Activities in Year 3, Q1-Q2, by Country**

Country	Activity Request	Status
Benin	Transmission Assessment Survey Assistance	Completed- Report under review
Bangladesh	LF Elimination Program Analysis	Planned June 2014
Cambodia	LF Elimination Program Analysis	Planned July 2014
Cambodia	Trachoma Assessment Implementation	To be completed in May/June 2014
Indonesia	Technical Oversight of LF Mapping	Planned August 2014
Laos	Trachoma Assessment Implementation	Completed. Report available.
Philippines	LF Elimination Program Analysis	To be completed in May/June 2014
Vietnam	Trachoma Assessment Implementation	To be completed in May/June 2014
Zimbabwe	Technical Oversight of LF Mapping	Consultant currently in country.

## 6. GLOBAL NTD MAPPING INITIATIVE

### DISEASE MAPPING IN ENVISION SUPPORTED COUNTRIES

ENVISION is providing assistance for NTD mapping in nine countries during FY14. Mapping activities during this reporting period are detailed in Table 9. Coordination with the Global trachoma Mapping Project (GTMP) is also featured in this section.

**Table 9. ENVISION Performance towards Year 3 Mapping Targets, FY14 Q1-Q2**

Country	# Districts mapped in 1 <sup>st</sup> Half of FY14** (Districts targeted during entire FY14)					Notes
	LF	Oncho	SCH	STH	TRA	
Benin			0 (56)	0 (56)	27 (27)	STH/SCH mapping started on March 16 and is ongoing. Trachoma mapping of 27 districts supported by GTMP with technical support from RTI.
Cameroon						Mapping complete
DRC	*	*	*	*	*	ENVISION planning to support trachoma mapping if needed. Pre-mapping trachoma assessment underway.
Ethiopia						ENVISION does not anticipate supporting mapping in Ethiopia
Guinea			0 (7)	0 (7)	5 (15)	SCH/STH mapping and additional trachoma mapping in progress. Mapping is targeted for completion by the end of 2014, pending resolution of ebola outbreak.
Haiti						Mapping complete
Indonesia	0 (40)					RTI anticipates all nationwide LF mapping to be complete by the end of FY15
Mali			0 (4)	0 (4)		All mapping will be complete by end FY14, security permitting in the north
Mozambique					12 (18)	All mapping will be complete by end FY14
Nepal					0 (13)	All will be mapped at the sub-district level.
Nigeria						ENVISION-supported mapping complete
Senegal	*	*	*	*	0 (17)	Data collection ongoing. ENVISION is supporting trachoma mapping in partnership with GTMP.
Tanzania					0 (9)	Trachoma desk review ongoing, mapping to be completed in FY14 based on results.
Uganda					0 (4)	All mapping will be complete by end FY14.

<sup>†</sup>Revised AFRO estimates (October 2013) identify additional mapping needs in Benin, DRC, Nigeria and Tanzania in areas that will be supported by other partner organizations.

\*Targets being compiled or not yet available.

\*\*Based on districts where data collection has been completed as of March 31. Mapping activities are underway in a number of countries.

## ENVISION Collaboration with the Global Trachoma Mapping Project

The Global Trachoma Mapping Project (GTMP) seeks to map the prevalence of trachoma in over 30 countries by April 2015, as part of a global campaign to eliminate blindness from trachoma by 2020. The United Kingdom's Department for International Development (DFID) awarded Sightsavers £10.6 million in July 2012 to lead the GTMP effort in partnership with the International Trachoma Initiative (ITI) and the London School of Hygiene and Tropical Medicine (LSHTM). At the outset, there were an estimated 1,238 districts suspected to be trachoma-endemic globally that remained unmapped. With more investigation, that number has greatly increased. It is now estimated that approximately 1,800 districts will need to be mapped by the conclusion of the project. United by their common goal to support progress toward the global elimination of trachoma, ENVISION and GTMP have been working together to maintain a coordinated approach to trachoma baseline prevalence mapping in each of the countries where they work.

ENVISION and GTMP support the majority of trachoma mapping worldwide currently. ENVISION has aligned its technical and financial support of trachoma mapping to the methodologies, systems, and processes developed by GTMP. GTMP provides ENVISION-supported countries technical advice, materials, training, and mobile data collection and data approval systems. RTI staff are in regular communication with Sightsavers, including regular weekly calls, to discuss technical assistance and review progress towards completing district-level mapping in all known endemic countries.



In October 2013, representatives from francophone ENVISION-supported countries attended a GTMP training of trainers in trachoma clinical grading in Ethiopia. Trainees returned to their respective countries where they have subsequently trained field teams in baseline mapping of trachoma, ensuring global harmonization of clinical grading. Since then, the two projects continue to coordinate in reviewing protocols and budgets, providing training and technical assistance, and supporting implementation of trachoma mapping in several ENVISION-supported countries including Benin, Democratic Republic of Congo, Guinea, Mozambique, Nepal, Senegal, Tanzania and Uganda.

Through consultation with their respective donors (USAID and DfID), RTI has been working closely with Sightsavers to determine how USAID funding might be able to continue to complement DfID funding to fill key mapping gaps so that indeed all trachoma mapping can be completed according to schedule.

## **ENVISION SUPPORT FOR WHO AFRO MAPPING INITIATIVE**

During the reporting period, the team provided support to WHO/AFRO team in terms of tracking progress related to mapping activities in the Africa region. A consultant attended several meetings in Brazzaville/Congo at the WHO/AFRO headquarters to prepare the mapping plan for WHO/AFRO. WHO/AFRO has now a comprehensive plan detailing gaps and progress of mapping activities in the countries. The plan also provides a timeline for the completion of mapping of NTDs in Africa by the 2015.

RTI also worked on the protocol and the budget for mapping of LF in Zimbabwe. A consultant has been hired and seconded to WHO/AFRO to assist with the planning of activities and the management of countries mapping data. Discussions were held with World Vision and the Ministry of Health of Zimbabwe to prepare for the mapping of LF in collaboration with WHO/AFRO. The team brought the GTMP management team on board to fund and assist with the trachoma mapping in Zimbabwe. As a result, a desk review in Zimbabwe is planned for June 2014 and will be followed by the mapping. The Trachoma mapping will be implemented in coordination with the ENVISION supported LF mapping.

## 7. CAPACITY IN NTD CONTROL AND ELIMINATION

Capacity development is recognized as a key strategy for strengthening national programs to sustain the scale up needed for the control and elimination of NTDs. During this reporting period, RTI conducted the first WHO Integrated NTD Programme Managers' Training, NTD National Database Template Training of Trainers and Data Quality Assessment Training of Trainers; rolled out additional Grants Management Training; and supported participation in and prepared for GTMP Training of Grader Training, Inside NGO trainings and Media Trainings.

We also worked to develop a Serious Adverse Events manual; developed and translated various NTD training resources, guidelines and tools; contributed to the development of a WHO Standardized District-level Management NTD Training Course and the WHO NTD Online Toolbox; and strengthened the capacity of regional NTD Centers of Excellence. Focus continued on capacity strengthening scale-up strategies and developing relationships with plans to roll out more courses in FY14.

In addition to activities coordinated by project staff in Washington, field staff also contributed to capacity strengthening by providing support for institutional capacity development, 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. These country level efforts are described in more detail in the Country Activity Progress Reports.

### TRAINING IMPLEMENTATION

***WHO Integrated NTD Programme Managers' Training Course.*** In partnership with the Nigerian FMOH, WHO and AFRO, RTI managed the implementation of the first WHO Integrated NTD Programme Managers' Training. The course was held in February 2014 and drew 120 participants, including NTD program coordinators from each of Nigeria's 36 states and Federal Capital Territory (FCT), zonal coordinators, key FMOH NTD staff, and NGDO representatives. The course was facilitated by both Nigerian NTD leaders and international experts, who gathered before the training to tailor the materials to the Nigerian context.



Based on a request from the Ethiopian FMOH and perceived program needs, ENVISION is planning a second implementation of the NTD Programme Managers' Course from May 26-30 in partnership with the Ethiopian FMOH, WHO and AFRO. Participants are expected from each of the country's nine regions and capital, as well the FMOH and NGOs.

***NTD National Database Template Training of Trainers Workshop.*** RTI organized and conducted a training of trainers (TOT) on the national database template (and data quality assessment – explained in the next section) at KEMRI in Nairobi, Kenya in late-February to equip individuals with the knowledge and skills to support NTD endemic countries to customize the national database template to their country context and then utilize the database to store, manage, analyze, and report NTD data. Thirty five participants/facilitators, including representatives from WHO HQ, AFRO, EMRO (Yemen), APOC, five WHO National Program Officers from the Africa Region, Ministries of Health, partners (including RTI) and consultants received hands-on experience on utilizing the tool. The training included orientation to the tool by demonstration as well as a number of practical exercises to familiarize users with the tool. In the evaluation of the training, the majority of respondents indicated that they would be capable with remote help to train others on the tool, and would only require minimal refresher notes. It is expected that these participants will help in the field-testing and roll-out of the tool during the next half of FY14 and early FY15.

**Data Quality Assessment Training of Trainers Workshop.** RTI organized a training of trainers on DQA (and national database template – explained in the previous section) at KEMRI in Nairobi, Kenya in late-February to equip individuals with the knowledge and skills to support NTD-endemic countries to implement data quality assessments to review the quality of their NTD data and national reporting system. Representatives from WHO HQ, AFRO, EMRO (Yemen), APOC, five WHO National Program Officers from the Africa Region, Ministries of Health, partners (including RTI) and consultants were trained on DQA guidelines, tools, and implementation. Pre-Post tests showed more than a 20 percentage-point learning gain resulting from the training. Overall, in the training evaluation, participants indicated that they were very satisfied with the TOT. It is expected that these participants will help in the extended field-testing and roll-out of the tool during the remainder of FY14 and early FY15.

**Grants Management Training.** RTI conducted a Grants Management Training for 106 participants from Uganda and 21 participants from Nepal to develop the capacity of the MOH and NGOs in both countries to successfully manage USAID funds. The core elements of this training included pre-award surveys, evaluation, types of grants, execution of grant award, administration and regulatory compliance. During the reporting period, RTI also planned an additional Grants Management Training, which will be held early next quarter in Indonesia. (Additional information on these Grants Management Trainings can be found in this report in the FOGs section on support for program implementation.)

**TIPAC Training.** During the reporting period, project staff and individuals trained by RTI to facilitate TIPAC trainings provided an introduction and overview of TIPAC steps to national NTD program managers at the AFRO NTD Programme Managers' Meeting in Uganda in October. AFRO's endorsement of the tool and the overview provided led to an increased interest in the TIPAC by multiple countries in the region.

RTI also provided support to PAHO in its efforts to roll the TIPAC out in countries in the Americas region by providing refresher training to a member of PAHO's HQ staff and assisting in the planning and facilitation of a TIPAC training for Brazilian states. The training has generated strong interest in Brazil to potentially implement the TIPAC in multiple priority states

**Global Trachoma Mapping Project (GTMP) Training of Grader Trainers Support.** In October, we supported the travel and participation of 13 individuals from ENVISION countries to attend the Global Trachoma Mapping Project (GTMP) Training of Grader Trainers. These qualified participants from Benin, Cameroon, DRC, Guinea, Senegal and Mali were trained on the GTMP project, trachoma fundamentals, the SAFE strategy, the WHO simplified trachoma grading system, trachoma examination techniques, hands-on practice grading in the field, the use of mobile devices for mapping, and facilitation skills. Those trained will go on to strengthen trachoma efforts in their home countries by training other qualified individuals to become trachoma graders.

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## Number Persons Trained through Regional Training Programs with ENVISION support, during FY14 Q1-Q2

Training attended include: Nigeria Program Managers' Training Course; Training of Trainers Workshop for NTD National Database Template and Data Quality Assessment Tools; Global Trachoma Mapping Project (GTMP) Training of Grader Trainers; Grants Management Training; Grants Management Training; Financial Management for US Government Funding; InsideNGO Training; USAID Rules and Regulations: InsideNGO Training

\* Persons trained at regional trainings may also be included in country-reported indicators.

**InsideNGO Training Support.** To build local capacity for effective program management, the project supported the participation of in-country staff in multiple Inside NGO trainings. RTI's Mozambique staff participated in the Financial Management for US Government Funding InsideNGO Training in October 2013, and RTI's Indonesia staff participated in the USAID Rules & Regulations: Grants & Cooperative Agreements Inside NGO training in November.

**Media Training.** Security concerns caused a previously scheduled Media Training in Mozambique to be temporarily delayed and then rescheduled for the beginning of Q3 FY14. With the training date approaching, RTI staff prepared for the Media Training during the current reporting period. The training, now scheduled for the last week of May, will build the skills of MOH staff and journalists to use mass media to create awareness of NTD activities and scheduled MDAs for successful program implementation. During the training, country programs will develop their advocacy messages, identify avenues for disseminating information, and develop core competencies in effective communication using various media.

**Collaboration with DFID on USAID-supported Tools and Resources.** The project is collaborating with international organizations funded by the Department for International Development (DFID) to support and implement NTD programs in Africa to provide training on ENVISION tools. This is consistent with USAID's commitment to coordinating NTD support with DFID-funded organizations and to ensure tools can be used consistently across NTD programs.

The project has made plans during the reporting period to provide facilitators for a TIPAC workshop to be organized by the Centre for Neglected Tropical Diseases (CNTD) in Q3. The primary purpose of the workshop will be for NTD program managers from Zambia, Liberia, Cote d'Ivoire and Malawi to learn to implement the TIPAC. Participants from the Imperial College Schistosomiasis Control Initiative (SCI) and CNTD will be trained as well so staff will be able to provide assistance to the countries they support. Additionally, the project has planned with SCI to provide a M&E facilitator to conduct a National Database and DQA orientation in London in June. Participants from SCI, CNTD, Sightsavers and Malaria Consortium will be trained.

**Table 10. NTD Training with ENVISION Support, by Country FY14 Q1-Q2**

Country	# Persons Trained*	Types of Training
Benin	100	Mapping, M&E
DRC	1,307	Supervisors, Drug Distributors, M&E, SAE Management
Indonesia	3,706	Trainers, Supervisors, Drug Distributors, M&E
Mozambique	15,826	Trainers, Supervisors, Drug Distributors, M&E
Nepal	14,893	Trainers, Supervisors, Drug Distributors
Nigeria	1,064	Trainers, Drug Distributors, WHO integrated database pilot training, WHO M&E training, WHO Program Managers Training, Media Sensitization Training
Senegal	13	M&E, GTMP
Tanzania	338	Trainers, Finance Management, Mapping, Medicines Management for Pharmacists
Uganda	41,770	Trainers, Supervisors, Drug Distributors,
<b>Total</b>	<b>79,080</b>	

## TRAINING DEVELOPMENT AND ADDITIONAL ACTIVITIES

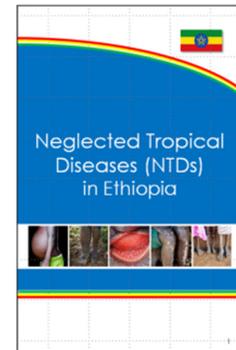
**Serious Adverse Events Course.** The project supported an expert consultant to develop a manual to provide NTD programme managers a brief, capsular set of steps to follow when they need to deal with SAEs and serve as an aid to facilitate immediate and appropriate program responses. The practical manual is derived from the WHO manual “Assuring Safety Of Preventive Chemotherapy Interventions For The Control Of Neglected Tropical Diseases: Practical Advice For National Programme Managers On The Prevention, Detection And Management Of Serious Adverse Events” that provides extensive information on the detection, management, investigation and reporting of AEs and SAEs.

A draft manual was developed and went through an expert review process during the reporting period. The finalized manual will be used as the basis for the development of complete SAE

training packages for both national NTD program managers and community drug distributors in the following subsequent quarter.

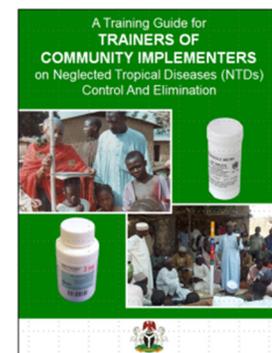
**Developing NTD training resources and tools.** RTI developed key resources and tools that will increase the capacity of those on the front lines of NTD outreach and drug distribution to more effectively do their jobs.

First, we developed a draft NTD Pocket Manual for Health Workers in Ethiopia. The manual provides key messages and graphics on each PC NTD's mode of transmission, simplified life cycles, symptoms, treatment and prevention, and MDA requirements. In Q3 the manual will be reviewed by the Ethiopian FMOH, finalized, printed and distributed to thousands of health workers throughout the country to better enable them to provide easy-to-understand, appropriate messages on NTDs to those at risk.



We also worked in partnership with the Nigerian FMOH to develop the Training of Community Implementers on NTD Control and Elimination. The training manual provides instructions on how to conduct a complete training for CDDs on how to distribute any of the PC NTD drugs as part of the broader training manual developed by the FMOH and reviewed and edited by RTI, the Training of Trainers of Front Line Health Facility Staff (FLHFS) on NTD Control and Elimination.

**Standardized District-level Management NTD Training Course.** RTI continued collaborating with WHO, CNTD, Children Without Worms and other key NTD organizations in the development of a District-level NTD Management Team Training to strengthen the capacity of NTD program implementation at the sub-national level. The district training will include modules on the PC-NTDs; program planning, coordination, budgeting and management; advocacy and social mobilization; operations and logistics; morbidity management; training of health workers and CDDs; laboratory diagnostics; and monitoring and evaluation. During the reporting period, we participated in training coordination calls and continued the development of several modules. Though other organizations' capacity constraints have delayed the training development from its original timeline, the training is expected to be completed in Q4 of FY14.



**WHO NTD Online Toolbox.** To further strengthen the capacity of NTD country programs, RTI worked with other ENVISION partners to contribute to the development of the WHO online Neglected Tropical Diseases Toolbox during the reporting period. The toolbox will serve as the go-to resource for NTD guidelines, tools, IEC materials, job aides, tutorials, etc. Documents will be added to the online repository on an ongoing basis and made available to all country programs, making the toolbox a central channel for the dissemination of key resources to the global NTD community. The toolbox can be found at <http://54.213.233.103/>

**Strengthening the Capacity of Regional NTD Centers of Excellence.** RTI previously identified the Kenya Medical Research Institute (KEMRI) and the Noguchi Memorial Institute for Medical Research at the University of Ghana as regional centers to support capacity strengthening activities in the East and West Africa regions. During the reporting period, we collaborated with both institutes to expand their existing NTD expertise and develop a cadre of experts in NTD tools so they can serve as trainers and facilitators at institute, country and regional workshops, conferences and meetings. Specifically, RTI engaged an expert from Noguchi to co-facilitate the Nigeria Program Managers' Training, enabling training participants to benefit from his experience and knowledge while further building his NTD expertise and facilitation skills in the process. We also co-implemented the combined Training of DQA and National NTD Database Trainers with KEMRI in order to strengthen the institute's logistical and technical capacity to hold similar NTD-related trainings in the future.

**Translation and Dissemination of NTD Guidelines and Tools.** Because resources, tools and trainings must be understandable and accessible if they are to effectively contribute to countries' capacity to implement their NTD control and elimination goals, the project funded the translation of several important items during the reporting period. The Media Training was translated from English to Portuguese for Mozambique. Additionally, we supported the continued translations of key pieces of the database into French and Portuguese, and of the DQA Guidelines and Tool into French.

**Contributing to the Global NTD Dialogue through the WHO Working Group on Capacity Strengthening.** Amy Doherty continued to serve as a member of the WHO WG-CS. She providing input and feedback on ENVISION's experience to inform the working group's work to assess the need for existing training curricula's implementation where need is identified, develop curricula for NTD program technical and managerial training where there are gaps, and build on the experience of country programs and NTD partner organizations to update trainings and develop new programs to keep pace with current practices.

**Supporting PAHO's Capacity Strengthening Efforts.** RTI also supported PAHO's efforts to strengthen capacity in its region to eliminate and eradicate NTDs throughout the reporting period. In addition to providing technical support and a facilitator for a TIPAC training in Brazil, RTI shared its experience planning and implementing the WHO Integrated NTD Programme Managers' Training with PAHO to assist in their modification of the training to their regional context and their planning of future rollout of the training in the Americas.

**ENVISION-trained Facilitator Follow-up.** The ENVISION project has trained numerous facilitators to enable the project to further scale up its reach in building capacity on NTD control and elimination. During the reporting period ENVISION-trained TIPAC facilitators provided training to 52 MOH NTD staff and provided technical assistance for complete implementation of the tool in Ghana, Togo and Burkina Faso. Such TIPAC trainings, as well as additional trainings in

other technical areas, will continue being implemented by ENVISION-trained facilitators in subsequent quarters.

## 8. GLOBAL TECHNICAL LEADERSHIP AND POLICY DEVELOPMENT

Global technical leadership (GTL) is not just a glamorous add-on to ENVISION's standard program leadership needs; it is an *essential* component. Why? Because the ENVISION project does not have the luxury of simply rolling out a logistically efficient, well defined set of program activities that target the NTDs. Rather, it must create, test and implement new guidelines and strategies as it proceeds. Never has MDA been carried out either on this scale or with such ambitious objectives. Not being at the forefront in global dialogue and technical leadership would be inconsistent with the mandate of ENVISION for success, impact and worthiness of the USAID investment in targeting the NTDs. GTL requires activities in two overlapping but independent domains –

- 1) Support for countries pursuing the control and elimination of their endemic NTDs, and
- 2) Effective engagement with global-level partners.

### TECHNICAL LEADERSHIP SUPPORT FOR COUNTRIES

What endemic countries require from global technical leadership are 1) clear guidelines with well-defined program targets, 2) effective tools and strategies to reach those targets, 3) access to 'lessons learned' and 'best practices' already identified, and 4) appropriate training to implement these practices.

As the leading organization for the ENVISION project, RTI has been a major player not only in establishing, revising and disseminating the most up-to-date guidelines and practices (see Table 11 ), but also in ensuring through careful monitoring & evaluation that the effects of program actions are judged as either meeting expectations or requiring alternative guidelines and strategies to achieve success.

**Table 11. Contributions to Global NTD Guidelines, Policies and Tools**

Name of Global NTD Control/Elimination Guideline, Policy, or Tool Strengthened	Type of document	Contributions
Trachoma milestones (indicators)	Guideline	Contributed to development of milestones for advocacy and programmatic purposes
Facilitators Training: TIPAC	Tool	Developed facilitators training
TAS training materials for learners and tutors	Tool	Worked with WHO on reviewing materials for learners and tutors
TAS eligibility and reporting forms	Tool	Worked with WHO on reviewing forms
Protocol for coordinated mapping	Guideline	Contributed to development of protocol; facilitated training of technical advisors to assist countries with pre-mapping workshops and field implementation
TIPAC	Tool*	Updated the tool; supported TIPAC trainings
WHO Indicator Compendium	Guideline*	Contributed to development; linking to USAID's M&E system
WHO Situation Analysis for M&E of PC	Tool*	Contributed to analysis of results
WHO Position Statement on TAS	Policy*	Contributed to finalization of guideline/policy
National NTD Database Template	Tool*	
Data Quality Assessment Protocol and Tool	Tool	Developed and piloted DQA protocol
AFRO Training Materials	Tool	Contributed to development
WHO TAS training PPTs and learners and facilitators guides	Tool	Contributed to finalization of PPT modules and guides
WHO LF MMDP M&E protocols	Tool	Still in preliminary stages
WHO LF MMDP situation analysis tool	Tool	Still in preliminary stages
NTD District-level Management Training Course Development	Other	Participated in initial meetings to begin development of global NTD training at the district level
Diagnostic tool strengthening for LF, Trachoma, oncho, STH	Tool	Collaborated with TFGH to test and introduce new tools into program
STH assessment strategy post TAS	Policy	Collaborated with WHO and TFGH to develop practical sampling strategy for assessing STH prevalence, based on TAS

\* Also reported in prior reporting period

Helping to create the new tools and guidelines required by the NTD programs has become an especially important element in ENVISION’s current GTL, largely because the project is uniquely positioned to link the programmatic operational research needs with investigators (in the laboratory and the field) who are able to meet these needs. See Table 13. Disseminating the lessons learned and satisfying the training requirements through ENVISION’s capacity strengthening initiatives, discussed in Section 7 provide the final element of the GTL responsibilities to country programs.

**Table 12. Staff Participation in NTD Technical Working Groups**

<b>ENVISION Staff Member</b>	<b>Organization</b>	<b>Name of Working Group or Sub-Working Group</b>	<b>Role</b>
Eric Ottesen	<b>WHO</b>	<b>AFRO Regional Program Review Group</b>	Appointed Member
Eric Ottesen	<b>WHO</b>	<b>WPRO Regional Program Review Group</b>	Member
Amy Doherty	<b>WHO</b>	<b>Working Group on Capacity Strengthening</b>	Temporary Advisors
Amy Doherty	<b>WHO</b>	<b>Working Group on Drug Supply</b>	Temporary Advisor
Katie Zoerhoff, Eric Ottesen	<b>WHO</b>	<b>Working Group on M&amp;E of PC</b>	Temporary Advisors
Molly Brady	<b>WHO</b>	<b>WHO Core Working Group on LF MMDP</b>	Co-rapporteur and participant in sub-working groups designing M&E protocols and situation analysis tool
Achille Kabore, Eric Ottesen	<b>WHO</b>	<b>AFRO Coordinated Mapping Group</b>	Technical advisors
Katie Zoerhoff	<b>WHO</b>	<b>Temporary Task Force for Impact Assessment of Preventive Chemotherapy</b>	Co-coordinator of health sub-group
Lisa Rotondo	<b>WHO</b>	<b>Ad hoc Working Group -GET2020</b>	Member
Lisa Rotondo	<b>NGO</b>	<b>NTD NGDO Network</b>	Vice Chair
Lisa Rotondo	<b>Technical</b>	<b>ICTC Strategic Working Group</b>	Member
Lisa Rotondo	<b>Technical</b>	<b>Global Trachoma Mapping Project</b>	Technical liaison
Eric Ottesen	<b>Technical</b>	<b>Gates Fndn STH External Advisory Group</b>	Member
Eric Ottesen	<b>Technical</b>	<b>Coalition for Operational Research on the NTDs, Task Force for Global Health</b>	Co-P.I.

## **ENGAGEMENT WITH GLOBAL-LEVEL PARTNERS**

Global technical leadership is not possible without effective engagement with the global-level partners – including the international organizations, drug donation programs, bilateral agencies, NGOs, the Gates Foundation, research/academic organizations, and both health-sector and non-health-sector organizations focused on co-endemic diseases and their underlying environmental determinants. The goals of the global engagement are to ensure that resources provided to NTD programs are complementary, not competitive and that positive attitudes are fostered both among the international partners and with the NTD endemic countries. Institutional relationships are

maximally effective only when built on trust, on respect for each other's specific organizational needs and limitations, and on appreciation of each other's contributions. RTI continues its track record of being an excellent partner in the international community and, indeed, continues to be an invitee and valued participant in essentially every technical and non-technical international meeting related to NTD program development and implementation. Participation in Global Consultative Expert Committees for NTD Control is provided below.

#### WHO EXPERT AND ADVISORY PANELS

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AFRO Programme Managers Meeting held October 2013 in Entebbe, Uganda

- ENVISION Staff (3 participants)

WHO Capacity Strengthening Working Group Meeting held January 2014 in Geneva, Switzerland

- ENVISION Staff (1 participant)

WHO/NTD Meeting on Praziquantel Supply held January 2014 in Geneva, Switzerland

- ENVISION Staff (1 participant)

WHO Program Managers Training Course in Nigeria held February 2014 in Abuja, Nigeria

- ENVISION Staff (3 participants)

STH Modelling Working Group held February 2014 in Geneva, Switzerland

- ENVISION Staff (2 participants)

Access to Quality Drugs Working Group held February 2014 in Geneva, Switzerland

- ENVISION Staff (2 participants)

M&E Working Group Meeting held February 2014 in Geneva, Switzerland

- ENVISION Staff (2 participants)

PCT Expansion held February 2014 in Geneva, Switzerland

- ENVISION Staff (2 participants)

#### TECHNICAL EXPERT COMMITTEES

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Meeting of the Partnership for Disease Control Initiatives (PDCI) held October 2013 in Paris, France

- ENVISION Staff (1 participant)

Mectizan Expert Committee held October 2013 in Atlanta, GA

- ENVISION Staff (1 participant)

Trachoma Expert Committee held November 2013 in Atlanta, GA

- ENVISION Staff (1 participant)

The Carter Center Program Reviews (Trachoma, Oncho, LF) held February and March 2014 in Atlanta, GA

- ENVISION Staff (2 participants)

International Coalition for Trachoma Control (ICTC) Meeting held February 2014 in Atlanta, GA

- ENVISION Staff (3 participants)

LF Verification and Dossier Meeting held December 2013 in Atlanta, GA

- ENVISION Staff (2 participants)

Oncho NGDO meeting held March 2014 in Ouagadougou, Burkina Faso

- ENVISION Staff (1 participant)

BILL AND MELINDA GATES FOUNDATION–SPONSORED OPERATIONAL RESEARCH  
MANAGEMENT AND PRIORITIZATION MEETINGS

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Gates Operational Research Consortium Meeting held November 2013 in Washington, DC

- ENVISION Staff (4 participants)

SCIENTIFIC CONFERENCES

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Fighting NTDs in Portuguese speaking countries held October 2013 in Lisbon, Portugal

- ENVISION Staff (1 participant)

American Society for Tropical Medicines and Hygiene Annual Meeting held November 2013 in Washington, DC

## LINKING COUNTRIES TO NTD OPERATIONAL RESEARCH

Operational research opportunities, summarized in Table 14 are made possible through platforms and activities supported by the ENVISION project through the National NTD programs.

**Table 13. NTD Operational Research under ENVISION, YR3 Q1-Q2**

<p>Alternative Approaches to Coverage Surveys</p> <p>Objective: <b>to compare the cost, time and feasibility of 3 different survey sampling methodologies (EPI approach, LQAS design and probability sampling) for conducting coverage surveys.</b></p> <p>Country: <b>Uganda</b></p> <p>Collaborators: <b>NTD Support Center (NTD-SC)</b></p>
<p>Paper vs. Electronic Reporting for Trachoma Surveys</p> <p>Objective: <b>to evaluate time and costs of trachoma impact assessment surveys conducted with paper-based surveys compared to data captured through android based phones using the Task Force LINKs reporting system.</b></p> <p>Country: <b>Uganda</b></p>
<p>Trachoma Impact Assessment Research</p> <p>Objective: <b>to identify which tool is most appropriate for use with trachoma impact assessments to decide whether MDA can safely be stopped.- part of a multi-center study comparing detection by clinical (TF), infection (PCR) and serologic (antibody by ELISA) tools.</b></p> <p>Country: <b>Uganda</b></p> <p>Collaborators: <b>NTD-SC</b></p>
<p>Methods for Prioritizing Trachoma Population-based Prevalence Surveys</p> <p>Objective: <b>To develop and validate methodologies for determining which districts should be targeted for district level prevalence assessments by PBPS. [Preliminary report available for Uganda and Tanzania]</b></p> <p>Countries: <b>Uganda, Tanzania, DRC</b></p> <p>Collaborators: <b>CNTD</b></p>
<p>LF TAS Costs</p> <p>Objective: <b>to collect and analyze actual costs of TAS surveys from ENVISION, END Africa, and END Asia countries; to summarize the costs of TAS, the cost drivers, etc. [Data available, journal article to be drafted after discussion with USAID re: END Africa data]</b></p> <p>Countries: <b>various</b></p> <p>Collaborators: <b>END in Africa and END in Asia implementers</b></p>
<p>Disability Assessment for Trachoma Programs</p> <p>Objective: <b>development of tool for use during impact assessment surveys to evaluate abilities of patients</b></p>

<p><b>to access surgeries and of programs to assess percentage of trichiasis patients that refused surgery.</b>  Country: <b>Uganda</b>  Collaborators: <b>Washington Group, Sightsavers</b></p>
<p>Development of an SMS Reporting Tool for MDA  Objective: <b>to develop and expand current HMIS mTrac system (SMS-based) for the collection of MDA data.</b>  Countries: <b>Uganda, Nigeria</b>  Collaborators: <b>UNICEF, NTD-SC, Sightsavers</b></p>
<p>Feasibility of Integrating TAS and STH Assessment  Objective: <b>to pilot a new STH evaluation methodology (based on the TAS sampling protocol) implemented at the time of a TAS. [Report available]</b>  Countries: <b>Indonesia, Uganda, Benin, Tanzania</b>  Collaborators: <b>NTD-SC</b></p>
<p>User of Antibody Testing to Assess LF Program End-points in Brugian Areas  Objective: <b>to assess the value of antibody testing (antibody <i>vis a vis</i> microfilaremia for defining endpoints in programs targeting Brugia LF infection</b>  Collaborators: <b>NTD-SC</b></p>

## ENVISION SUPPORT FOR STRENGTHENING GLOBAL NTD M&E APPROACHES

### INDICATOR COMPENDIUM

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During Q1-Q2, the Indicator Compendium reference sheets were under review by WHO disease-specific experts. It is anticipated that the Compendium will be released for dissemination and use during the second half of FY14. The indicators included in the national NTD database template selected to be in line with the core indicators identified and defined in the Compendium.

### NATIONAL NTD DATABASE TEMPLATE

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The National NTD Database Template is a tool that can be used by national NTD programs to facilitate data entry, analysis, storage, and reporting for national NTD program needs. A substantial volume of data is generated from monitoring and evaluation activities for NTDs. Access to and use of data are not only necessary for effective program implementation but also for preparation of elimination dossiers as countries need to demonstrate effective coverage and decrease in NTD burden to achieve the certification of elimination.

The database template is organized into several data entry modules, including Demography, Disease Distribution, Surveys, Interventions, and Process Indicators, for any of the 17 WHO-defined NTDs that are endemic within a given country. Users can also add additional diseases as needed. It allows users to create customized reports, as well as generate partner reports including the WHO Joint Reporting Form for Preventive Chemotherapy, WHO Joint Reporting Form for Case Management, and the WHO PC Epidemiological Data Reporting Form. It has a built-in Help Feature and an Introductory PowerPoint designed to orient users on setting up and using the tool (see below for more details). The template will be available in English, French, Portuguese, and Bahasa, and has the ability for other languages to be added as needed.

RTI continued to lead the collaborative process of database development across multiple partners, including WHO and its regional offices, the African Program for Onchocerciasis Control (APOC), and CNTD and also continued to provide technical and financial support to the consultant team responsible for the database development. The following activities were carried out during the reporting period.

**Continued Development of the Template:** In October 2013, representatives from the database development team and ENVISION M&E team visited Burkina Faso and Nigeria to field test the draft version of the national database template with staff at the Ministry of Health of respective countries. Burkina Faso and Nigeria were chosen since both countries have multiple disease co-endemicity. Additionally, Nigeria is a large, complex, decentralized Anglophone country in a relatively early phase of the NTD program for some diseases, while Burkina Faso is a Francophone country with a mature program. While in Burkina Faso, the team met with APOC to ensure that the National Database Template meets APOC data collection and reporting needs. The feedback from field testing and suggestions from APOC have been incorporated into the tool. Additional suggestions are continually received from initial users of the database from different partner organizations. The suggestions that are not yet incorporated into the tool are compiled to be included in the second phase of the database development, expected in FY15. Furthermore, the ENVISION M&E team reached out to experts in disease-specific programs to seek their input and technical guidance for disease-specific indicators (such as the International Coalition of Trachoma Control (ICTC) M&E Working group and APOC) and drug donation programs (such as Mectizan Donation Program (MDP), Children Without Worms (CWW), and International Trachoma Initiative (ITI)). The ENVISION M&E team has participated in weekly conference calls with the development team in order to prioritize the development of features, flesh out the components of the database, and resolve issues as they arise. Additionally, the M&E team coordinated with the development team to provide frequent updates and calls as needed with other stakeholders, including WHO and its regional offices, APOC, CNTD, and other partners.

In addition, an instructional PowerPoint has been developed that gives an introduction to the database and guides users through the step-by-step process of installing the database, setting it up for a country to use, entering data for different modules, reporting, exporting, and updating the database for a new year. The PowerPoint is embedded into the template so that the users can always access and refer to the updated version of the PowerPoint.

**Capacity to Utilize the Template:** A beta version of the database template was released in January and an M&E and database workshop was held in Abuja, Nigeria where data and program managers from all five PC NTDs, zonal coordinators, as well as representatives from NGOs participated. The participants trained on the National NTD database template are responsible for collecting and entering historical data into the database. An M&E consultant was hired to ensure that all existing data for disease prevalence, MDA, disease-specific assessments, and mapping for LF, oncho, SCH, STH, and trachoma programs are entered into the database for all LGAs in the country.

As mentioned above, RTI also organized a training of trainers (TOT) on the national database template at KEMRI in Nairobi, Kenya in February 2014. (For more details, see Capacity in NTD Control and Elimination section.) It is expected that these participants will help in the field-testing and roll-out of the tool during the next half of FY14 and early FY15.

The ENVISION M&E Specialist presented the national database template at the WHO M&E Working Group meeting held in Geneva in February 2014. The project manager from the development team also presented the template at the WHO 5<sup>th</sup> Technical Review Meeting of Preventive Chemotherapy Data the following day. The template was well received at both meetings, and participants noted its value for strengthening country capacity to effectively store and manage data as well as harmonize reporting. Suggestions were provided to enhance the database; some of these features will be included in the upcoming version, to be released in June 2014, while others will be incorporated in the next phase. Additionally, an introductory orientation was provided to USAID and FHI staff in Geneva, and USAID partners were introduced to the tool at the USAID prime partners meeting in December and the ENVISION partners meeting in February.

**Finalizing and Disseminating the Tool:** The National Database template installation link and further instructions are now installed in WHO server. Once users install the database from this site, they can work offline and simply update to a new version when they are connected to the internet. After the culmination of the ToT, a SharePoint site was created by WHO-HQ where the materials related to the database template are available in addition to a discussion forum where users can post their experiences and enquire specific questions related the database. Responses to specific questions can also be posted in the discussion forum for the benefit of all users.

The first phase of the database will be available in June 2014 for extended field-testing. Discussion for implementing the national database template in Indonesia began in March and training the data and program managers on the tool is planned for the second half of FY14. The database will also be field-tested in other ENVISION countries during the second half of FY14 and early FY15. Additionally, a bi-regional training workshop is planned to be held in SEARO and WPRO in the fourth quarter of FY14 to train trainers as well as country representatives from the two regions.

Any feedback received from stakeholders and additional features will be included in the next phase of development, scheduled to begin in October 2014.

## DATA QUALITY ASSESSMENT (DQA)

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During FY13, RTI in collaboration with WHO developed Data Quality Assessment (DQA) guidelines and tools, which were field tested in Uganda. RTI also developed DQA training materials with the aim to build the capacity of national programs to implement the DQA; engaging national program representatives to be active participants in the DQA process increases the likelihood that the results and recommendations will be owned—and therefore acted upon—by the national program. RTI solicited feedback on the materials from multiple partners including WHO/HQ, AFRO, PAHO, CNTD, and USAID, and their suggestions were incorporated into the updated

guidelines and tools. By developing DQA materials specific to NTDs, the project has established a mechanism by which national NTD programs can assess the quality of their data management and reporting system through a systematic framework. The following activities were carried out during the reporting period:

**Training on DQA:** RTI organized a training of trainers on DQA (and national database template – explained in the previous section) at KEMRI in Nairobi, Kenya in February 2014. (For more details, see Capacity in NTD Control and Elimination section.) It is expected that these participants will help in the extended field-testing and roll-out of the tool during the remainder of FY14 and early FY15.

## Building National NTD Program M&E capacity through Data Quality Assessments (DQA)

During Q1- Q2, ENVISION implemented data quality assessments in Cameroon and Indonesia. The DQA guidelines and tool allow national NTD programs to engage in critical assessment of data accuracy and reliability, particularly as it relates to program planning. Using the DQA results, national NTD programs are able to make improvements to the data collection and reporting for NTDs.

In both Indonesia and Cameroon, specific action plans were developed at each site varying from practical changes (buying a plastic container to keep records in) to greater policy-level changes (including age and gender breakdowns in reporting forms). While some of the challenges such as a lack of use of standardized forms or lack of systematic archiving of reports were not surprising, seeing the results and hearing about the challenges firsthand helped national program to make important changes.

In Indonesia, the results were presented at the ENVISION MDA review and work planning meeting, leading to a spirited discussion about how to improve the reporting system in ENVISION-supported districts. As a result, the national program has agreed to revise the LF national guideline forms. ENVISION agreed to support a training in April 2014 on reporting for NGOs and district LF focal points, and added a one-day district level training for health center staff on recording and reporting before 2014 MDA. These changes were a direct result of the action plans and will improve the quality of reporting in all ENVISION-supported districts.



**Finalizing and Disseminating the Tool:** RTI continued to carry out field testing with an aim to strengthen and finalize the tool and accompanying materials by the end of calendar year 2014. In January 2014, RTI and HKI worked with the Cameroon National NTD Program to complete the first Francophone field-test of the DQA protocol. Together, the group identified strengths and weaknesses of Cameroon’s data management system to determine strategies for strengthening the quality of NTD data reported nationally and internationally. Similarly, in March RTI and the National Lymphatic Filariasis Program piloted the DQA in Indonesia, the first Asian country with decentralized administrative levels to field test the tool. Based on the findings of DQA, concrete decisions were made to improve the quality of data reporting for LF program in Indonesia, such as revising the LF national guideline forms, and adding an extra day to train the health center staff on recording and reporting data. Additionally, in the fall PAHO field-tested the NTD DQA with non-ENVISION support in Nicaragua, the first Spanish-speaking country to implement the tool. This exercise explored how the NTD DQA could be integrated into a DQA for vaccinations.

The NTD DQA is planned in additional countries during the 2<sup>nd</sup> half of FY14, including Ethiopia, Tanzania, and Nigeria. The feedback and experiences from these exercises in multiple countries representing varying regions, sizes, and languages will help strengthen the DQA protocol and training materials for the NTDs.

## DOCUMENTING PROGRESS TOWARDS ELIMINATION

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As countries make progress towards achieving the World Health Assembly NTD elimination goals, it is essential to document disease endemicity, NTD intervention strategies and performance, and assessment results, both to be able to monitor progress towards elimination goals as well as to compile the elimination dossiers required for verification. In December 2013, Eric Ottesen and Molly Brady attended an informal meeting of the sub-M&E working group on disease-specific indicators in Atlanta to discuss issues related to the LF ‘end game’ and evidence needed for the dossier or eligibility for TAS. The group recommended that a template for the LF elimination dossier should be designed with WHO, in order to provide countries with a standardized way of presenting data necessary to verify LF elimination. The group also recommended that MMDP indicators, related to availability or access to services, be required in the dossier as evidence of elimination and that different levels of evidence should be necessary to prove absence of transmission, depending on risk profiles of implementation units.

Since December, Molly Brady has worked with WHO HQ to develop a draft dossier template, based on the WHO TAS manual. Dr. Ramaiah, through the TAF mechanism, will be piloting the draft in the Philippines in May. In addition, RTI has been helping WHO design a revised TAS form (still in process) to capture supplemental information needed to determine eligibility for TAS.

## 9. STRENGTHENING NATIONAL NTD PROGRAMS' MONITORING AND EVALUATION

During the first half of year 3, ENVISION continued to support the strengthening of M&E for national NTD Programs. These activities are intended to ensure that country programs are monitored effectively and results are used to guide programmatic decisions.

### STRENGTHENING DATA COLLECTION AND REPORTING

The ENVISION project supported the strengthening of data collection tools in six countries. For example, in Nigeria, the data collection reporting tools were updated by the FMOH with technical input from RTI and other stakeholders. During the NTD database training, RTI worked with the FMOH to ensure that all of the data they wanted to capture with the database were also included in the community data forms. RTI also provided feedback to ensure that the data forms captured all of the drug information required by the drug donations. The draft tools now also facilitate the collection of sex-disaggregated treatment data, which was not able to be captured with the previous forms. In addition, districts in Uganda are now able to report treatment values disaggregated by sex, due to the revisions of the data collection forms.

### MOBILE DATA CAPTURE

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RTI has continued to provide technical assistance to National Programs' that request the use of mobile technologies to capture M&E data on NTDs, including pending sentinel site and spot check surveys for SCH/STH, pre-TAS and TAS assessments, trachoma pre-survey assessments (desk reviews), trachoma baseline mapping (including GTMP), trachoma impact assessments, and NTD operational studies. Collaborating with the Task Force for Global Health, RTI provides technical support to National Program Managers in the use of the LINKS system ([www.LINKS.org](http://www.LINKS.org)) as an electronic gathering system for various M&E data capture and operational research opportunities. See Table 14 for mobile capture initiatives supported by ENVISION during the first half of FY14.

**Table 14. Mobile Data Initiatives, by Country**

Country	Mobile Capture Initiative
Nigeria	<ul style="list-style-type: none"><li>• RTI and Sightsavers are working together with the Federal Ministry of Health to ensure that m-health formats, like <b>SMS reporting on MDA results</b>, used will be able to interface with the national database. If the pilot is successful and the format gains approval of the steering committee, RTI will consider rolling out the model in other USAID-supported states in FY15</li></ul>
Tanzania	<ul style="list-style-type: none"><li>• <b>Trachoma impact and baseline prevalence mapping</b> was completed including 9 impact surveys and 3 baseline prevalence surveys (non-GTMP).</li></ul>
Uganda	<ul style="list-style-type: none"><li>• RTI supported electronic capture of data for <b>trachoma impact assessment surveys</b> in 9 districts in Busoga and Karamoja sub-Region through the use of android-based devices (previously procured by ENVISION) and development of an impact assessment survey through LINKS.</li><li>• RTI and the National NTD Control Program initiated discussions with the HMIS and UNICEF to see how current mTrac <b>SMS reporting system (supported by UNICEF) could be expanded to capture MDA results</b> starting in July 2014. Part of the development process requires mapping data reporting streams to determine an easy SMS code for reporting key data points.</li></ul>
Additionally, as part of our partnership with the Global Trachoma Mapping Initiative (GTMP), we utilize mobile data collection for trachoma mapping.	

## **FACILITATE MONITORING MDA COVERAGE**

During the first two and a half years of the project, the ENVISION M&E team has provided feedback to countries on coverage performance data submitted through the workbooks for the semi-annual reports. This feedback has included requests to provide information about the reasons for any low reported coverage as well as to identify strategies to improve coverage in upcoming MDAs. By providing this feedback, we facilitate a culture of data use, rather than simply reporting. However, due to the vast responsibilities and priorities of national and project NTD staff, it can be difficult to find the time to analyze data to identify trends and issues, especially with limited M&E resources. Therefore, based in part on discussions with WHO as well as our experience, RTI will contribute to the development of simple tools and data presentation techniques to help facilitate monitoring MDA coverage, as well as a WHO position statement on post-MDA coverage surveys, during the second half of FY14.

ENVISION supports post-MDA coverage surveys to validate reported coverage and to elucidate reasons for not participating in the MDA. In the first half of the year, ENVISION supported a

post-MDA coverage survey in Guinea. The results from coverage surveys implemented in FY13 and FY14 in several countries were reviewed during the first half of the year, and used to strengthen the understanding of the validity of reported coverage as well as strategies for improving coverage. For example, preliminary results from one district in Guinea showed higher surveyed coverage than reported coverage, highlighting the challenge of using inaccurate denominators from old census data to assess reported coverage. The survey results from Indonesia emphasized the need to carry out directly-observed treatment, as surveyed coverage was lower than reported coverage in some districts. Additional countries will implement coverage surveys in the second half of the year, including Benin, Cameroon, Nepal, Senegal, and Uganda.

In addition, ENVISION provides financial inputs for independent monitoring, to assess and strengthen coverage. Independent monitoring was carried out in four districts in Guinea during the first half of the year; this exercise helped to provide feedback on the performance of the drug distributors during the MDA.

## **SUPPORT DISEASE-SPECIFIC ASSESSMENTS**

ENVISION supports the implementation of disease specific assessments (DSA), which are planned and conducted in line with WHO recommendations. During the reporting period, two LF Stop-MDA transmission assessment surveys (TAS), combined with STH evaluations, were conducted in Indonesia with USAID support in collaboration with the Global Task Force. One district passed the TAS, indicating that MDA can be stopped, but the results from the other evaluation unit (EU) indicate that MDA should be continued for at least two more years. Disease specific assessments in Nepal scheduled for FY13 were completed during the first half of FY14, including stopping-MDA TAS in 16 districts and STH sentinel sites in 4 districts. The TAS results showed that LF MDA could be stopped in 15 of the 16 districts. In Benin, post-MDA surveillance TAS I began in twenty three communes on March 31. Disease specific assessments that were planned for the reporting period in Haiti will begin late and occur mostly in Q3. A number of countries will implement DSA during the second half of the year.

## **TRAINING**

M&E training at the country level occurred in Benin, Cameroon, Guinea and Senegal. Sixty people were trained in topics from basic M&E orientation to DQA and post-MDA surveillance. In addition, 30 individuals were trained in the National Database Template and Data Quality Assessment at KEMRI in February, as described above.

## 10. ENVISION SUPPORT FOR THE DEVELOPMENT OF USAID'S NTD M&E SYSTEM

As USAID's flagship project for NTD control and elimination, ENVISION is responsible for the development of USAID's NTD Program monitoring and evaluation (M&E) system. The M&E system consists of several data acquisition tools and a web-based M&E database (see below for more details). In addition, ENVISION has its own Performance Monitoring Plan. M&E data for multiple USAID-supported activities in NTD control and elimination are stored in USAID's online NTD Database, managed by ENVISION and are used to support agency reporting and guide national programs in making programmatic decisions. The Performance Monitoring Plan is designed specifically to assist monitoring, evaluating, and reporting ENVISION project performance and results, in line with USAID's enhanced M&E strategy for NTDs.

A draft version of an ENVISION M&E depiction brochure was developed and disseminated during the ENVISION Partners Meeting in early February. The brochure provides an overview of ENVISION's NTD M&E Strategy and highlights the work ENVISION is doing to monitor and evaluate the NTDs not only at the project level but also at the national and global levels. The organization of the brochure will be slightly revised and a final version will be made available by the end of FY14.

### **DISEASE AND PROGRAM WORKBOOKS AND END IN ASIA WORKBOOKS**

The Disease and Program Workbooks, meant to capture NTD activities in USAID-supported countries including ENVISION, END in Africa, and other USAID-supported mechanisms, such as USAID-Mission, and USAID-supported APOC, were finalized in FY13. Countries in ENVISION and END in Africa are successfully using Disease and Program Workbooks to capture disease-specific data at the district-level and program specific data. In addition, countries in END in Asia are continuing to use END in Asia Workbook to capture country-specific NTD data.

### **DISEASE-SPECIFIC ASSESSMENT, MAPPING, POST-MDA SURVEY FORMS**

A draft version of disease-specific assessment, mapping, and post-MDA coverage survey forms and their corresponding Instructions have been developed during the first half of FY2014 and are available for countries to use. The forms will be disseminated during the second half of the fiscal year, and suggestions will be incorporated into the final version of these forms. It is anticipated that all USAID-supported countries will be required to submit protocols and reports to the respective projects starting FY15.

## USAID'S NTD DATABASE, MANAGED BY ENVISION

Since the live release of the database in FY13, the ENVISION M&E team has continued to work on the database to streamline data submission and review, as well as to facilitate reporting. Please see Table 15 for the features that are already completed and the ones in progress. The activities that were carried out during the reporting period are outlined below.

<b>Table 15. Status of Features in USAID's NTD Database, as of March 31, 2014</b>	
<b>Features</b>	<b>Status (as of March 31, 2014)</b>
Generate pre-populated Workbooks based on previous years/reporting periods	Complete
Generate revised workbooks when edits are made	Complete
Establish review and approvals hierarchy in database	Complete
Develop submission and review process	Complete
Develop checks and flags for data quality during submission	Already complete; additional revisions will be made as feedback from users is received and project/portfolio evolves
Create and maintain User Guides	Already complete; additional revisions will be made as database is updated
User interface available in English, French, Portuguese	Complete
Launch database for use by MOH, USAID, ENVISION project staff (RTI, sub-partners, HQ and country-offices), other MOH-approved partners	Complete and in-use
Create Standard Reports	Partially complete
Access to all data in master files, for further analysis offline	In progress
Create customizable Report Builder	In progress
Historical data transfer for FY07-FY11 data from NTDCP Access database to USAID's NTD database	In progress
Finalize geography issues (DRC, Ethiopia, Nigeria, Tanzania; others as redistricting occurs) and upload data	In progress
Maintenance and bug fixing	As needed
Register users	As needed
Additional features	As needed

**Capacity building:** The ENVISION M&E team held a number of orientation sessions to build the capacity of potential users of the database, including some members of USAID's NTD team, newly hired staff at ENVISION/HQ, IMA, M&E staff at END in Africa as well as HKI staff in Cameroon. The MOH in Cameroon was also introduced to the database.

**User registration:** During the reporting period, users were registered in the database upon completion of the User Registration and Acknowledgement Form. Users from different countries with various roles (data submitter, data reviewer, read-only, etc.) have been registered in the database and can access their accounts. Countries have been requested to identify their designated MoH representative who will be responsible for signing into the database to approve the data.

**Database use:** Several countries have completely relied on using the online database for submitting, reviewing, editing, providing feedback, and storing data. Uganda and Mozambique used the database to submit the Workbooks in the database for FY 2013 second semi-annual report followed by additional countries, including Benin, Cameroon, Indonesia, and Nepal, for FY 2014 work planning and/or first semi-annual report. It is expected that the number of countries using the database to submit the Workbooks will increase in the second half of FY14.

**Data upload:** The most recent data submitted to ENVISION for all ENVISION and END in Africa countries (except select countries with geography issues) have been uploaded into the database. This includes all countries except DRC, Ethiopia, Nigeria, and Tanzania, where geography issues are being addressed with Ministries of Health and other partners, such as ITI. The Workbooks were uploaded by the data submitters at country level, the sub-partner at the HQ level, RTI NTD Advisors, or the RTI M&E team. It is expected that data for DRC, Ethiopia, Nigeria, and Tanzania will be available in the database during the second half of FY14 as dialogue has already started with the Task Force for Global Health and the respective National Programs to resolve the geography issues and/or identify how the original districts relate to the new districts.

**Data use and sharing:** Discussion on data sharing and dissemination continued in the first half of FY14. A meeting was held with USAID, ENVISION, and END in Africa in early February with the following goals: (a) To review aspects of data sharing including types of external data requestors and examples of data being requested, (b) To review guidelines already in place concerning access to the database, and (c) To develop a common understanding of the process for responding to external requests ensuring transparent and timely responses. A number of action-items were identified, and RTI will continue to collaborate with USAID and partners to provide clear guidance regarding communications surrounding the USAID NTD Database and to determine and circulate a process for responding to data requests.

**Manage geography to assign unique IDs:** ENVISION's M&E team continued to manage the administrative levels of USAID-supported countries to align with the administrative levels reported to the drug donation programs housed at the Task Force for Global Health. This includes resolving discrepancies with the number of administrative levels reported, spelling names, and redistricting. The Task Force assigns a unique identifier for each administrative level, and ENVISION uses the same identifier. This helps not only with aligning data between ENVISION and the drug donation programs, but also help in creating maps. During the reporting period, several discussions were held between ENVISION and the Task Force to align the administrative levels in Tanzania, Nigeria, and

Ethiopia. ENVISION expects to receive and manage the additional redistricting information from Cameroon, Ghana, Indonesia, and Mali during the second half of the reporting period.

**Advanced features:** During the reporting period, additional features were added to the database to make the data review and editing process easier. Some of the advanced features include the addition of sorting and filtering options to the review submissions page in the database, the generation of revised Workbooks when edits are made, and the addition of data analyst role particularly for USAID and ENVISION senior management who can view/track the status of Workbooks in the database.

In the second half of the reporting period, ENVISION M&E team will continue to address the already-identified issues, including finalizing the transfer of historical data, finalizing the standard reports and Report Builder, and creating offline data access files; quality-check the database; and add enhanced features depending on user feedback and as project/portfolio needs are identified and evolve. It is aimed that the database can be used by all users to its full capacity and potential, and that this will be the state-of-the-art tool for USAID NTD programming that it has been envisaged to be.

## **DATA REVIEW AND REPORTING**

The ENVISION M&E team reviewed and provided feedback for NTD data for multiple USAID-supported mechanisms, including 25 countries supported by ENVISION, END in Africa, END in Asia, and/or other USAID-supported mechanisms. ENVISION's M&E team also provided ongoing technical assistance as needed to inform the USAID NTD Team Strategy regarding various Agency reporting requirements, and supported USAID staff with agency reporting as needed.