



Act to End Neglected Tropical Diseases | West

FY 2022 Work plan – Ghana

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ACRONYM LIST

AE-f-MDA	Adverse events following MDA
ALB	Albendazole
APOC	African Program for Onchocerciasis Control
BCC	Behavior change communication
CDC	United States Centers for Disease Control and Prevention
CDD	Community drug distributor
CDTI	Community Directed Treatment with Ivermectin
CHPS	Community-based Health Planning and Services
CMS	Central Medical Stores
CNTD	Centre for Neglected Tropical Diseases
DHMT	District Health Management Team
DSA	Disease specific assessment
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
FAA	Fixed amount award
GES	Ghana Education Service
GHS	Ghana Health Service
GOEC	Ghana Onchocerciasis Expert Committee
GoG	Government of Ghana
HAT	Human African trypanosomiasis
ICCC	Intra-Country Coordinating Committee
ICT	Immunochromatographic test
IEC	Information, education, and communication
IVM	Ivermectin
JRSM	Joint request for selected medicine
KCCR	Kumasi Centre for Collaborative Research
LF	Lymphatic filariasis
M&E	Monitoring and evaluation
MDA	Mass drug administration
MMDP	Morbidity Management and Disability Prevention
MoE	Ministry of Education
MoH	Ministry of Health
NHIS	National Health Insurance Scheme
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected tropical diseases
NTDSC	Neglected Tropical Diseases Support Center
NTDP	Neglected Tropical Diseases Program
OV	Onchocerciasis

PC	Preventive chemotherapy
PC NTDS	Preventive chemotherapy neglected tropical diseases
Pre-TAS	Pre-transmission assessment survey
PVS	Post-validation surveillance
PZQ	Praziquantel
QI	Quality improvement
REMO	Rapid epidemiological mapping of onchocerciasis
RMS	Regional Medical Stores
RPRG	Regional Program Review Group
SAC	School-age children
SAE	Severe adverse event
SBCC	Social and behavior change communication
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SCM	Supply chain management
SCT	Supervisors' coverage tool
SHEP	School Health Education Program
SMM	Sustainability Maturity Model
STH	Soil-transmitted helminths
STTA	Short Term Technical Assistance
TA	Technical assistance
TAS	Transmission assessment survey
TDR	Special Programme for Research and Training in Tropical Diseases
TFGH	Task Force for Global Health
TIPAC	Tool for integrated planning and costing
TOR	Terms of reference
TOT	Training of trainer
TZ	Transmission zone
USAID	United States Agency for International Development
VRA	Volta River Authority
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

The Republic of Ghana is situated on the southern coast of West Africa with an estimated population of 30,955,205, according to the Ghana Statistical Service in May 2021. Ghana shares borders with Togo to the east, Côte d'Ivoire to the west, and Burkina Faso to the north. The administrative capital is Accra. The regions of Ghana constitute the first level of subnational government administration within Ghana. There are currently 16 regions, further divided for administrative purposes into 260 districts.

Neglected Tropical Diseases (NTDs) endemic in Ghana include lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminthiasis (STH), buruli ulcer, leprosy, yaws, human African trypanosomiasis (HAT), leishmaniasis, and rabies. Four of the NTDs—LF, SCH, STH, and OV—that employ preventive chemotherapy (PC) using mass drug administration (MDA) as the key control strategy are managed by the Neglected Tropical Diseases Program (NTDP), while the other NTDs have distinct single purpose programs for their control. In May 2018, Ghana was the first sub-Saharan African country to receive World Health Organization (WHO) validation for eliminating trachoma as a public health problem.

The Ghana NTDP under Ghana Health Services (GHS) presently targets LF and OV for elimination, while SCH and STH have morbidity control targets.

MDA for LF using ivermectin (IVM) and albendazole (ALB) in Ghana started in 2001 with five districts and gradually scaled up to all 114 endemic districts in 2006. LF is endemic in 12 out of the 16 regions in the country. The Volta, Oti, Ahafo, and Ashanti regions are considered non-endemic for LF. Significant progress has been made with LF treatment; a total of 103 out of 114 endemic districts stopped treatment by FY21 after conducting the recommended WHO transmission assessment survey (TAS1) and achieving the threshold for stopping MDA. Treatment for LF was stopped in 5, 79, 8, 5, 2, and 4 districts in 2010, 2014, 2015, 2016, 2017, and 2021, respectively.

OV control in Ghana started in 1974 with vector control strategy until the community directed treatment with ivermectin (CDTI) strategy was introduced by the African Program for Onchocerciasis Control (APOC) in 1998. In 2009, Ghana conducted OV remapping using the rapid epidemiological mapping for OV (REMO) methodology. The REMO results indicated that of all 216 districts in Ghana (the number of districts prior to the FY20 redistricting), 29 districts were hyperendemic (nodule prevalence $\geq 60\%$); 15 districts were mesoendemic (nodule prevalence 40%–59.9%); 91 districts were hypoendemic (nodule prevalence $< 40\%$); and the remaining 81 districts were non-endemic. After the OV REMO 2009, NTDP conducted annual and bi-annual OV MDA in hypo-endemic and hyperendemic communities/districts respectively. The MDA implementation unit for OV was the community level; however, in 2016, the NTDP revised the implementation unit to the sub-district level as it prepared to implement an OV elimination program. This means that all eligible persons in a sub-district are treated if at least one community in the sub-district is endemic and receiving treatment.

In 2007–2008, the NTDP mapped 170 districts for both SCH and STH with support from USAID. SCH endemic districts were classified as follows: 36 districts as low risk (>0 and <10%), Category C; 169 as moderate risk ($\geq 10\%$ and <50%), Category B; and 55 as high risk ($\geq 50\%$), Category A. STH endemic districts were classified as follows: only 16 districts as moderate risk ($\geq 20\%$ -49.9%). The NTDP conducted a nationwide impact assessment of SCH/STH in 2015, following four rounds of SCH/STH treatment, as per WHO guidelines. Results of the impact assessment indicated a significant improvement in SCH endemicity in Ghana. Category A endemic districts reduced from 59 to 3, while Category B reduced from 169 to 54. The SCH/STH impact assessment conducted in 2015 also indicated a significant improvement in STH prevalence, despite little improvement in environmental risk factors. Poor environmental sanitation and sewage disposal are believed to pre-dispose SAC to high reinfection rates of SCH and STH in the country. The NTDP continues to treat school-age children (SAC) for STH at least once a year as part of the integrated SCH/STH MDA. Since the assessment in 2015, the NTDP current control strategy for SCH is the use of praziquantel (PZQ) for MDA among all SAC (aged 5–14 years), where low-risk districts are treated every three years and moderate risk (every 2 years) /high-risk (annually). Non-attending SAC are reached through community-based MDA. The NTDP control strategy for STH is MDA with ALB among all SAC and endemic community as integrated with the SCH/LF/OV MDA. The NTDP conducts STH MDA annually in both high- and moderate-risk and every two years in low-risk districts, as per the SCH MDA schedule for the district.

Five key intervention strategies for the PC NTDs include: (1) annual or bi-annual MDA, (2) Morbidity Management and Disability Prevention (MMDP), (3) vector control, (4) health education and behavior change communication (BCC) for better acceptance and adherence with treatment, and (5) disease specific assessment (DSA) surveys to determine the impact of treatment in endemic populations. Control/elimination activities for the PC NTDs are integrated as much as possible to maximize available resources and achieve the greatest possible impact. Treatment for LF, OV, and STH are implemented through an integrated community-based MDA platform using ivermectin (IVM) and albendazole (ALB) tablets in co-endemic districts, while SCH and STH are treated through an integrated school-based MDA using ALB and praziquantel (PZQ) tablets. Additionally, in districts where baseline SCH endemicity is at least 50%, both annual school-based MDA targeting SAC and community-based MDA targeting adults (≥ 15 years) is conducted, as recommended by WHO.

NTD Partners in Country

Interventions for control and elimination of the five PC NTDs in Ghana have been funded through support from the United States Agency for International Development (USAID) since 2010. Other partners supporting the NTDP are Sightsavers for OV MDA and DSAs; the Centre for Neglected Tropical Diseases (CNTD), which supported post-treatment surveillance and MMDP for LF in one region; and Volta River Authority (VRA), which supports NTDP's activities in SCH/STH endemic communities along the bank of the Volta River. The WHO country office in Ghana provides technical support and ad hoc targeted funding for MDA and DSAs and generally serves as consignee for donated NTDP logistics including medicines, equipment, and supplies for DSA in the country. The Ministry of Health (MoH)/ GHS pays salaries of NTDP staff and provides office space for the program and storage space for NTDP medicines and other logistics in the central medical store (CMS) and the regional medical stores (RMS) in the 16 regions of the country.

The Ministry of Education (MoE)/Ghana Education Service (GES) continues to collaborate with the NTDP and partners to mobilize teachers, pupils, students, and Parent Teacher Associations during school-based SCH/STH MDAs and DSAs. Act | West partners in Ghana include FHI 360 as lead implementer and technical assistance partners Deloitte, World Vision, and the AIM Initiative (a program of American Leprosy Missions). The following work plan sections specify Act | West partner responsibilities for program activities in FY21 in Ghana. *See Appendix I. List of All Partners Supporting PC NTDs in Ghana.*

COVID-19 Mitigation Plan

Ghana is experiencing its third wave of the COVID-19 pandemic. As of July 31, 2021, there were 6,563 active cases in Ghana. COVID-19 vaccination started on March 1, 2021, and is ongoing, targeting frontline health workers, the judiciary, parliamentarians, and the elderly. As of May 7, 2021, 852,047 vaccines had been administered. The Ghana NTDP developed a COVID-19 risk mitigation plan for its various planned activities in FY21, which will continue to be used in the upcoming FY22 MDA and DSA activities.

Social mobilization will not include community gathering (durbars). Rather, gong beating, mobile van announcements, local radio, and TV will be used to disseminate information. Trainings will be conducted in small groups in spacious venues to enable social distancing. Hand washing facilities with soap will be available during all activities, including training, social mobilization, MDAs, and DSAs. When running water and soap are not available, alcohol-based hand sanitizers with at least 70% alcohol will be available. Participants in any of the activities will be educated to avoid touching eyes, nose, and mouth without washing their hands; they will also be educated to practice good respiratory etiquette, including coughing or sneezing into tissues and/or elbows and covering coughs and sneezes. Personal protective equipment will be available for health care workers and volunteers. Communities participating in the different activities will be educated to properly cover their mouths and noses with masks. Social distancing of two meters will be maintained in all activities. Participants in trainings and social gatherings will be asked basic screening questions and temperature checks will be conducted using temperature guns. Community MDAs will be house-to-house to avoid crowding. Plastic spoons will be provided to CDDs/teachers to administer drugs. Only three people (including the driver) will travel in a vehicle. Monitoring teams will travel with disinfectants for disinfecting vehicles and hotel rooms where they sleep. Meeting venues, tables, and any surface that is in contact with participants will be disinfected as frequently as possible.

2. IR1 PLANNED ACTIVITIES: LF, OV, TRA

2.1 Lymphatic Filariasis

Previous and current FY activities and context

As of June 2021, 103 health districts (HDs) out of 114 endemic HDs have passed TAS1; 84 HDs have passed TAS3; and 15 HDs have passed TAS2. Lymphatic filariasis (LF) MDA in 11 hotspot districts was conducted in April 2021. The MDA was the first MDA in 4 districts after failing re-pre-TAS in 2020 and the second MDA in 7 districts after failing re-pre-TAS in 2019. The country conducted TAS in 7 evaluation units (EUs) in 4 regions: Upper West, Upper East, Savannah, and Bono East regions in June 2021. This included TAS1 in 3 EUs (4 HDs) and TAS3 in 4 EUs (13 HDs). All 7 EUs passed, bringing the number of LF endemic districts that have passed TAS1 to 103. One activity yet to be implemented in FY21 is re-pre-TAS in 7 districts.

FY22 Planned activities

➤ LF confirmatory mapping (FHI 360)

Mapping for LF was completed the year 2000 in Ghana. Using a 50km grid of survey sites (communities) the entire country was mapped in a regional survey (using ICT) that included three other West-African countries (Burkina Faso, Togo and Benin) in 1998 and 2000. The site survey results were used in a spatial analysis to determine endemicity distribution across the country. The spatial analysis determined that large sections of the middle-belt and southern part of the eastern border of the country were non-endemic; contiguous with non-endemic areas in Togo and Benin. Districts located in the areas predicted by the spatial analysis to be endemic above treatment threshold were targeted for MDA.

The Task Force for Global Health (TFGH), in collaboration with Noguchi Memorial Institute for Medical Research (NMIMR), conducted research in three districts (Adaklu, Hohoe and East Akim) in the Volta and Eastern regions classified as non-endemic for LF to determine if there is a need to conduct MDA in these districts following reports of LF cases (lymphoedema). Findings of the study indicated that starting MDA in the districts is not merited.

An expert review meeting convened by the NTDP in August 2020, with representation from Act | West, WHO, Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO/ESPEN), Special Programme for Research and Training in Tropical Diseases (TDR), USAID, and Ghanaian stakeholders recommended applying the WHO LF confirmatory mapping protocol to reassess the three study districts. The committee further recommended that the country takes advantage of the opportunity to review morbidity and other relevant data on other non-endemic districts of concern and select districts that may require confirmatory mapping. As part of this review, the NTDP recommended review of point prevalence data in the areas determined to be non-endemic by spatial analysis during the country-wide mapping in 1998 and 2000. A review of morbidity, LF hotspots and point prevalence mapping data indicated as many as 76 districts may require confirmatory mapping. However, the expert committee recommended a phased approach to remapping by prioritizing mapping data in districts classified as non-endemic at the start of LF Program even though point prevalence at mapping was $\geq 2\%$. Twelve districts that share borders with known LF hotspot districts were also recommended for confirmatory mapping. Therefore, 38 districts, including 30 districts with ICT prevalence $\geq 2\%$ (at mapping) and 8 districts sharing

borders with existing LF hotspot districts will be remapped in FY22 as the first phase in this iterative and adaptive process. The process will be well-documented and included in the country LF elimination dossier document to show efforts that all possible foci have been appropriately assessed and addressed. **Budgeted in FAA 8.**

➤ **LF MDA (FHI 360)**

MDA will be conducted in four districts as part of the integrated first round of LF/OV/STH MDA. The MDA will be the second MDA after failing re-pre-TAS in 2020. **Budgeted in FAA 3.**

➤ **LF pre-TAS in 4 districts (FHI 360)**

In FY 22, pre-TAS will be conducted in four districts. Each of the four districts will have a sentinel site and cross-check site. **Budgeted in FAA 9.**

➤ **LF TAS (FHI 360)**

In FY22, TAS1 will be conducted in seven districts grouped into seven EUs. The districts conducted the second post-pre-TAS-failure MDA in April 2021 and are scheduled to conduct re-pre-TAS in October-November 2021. The re-pre-TAS is budgeted under FY21. In FY19, two HDs (Nandom and Lambussie-Karni) grouped into 1 EU passed TAS2. In FY22, TAS3 will be conducted in these 2 districts grouped into 1 EU. **Budgeted in FAA 9.**

➤ **Evaluation plan for MMDP Strategic Plan (AIM) – On hold**

In FY21, the Ghana NTDP developed an MMDP Strategic Plan with technical and financial support from Act | West. It includes an implementation plan with key objectives and performance indicators related to strengthening ownership, coordination, integration, improved planning, resource mobilization, and financial sustainability for LF-MMDP, as well as activities to scale up access to MMDP services in endemic districts. AIM will support the NTDP to develop an evaluation framework for the MMDP Strategic Plan to track progress against the stated objectives and indicators and ensure effective implementation of the plan and integration into other activities or documents, such as workplans and the NTD Master Plan. This will involve an initial meeting with stakeholders to develop a tracker and evaluation framework, a validation meeting to approve the plan, and an annual review meeting at the end of the fiscal year to track progress.

The following sub-activities will take place **(budgeted in Sub2-ALM):**

- A two-day planning workshop will be held with the NTD Program and partners to discuss the activity and develop the initial evaluation framework. The workshop will be held in Accra with 20 participants from the NTD Program, AIM, FHI 360, and stakeholders supporting MMDP implementation. The NTDP will lead the meeting, with AIM's support in facilitating. Following the meeting, AIM will provide TA to support the NTDP to finalize the framework.
- Following the completion of the draft evaluation framework, a one-day validation meeting will be held to approve the evaluation plan and discuss roles and responsibilities for carrying out the monitoring activities. An estimated 20 participants will be invited to the meeting, held in Accra.

- At the end of the fiscal year, AIM will convene a one-day annual review meeting to check progress and discuss indicators and lessons learned. Ideally, this meeting will be combined with another meeting, such as annual work planning. Twenty participants will attend this meeting in Accra. A final report on the progress will be drafted, approved by the NTDP, and shared as applicable with stakeholders.

Knowledge Management: Following the annual review meeting and approval of the report, AIM will summarize the findings and lessons learned from implementation of the MMDP Strategic Plan, to be included in a blog post or other communication channels.

➤ **Validate existing LF MMDP data with cluster randomized survey in two evaluation units (AIM)**

The Ghana MMDP Situation Analysis completed in FY19 revealed that morbidity data have been collected through several rounds of MDA, but there are challenges related to data quality. One recent study looking at data quality in LF endemic communities in Ghana estimated that over 60% of the data reported were inaccurate. The results showed that 40% (40/100) of all MDA data examined were over reported while 22% (22/100) were under reported¹.

AIM, with technical support from the London School of Hygiene and Tropical Medicine (LSHTM), will support the NTDP to conduct a validation survey to produce a more accurate burden estimate for an area and better assess the quality of the existing data. This will be done through a cluster randomized survey, the standard methodology, which involves selecting a number of villages (clusters) and training a group of mid-level health workers (MLHWs) recruited through the district health facilities to conduct a house-to-house survey to assess prevalence of LF morbidity (lymphoedema and hydrocele). This activity was approved in the FY20 workplan but not conducted due to COVID-19-related delays and restrictions. Given this is still a priority for the NTDP, the activity is being reprogrammed for FY22.

The following sub-activities will take place (***budgeted in Sub2-ALM***):

- An initial one-day inception meeting will be held in Accra with LSHTM, the NTDP, FHI 360, and AIM to discuss the activity and proposed methodology. The group will identify the EUs where the survey will be conducted; the target is to select two EUs comprised of two districts each for a total of four districts. The survey management team will also be identified, and a timeline established.
- Once the EUs have been selected, the protocol approved, and the survey management team assembled, a three-day training will be organized for selected MLHWs recruited from within the target EUs. Assuming there are approximately 20 health facilities across each EU, an estimated 80 MLHWs will be trained, with two recruited per health facility. The training materials and survey tools have already been developed and field-tested based on previous survey implementation.
- Following the training, the MLHWs will work in teams of two to conduct the LF morbidity survey. A protocol has been developed for the survey and is estimated to take 20 teams three weeks if

¹ Dziejdom K. de Souza, D. K., Yirenyki, E., Otchere, J., Biritwum, N.-K., Ameme, D. K., Sackey, S., Ahorlu, C., & Wilson, M. D. (2016). Assessing Lymphatic Filariasis Data Quality in Endemic Communities in Ghana, Using the Neglected Tropical Diseases Data Quality Assessment Tool for Preventive Chemotherapy. *PLOS Neglected Tropical Diseases*, 10(3), e0004590. <https://doi.org/10.1371/journal.pntd.0004590>.

spending two days in each cluster. In each cluster the team will visit 50 randomly selected households and undertake clinical examination of all residents over 15 years of age.

- If feasible, while completing the cluster-based survey, survey teams will be provided with an additional list of suspected MMDP patients registered by local CHWs/CDDs, if available. These cases will be visited (or invited to attend a central point location) and undergo clinical examination and diagnosis to further assess the performance of the exiting CHW/CDD enumeration.
- After completing the survey and analysis, results will be presented to the NTDP in a one-day dissemination meeting and AIM will facilitate discussion about next steps and recommendations. Ultimately, if pre-existing estimates are aligned with survey estimates, this will support the MMDP elimination dossier component. If current estimates are not sufficiently accurate, then the NTDP may need to make plans to obtain better estimates.

Knowledge Management: AIM will accompany the survey team and take pictures of the survey process, assuming the appropriate levels of consent. A summary of the activity and the cases identified will be shared as a blog post or other communications piece. Following the dissemination meeting, a manuscript will be developed for publication.

2.2 Onchocerciasis (OV)

Previous and current FY activities and context

Onchocerciasis is targeted for elimination in Ghana by the year 2030. OV control in Ghana started in 1974 with vector control strategy until the community directed treatment with ivermectin (CDTI) strategy was introduced by the African Program for Onchocerciasis Control (APOC) in 1998. Ghana conducted a remapping for OV in 2009 using the rapid epidemiological mapping for OV (REMO) methodology. The REMO results indicated that out of 216 districts (number of districts prior to FY20 redistricting) in Ghana, 29 districts were hyperendemic (nodule prevalence $\geq 60\%$); 15 districts were mesoendemic (nodule prevalence 40%-59.9%); 91 districts were hypoendemic (nodule prevalence $< 40\%$); and the remaining 81 districts were non-endemic (nodule prevalence 0%). Previous WHO guidelines implemented under APOC recommended treatment for mesoendemic and hyperendemic districts only. However, the NTDP decided to continue treatment in 41 of the 91 hypoendemic districts that were receiving treatment prior to the REMO. Since the 2009 REMO, the NTDP conducts biannual community-based MDA in 44 districts (29 hyperendemic and 15 mesoendemic) and annual treatment in the 41 hypoendemic districts that were receiving treatment prior to the REMO. The MDA implementation unit for OV was the community level, however, in 2016, the NTDP revised the implementation unit to the sub-district level as it prepared to implement an OV elimination program. This means that all eligible persons in a sub-district are treated if at least one community in the sub-district is endemic and receiving treatment.

In 2017, the Ghana Onchocerciasis Expert Committee (GOEC) approved a nationwide cross-sectional OV assessment survey to collect data to inform a strategy to eliminate OV by 2025. The survey included an impact assessment of the 85 districts receiving treatment, elimination mapping in 50 ivermectin-naïve hypo endemic districts, and exclusion mapping in 19 out of 81 non-endemic districts (with reported black

fly nuisance and suspicion of endemicity). The surveys were conducted using skin snip microscopy in adults 20 years and above and OV16 RDT and OV16 ELISA in children 5–9 years. The GOEC reviewed results of the 2017 surveys in its meeting in February–March 2018 and made the following recommendations:

1. Endorsed 35 new districts for onchocerciasis MDA based on the 2017 elimination mapping and impact assessment results, thus increasing OV endemic districts requiring MDA from 85 to 120 districts.
2. All 35 new districts and districts with long-standing treatment history that recorded mf or OV16 RDT prevalence $\geq 5\%$ are to receive bi-annual MDA, thus increasing districts receiving bi-annual treatment from 44 to 82. Annual treatment to continue in remaining 38 districts.
3. Endorsed the sub-districts as the MDA implementation unit.

In FY19, OV MDA was conducted in 132 districts in July–August. A second round OV MDA in 88 districts was conducted in December 2019, funded by Sightsavers. In FY20, Act | West planned the first round in 132 districts; this was postponed due to COVID-19 restrictions.

At the 5th meeting of the Ghana Onchocerciasis Expert Committee (GOEC) in March 2020, key recommendations were made for the NTDP to undertake towards achieving OV elimination targets by 2030. The GOEC recommended that the NTDP aligns its timetable for elimination of OV with the new WHO/NTD Roadmap (2021–2030). The delayed FY20 second round of OV MDA was conducted in 76 HDs in February–March 2021. In FY21, the NTDP conducted the first round OV MDA in 70 districts from August 23 to September 11, 2021. Six LF-OV co-endemic districts were treated during the LF MDA in April 2021. Based on available data and maps, the GOEC called attention to the fact that the country should take steps to stop MDA in two transmission zones. It recommended Pra-Offin TZ and Asukawkaw-Dayi TZ for Stop-MDA survey in FY21. However, due to the delay in implementing the survey in FY21 during the breeding season of black flies which spans from June to September, the GOEC recommended rescheduling the OV STOP MDA Survey to June 2022 (FY22) to make way for black fly breeding site prospection to determine sites for the survey. It also recommended that the NTDP plan for all endemic districts to be under biannual treatment, to ensure meeting the goal of submitting the Verification Dossier for the country in 2030.

FY22 Planned Activities

➤ OV MDA in 76 districts (FHI 360)

In FY20, no OV MDA was conducted in Ghana due to the COVID-19 pandemic. The second round OV MDA in 2020 was conducted in February–March 2021. The first round OV MDA will be conducted in August 2021 in 70 HDs (6 HDs out of 76 HDs are LF/OV endemic). In FY22, Act | West will fund the first round OV MDA in 76 districts in Ghana, and Sightsavers will fund the second round. ***Budgeted in FAAs 4–7,9, 14 and 15.***

➤ **Supervision for OV MDA in 76 districts (FHI 360)**

Supervision of MDA will be done along the GHS structure of national, regional, district, and sub district health systems. Supervision of the MDA will include the Director of Public Health of the GHS, which will motivate the regional directors and deputy directors of public health to improve the overall quality of NTDP activities, especially MDAs. Act | West funds will be provided for the NTDP to conduct supervision at all levels. Supervision will be carried out using the NTDP monitoring checklists at all levels to ensure that supervision is standardized and effective. The use of supervision checklist and Supervisors' Coverage Tool (SCT) will be emphasized. The SCT includes questions to assess the effectiveness of various social mobilization methods and channels. Act | West will support the NTDP to train supervisors on the SCT and use it. Findings will be used to initiate mop up where indicated. Chiefs and opinion leaders will be involved to encourage persons who refuse treatment to take the drugs. CDDs will notify chiefs and opinion leaders about individuals and households that refuse treatment, for a follow up. Act | West in-country staff will supervise MDA in selected regions, districts, and communities. **Budgeted in FAA 7.**

➤ **OV STOP MDA (FHI 360)**

As part of the Stop OV MDA activities, the NTDP conducted a ground-truthing activity (identifying and confirming high-risk communities and breeding sites) in the Dayi/Asukawkaw and Pra/Offin transmission zones of Ghana, funded by Sightsavers. In FY22, the NTDP will conduct OV Stop MDA surveys in 60 districts in two Transmission Zones (TZs): Pra-Ofin and Asukawkaw-Dayi TZs. The Stop MDA survey has been planned as follows in consultation with FHI 360 and Sightsavers: Act | West will support the cost of the epidemiological survey components collecting dried blood spots (DBS) which will be analyzed at the Centre for Scientific and Industrial Research (CSIR) molecular laboratory and the National Public Health Reference Laboratory (NPHRL), Korle Bu (if laboratory set-up in the NPHRL is complete). Sightsavers will support the costs of the entomological survey components collecting black fly samples which will be transported to CSIR laboratories and NPHRL for molecular analysis O-150 Polymerase Chain Reaction (PCR) (Poolscreen). By the last GOEC meeting in May 2021, there was understanding that the NTDP will use the WHO OV Stop MDA protocol of OV16 ELISA sero-prevalence of <0.1%, while the GOEC pursues the OV16 ELISA sero-prevalence of <2% protocol they have developed. The GOEC is suggesting the OV16 ELISA sero-prevalence of <2% as an experimental survey. The committee is looking at testing OV16 ELISA seroprevalence at <2% to decide whether MDA can be safely stopped without the risk of recrudescence. This is based on micro-simulation models published by Coffeng et al (2019) and Hamley et al (2020)². The GOEC is sourcing for funding elsewhere to pursue this testing. The Act | West program will advise the NOEC to collaborate with CDC/TFGH and contribute to the evidence based around the 2% threshold (no funding requested for this collaboration). Now, the NTDP will adapt the WHO OV Stop MDA protocol to conduct the serological and entomological survey starting August 2021. **Budgeted in FAA 3.**

The consultancy services of two experts from an in-country research institution with specific technical

² [Predictive Value of Ov16 Antibody Prevalence in Different Subpopulations for Elimination of African Onchocerciasis \(nih.gov\)](https://www.nih.gov)

[Structural Uncertainty in Onchocerciasis Transmission Models Influences the Estimation of Elimination Thresholds and Selection of Age Groups for Seromonitoring | The Journal of Infectious Diseases | Oxford Academic](https://doi.org/10.1093/infdis/jiaa111)

expertise in the conduct of OV Stop MDA epidemiological surveys will be sought to provide Short Term Technical Assistance (STTA). Each consultant will be offered 12 days of work in each of the 2 TZs (Pra/Offin - 30 HDs, and Dayi/Asuskawkaw - 30 HDs). The consultants will be required to successfully carry out the OV Stop MDA survey (in line with the approved protocol), analyze all samples collected, and write a report covering all components of the study. *Refer to Appendix VII: Short Term Technical Assistance. Budgeted in IR1 STTA.*

2.3 Trachoma

WHO validated Ghana's claim to have eliminated trachoma as a public health problem in May 2018. WHO, through the Country Representative in Ghana, officially presented the certificate of validation to Ghana's Minister of Health at a ceremony in Accra on August 7, 2018.

The GHS is in the process of drafting a plan for trachoma elimination surveillance, and as part of post-elimination surveillance, frontline health workers and ophthalmic nurses in the endemic districts were trained with funding from Partners to increase detection of all forms of trachoma cases for early management. Between May–June 2018, the ophthalmologists of the GHS Eye Care Unit trained 16 ophthalmic nurses who in turn trained 1,851 frontline health workers in all health facilities (almost 900) in the 40 previously endemic districts. This was 97.5% of the training target. The frontline health workers are expected to refer suspected trachoma cases to the ophthalmic nurses in district hospitals for confirmation and management. (Refer to IR3 for details on Trachoma Surveillance).

2.4. IR1 Cross-cutting Activities

➤ Updating Community Registers by CDDs in 50 HDs (FHI 360)

The use of community registers, which are updated by CDDs before the implementation of MDA, provide more accurate population information and enable more accurate and realistic MDA programming. When the NTDP introduced new community registers, CDDs needed to either transfer information from old registers into the new or conduct a re-registration of the population. The NTDP identified 50 districts where re-registration was needed to ensure the entire population is captured. Though pre-registration of the community is recommended, it is either not done until the actual drug distribution or not done thoroughly enough, leaving out a significant portion of the population.

Act | West shall support the updating of community registers by CDDs in 50 HDs and supervision at the district and sub district level. NTDP supervision shall ensure the registration is thorough to provide the right denominator. Subsequently, CDDs will update the registers with changes that occur in the community. Many CDDs do not have the new register and must continue using the old version, which does not capture some vital information, such as spoiled or wasted tablets. Additionally, some CDDs (especially newer CDDs) are not conversant with filling the new register and leave some sections unfilled or partially filled. The list of districts that were given the new registers shall be re-compiled and reconciled with the number of volunteers without the new register. District and sub-district supervisors shall pay attention to the new CDDs and support them to fill the registers well.

No printing costs shall be required. *Budgeted in FAA 4.*

➤ **Data Quality Assessments (DQAs) (FHI 360) – On hold**

The objective of the DQAs is to strengthen the monitoring and evaluation processes for NTDs and ensure the quality (and reliability) of data reported to the national NTD program. DQAs determine the capacity of NTDPs to collect data at lower, middle, and central levels. The last comprehensive national DQA in Ghana was done in November 2015, and the NTDP is planning to assess again the status of data quality for selected indicators that usually have issues needing to be addressed (“total number registered” and “total number treated”) and assess the data management system at all levels. The NTDP will conduct a DQA in Q3 of FY22 in two regions after the community-based MDA. The results will be used to strengthen the national reporting, feedback, and data management system in FY23. Act | West will provide the TA for a two-day refresher training on WHO’s DQA tool for NTDs for the M&E Team and Program officers and five-day DQA implementation in the field in 4 HDs. **Budgeted in FAA 9.**

➤ **Financial Monitoring (FHI 360)**

Financial Monitoring on NTDP activities conducted in 2019 in 10 districts and in 10 regions in Ghana indicated high compliance at the regional and district levels—including timely disbursement of funds to the districts and sub-districts, proper payment voucher (PV) retirement, and (almost all) activity reports attached to the corresponding expenditure. The team observed some errors/malpractice in some districts and sub-districts, including PVs not fully retired and reports not available, because NTD activities were still ongoing. An action plan was developed with the district and sub-district health teams to ensure quality financial management and documentation.

Financial monitoring will be conducted in September 2021 after the OV MDA in all 13 regions. The activity will review all funding provided by NTDP to the regions and districts since the last NTD finance monitoring. FY22, Act | West will fund the finance unit of the GHS Public Health Division to conduct finance monitoring in 13 regions and 13 districts implementing NTDP activities. This audit and monitoring exercise seeks to verify appropriate use of resources per public financial regulations used by the GHS. **Budgeted in FAA 9.**

3. IR2 SUSTAINABILITY AND HSS STRATEGY

3.1 System Strengthening

Data security

The SOP for GHS Information Management System governs the data security of the health system. The NTD program prioritizes securing all NTDP service data. The program has made sure that all NTDP data that is on individual laptops have very current and up to date anti-virus protection. Staff will also be encouraged to regularly review their passwords to improve the security on their laptops and desktop computers. The NTDP’s data are password-protected in primary and back-up storage, stored on the program’s official laptop, and backed up on an external hard drive. In addition, the NTDP collaborates with the national malaria program to store NTD data on the malaria program’s server. Adoption of the DHIMS2 data reporting portal, which comes with advanced data security features, will further enhance NTDP service data security. The NTDP will also enhance the protection of all hard copy reports in its custody by

improving the physical security at all its offices. It will provide adequate and durable locks to prevent unauthorized access to these records.

For FY22, all program officers will be taken through some basic data security measures to help protect the NTDP service data in their possession. Act | West will leverage the skills and experiences of the FHI 360 M&E officer and the competences within the DHIMS2 team to provide some support to the NTDP. This activity does not have cost. **Government and Act | West LOE.**

➤ **Inclusion of NTDs data into DHIMS2 – orientation of clinicians from the five northern regions (FHI 360) – On hold**

In FY20, the NTDP, with support from USAID and Act | West, trained regional, district, sub-district and facility staff on NTD data sets for inclusion in the DHIMS2. In FY21, also with support from USAID and Act | West, they printed some reporting forms for monthly NTD morbidity and quarterly MDA reporting into DHIMS2. From January 2021, all health facilities in Ghana started utilizing the NTD monthly morbidity form. The NTDP is monitoring the reports from the various facilities for follow up action. During the first round of the FY21 LF MDA in April 2021, the quarterly MDA reporting form for the DHIMS2 was used. Some districts participating in the MDA were late in reporting, and the NTDP is following up with them for corrective action.

In FY22, The NTDP will conduct supportive supervision to districts that are seen to have data quality challenges, based on data reported through the DHIMS2 portal. In December 2020, monitoring and supportive supervision were conducted in 16 HDs in 7 regions, highlighting the following gaps: inadequate involvement of clinicians and other prescribers in the trainings, misdiagnosis, and reporting of NTDs cases, and limited knowledge of the NTD data elements. In FY22, there will be a one-day orientation on NTD diagnosis and the DHIMS2 data reporting form for 430 clinicians from the five northern regions (Upper West, Upper East, North East, Savannah, and Northern). There will be a one-day refresher Training of Trainers (TOT) for a Regional Medical Director–Clinical, Regional NTD Focal Person, and Regional Health Information Officer from each of the five regions. The National TOT will be followed by one-day regional level training of clinicians. See table 1 below for details on the number of clinicians to be trained. **Budgeted in FAA 10.**

Table 1: Breakdown of number of clinicians to trained on NTD diagnosis and DHMIS2 reporting per region

Region	National TOT #Trainers per Region	Teaching Hospital	Hospital	Regional Hospital	Clinic	District Hospital	Poly-clinic	Health Centre	Total	# of Trainings	# of Days
Upper West	3		3	1	10	7	4	75	100	2 Batches	2 days
Upper East	3		12	1	38	4		67	122	2 Batches	2 days
North East	3		1		5	3	1	21	31	1 Batch	1 day
Savannah	3		1		14	3	2	26	46	1 Batch	1 day
Northern	3	1	25	1	32	8	1	63	131	2 Batches	2 days
Total	15	1	42	3	99	25	8	252	430		

Drug and Commodity Management

Supply chain management (SCM) of NTD drugs and commodities is crucial to ensure quality drug status and constant availability of drugs and proper logistics for MDAs and DSAs. effective inventory management, stock taking, estimation, and timely request for the right quantity of drugs and logistics are good SCM practices that contribute to the success of the NTD program.

In FY21, the NTDP has experienced a delay in the receipt of the NTD PC drugs requested through the WHO/ESPEN's joint request for selected medicine (JRSM) for MDA. Drug quantification was done in early 2020 for all medicines to be used in FY21, and a JRSM was sent to WHO for approval in April 2020 and re-submitted in May 2021. However, over 2 million tablets of ALB expired in May 2021 as a result of poor SCM in FY20 and FY21, coupled with COVID-19 restrictions and consequent delay in the planned FY20 MDA and DSAs. As part of the strategy to ensure effective SCM, the CMS/NTDP will provide quarterly updates to implementation partners and drug donation program to explore opportunities for utilization of drugs close to expiry elsewhere or in another country. This initiative is not yet built into a FAA, however, the FAAs will capture at least two inventory reports, one just before MDA for drug distribution to the peripheral level and one after MDA reverse logistics. The CMS and NTDP have agreed to the quarterly updates as part of GHS policy, proper inventory and stocking management, and sustainability efforts. FHI 360 through Act | West will support the NTDP/CMS via capacity building in logistics management, monitoring, and periodic requests for updates from the NTDP. Additionally, Act | West will request that the NTDP sign a MOU regarding this agreement and will provide TA if needed.

In FY22, Act | West will work with the NTDP in Ghana to submit a JRSM to WHO/ESPEN and follow up in the drug management website. Drugs will be received at the CMS from the ports when they arrive in the country and distributed to RMS by using the GHS distribution system. Districts will pick up their allocations from their respective RMS and distribute to sub-districts at no cost to the Act | West program. Volunteers will be allocated drugs from the sub-districts based on the populations of communities they treat. To ensure that donated NTD medicines are managed per WHO/ESPEN SOPs and the GHS established standards, the responsibility for managing NTD medicines is part of the role and responsibilities of the District Pharmacists/Supply Officers based at the district level. Unused unopened bottles of medicines left after treatment will be retrieved to the RMS for storage and re-packaging during the next MDA, while opened ones will be appropriately disposed of according to Ghana's Food and Drug Authority (FDA) guidelines for safe disposal of defective and expired drugs, cosmetics, household chemical substances and medical devices. This is in pursuance of Section 132 of the Public Health Act, 2012, Act 851. The CMS will apply for approval, collaborate with the FDA, and follow the processes outlined in the above stated guidelines. The CMS and the regional medical stores apply the 'first-to-expire- first-out' (FEFO) principle to limit the risk of drug expiry, but if this occurs, the drugs will be reported for disposal per GHS policies and regulations.

➤ **Transport of drugs and materials for OV/STH MDA in 76 districts and post-MDA drug retrieval to Regional Medical Stores (FHI 360)**

In FY22, Act | West will support the MDA logistics distribution including transport of NTD drugs (IVM and ALB) and Information, Education, and Communication (IEC) materials. from the Central Medical Stores (CMS) to the Regional Medical Stores (RMS) in 13 regions. Districts will pick up their allocations from their respective RMS and distribute to sub-districts at no cost to the program. Following the MDA, Act | West will also fund the NTDP to retrieve unused drugs from the districts back to the RMS, to be counted and used for future MDAs. In FY22, resources will be provided for regional Pharmacists and NTD coordinators to conduct this activity. Regional pharmacists in each of the 13 regions will visit all districts involved in MDA to retrieve unused medicines to the RMS and report to the CMS and NTDP (6 days). A Pharmacist from the CMS will visit 6 regions across the country (2 each from the Northern zone, Middle, and Southern zones) to verify unused medicines in storage. Cross-checking is part of the quality assurance strategy. Costs budgeted include per diems, accommodation, and fuel. ***Budgeted in FAAs 6 and 8.***

Severe adverse events (SAEs)

During the planned cascade trainings, GHS and GES personnel will be trained to identify and refer all adverse events following MDA (AE-f-MDA) to the nearest health facility. At the facility level, the health staff will complete a pharmacovigilance form and report all AE-f-MDA to the district health authorities and the Food and Drugs Authority (FDA) representative in the district. Cases of SAEs will be referred to the district or regional hospitals, depending on their severity. Reports of all SAEs are sent to the district health directorate, who then forwards the reports to the NTD Program Manager.

➤ **Logistics Management Training for MDA Drugs for NTDP National, Regional and Districts/Sub-district (FHI 360)**

The NTDP works with staff at the Regional and District Medical Stores to manage program logistics, including drug inventory. Of much concern to the NTDP is how MDA drugs are managed prior, during, and post-MDA. ASCEND developed training modules to accompany the standard operating procedures developed by WHO for SCM. Both should be finalized and released by October 2021. Act | West will adapt, review and consider incorporating those training modules into this LMT to incorporate the SOPs as well. With financial support from Act | West and TA from CMS and the Act | West technical team, the NTDP will conduct two-day workshops on Logistics Management for MDA Drugs for National Teams involved in Logistics Management and Supply Chain Mainstreaming; two-day workshop for the Regional Medical Stores team and NTD focal persons; and two-day workshop for District Medical Stores (DMS), district and sub-district NTD focal persons. It is anticipated that the FY22 capacity building will increase knowledge, strengthen capacity of the staff, and improve logistical management of MDA drugs to reduce wastage (due to expiration and poor storage conditions). The budget will cover the cost of venue hire for training, snacks and lunch, transport for participants, and per diem of resource persons/facilitators from CMS. ***Budgeted in FAA 2.***

3.2 . Sustainability

Previous activities and context

Ghana is currently in Phase 3 of Act | West's phased sustainability approach, working towards the development and political validation of the Sustainability Plan for NTDs in Q4 of FY21. With TA from Act | West, the NTDP has developed a draft country Sustainability Plan and is expecting to finalize it by the end of FY21 in preparation for political validation. It outlines NTD priorities, targets, and milestones to serve as a guide to sustain NTD elimination and control interventions through mainstreaming and country ownership for the NTDP and other relevant cross-sector stakeholders.

In FY19 and FY20, the NTDP completed Phase 1 (national-level stakeholder sensitization meeting) to discuss the USAID NTD Sustainability Framework with high-level officials from the MOH, GHS, Ministry of Sanitation and Water Resources, and Ghana Education Service. The sensitization meeting encouraged buy-in for sustainability and identified the way forward. The NTDP (with Act | West support) also completed Phase 2 (sustainability assessments) that included the stakeholders landscape analysis, cross-sector barrier analysis, financial analysis using the tool for integrated planning and costing (TIPAC), and a guided self-assessment using the Sustainability Maturity Model (SMM). Based on the results of the SMM, the NTDP will engage key stakeholders in the health system, across other sectors, and outside the government in the NTD Sustainability Planning Workshop in September 2021. The workshop to develop NTD sustainability priorities was planned for March 2020 but it was postponed due to COVID-19 restrictions. Following the Sustainability Plan workshop, a political validation of the plan is expected to initiate Phase 4 (implementation of the identified sustainability priorities) in FY22.

In FY21, guided by results from the landscape and cross-sector barrier analyses and the priorities identified during the SMM, a multi-sector working group with members from the NTDP, Ministry of Sanitation and Water Resources, GES, Ministry of Local Government, Water Aid, Sightsavers, and Act | West developed

a roadmap towards revamping and revitalizing the Intra-Country Coordinating Committee (ICCC) for NTDs. In addition, in February 2021, the Director General of the GHS officially inaugurated the SCH/STH Expert Committee, a coordination platform established to advise and provide TA to the NTDP. As of FY21 Act | West is in the process of conducting an in-depth review of current NTDP data security and governance policies, procedures, and protocols to identify gaps at NDTs level; ensure that the NTDs policies align with the MOH/GHS practices and standards; and document the practices. This will be completed by the end of FY21. Ongoing TA will help the NTDP and Act | West gain an in-depth understanding of data security and governance practices and strengthen the NTDP's data security and governance policies, procedures, and protocols.

In FY22, during Phase 4, Act | West will provide technical support to the NTDP and the ICCC to implement activities aligned with Ghana's sustainability objectives. Due to the ongoing pandemic, FHI 360, Deloitte, and WV have adopted a combination of remote and in-country team support to assist the NTDP. This approach will continue to be employed in FY22.

Governance

Building on the revitalization of the ICCC in FY21 and the Sustainability Plan, Act | West will support the NTDP to further strengthen cross-sector coordination and NTD mainstreaming efforts in both the public and private sectors to enhance local resource mobilization efforts, influence national policies and strategies, and mainstream NTD services in the health systems towards sustainability. The country-owned NTD Sustainability Plan will guide the NTDP and key partners in leading these processes through the FY22 proposed activities below.

➤ Technical Assistance for Domestic resource mobilization support (Deloitte)

Following completion of the Sustainability Plan workshop and political validation of the Plan (scheduled to be completed in FY21), Deloitte will support the NTDP to prioritize advocacy objectives for domestic resource mobilization and budget advocacy activities (as listed in the NTD Sustainability Plan) and craft targeted messaging to effectively engage stakeholders in advocacy. These interventions will be implemented at the levels identified by the NTDP and national stakeholders concerning the public and private sectors and civil society. To this end, Deloitte will provide technical support to the NTDP to prepare and conduct a four-day workshop with various stakeholders, including the ICCC Advocacy Sub-committee to mobilize all stakeholders to finance and implement the Sustainability Plan over the next four years. Technical support will include development of materials to make the case to decision makers for increased domestic resources for NTDs and to facilitate plan design and virtual or in-person assistance during the event. Leading up to and following the event, Deloitte will support the NTDP to develop advocacy material that can be leveraged during other high-level stakeholder engagements planned in FY22 (e.g., Advocacy meeting with the National Development Plan Commission, Parliamentary Select Committee on Health, ICCC, and the NTD Ambassador and In-country fundraising/DRM meeting for the control of NTDs listed under Advocacy section). Through these advocacy TA, Deloitte aims to support the NTDP to increase its engagement with the high-level decision makers based on the Sustainability Plan's priority interventions and leveraging NTDP financial data. ***This activity is budgeted under FHI 360 FAA 1 (See Appendix IV.***

Building Advocacy for a Sustainable National NTD Program). Deloitte will provide TA for planning and implementing the activity.

➤ **Supply chain mainstreaming technical assistance (Deloitte) – On hold**

Pending bilateral negotiations following the political validation of the Sustainability Plan, Deloitte will provide TA towards achieving the NTDP's supply chain mainstreaming goals as outlined in the Plan. The initial goals included into the draft Plan (aligned with the integration and mainstreaming definitions from the WHO 2030 Roadmap) seek to ensure that Ghana leverage NTD drug supply through efficient and effective management systems, mainstream NTD supply chain into the MOH supply chain system, and increase MDA coverage among populations at risk. Given recent NTD supply chain developments, notably the expiration of drugs in FY21, Deloitte will support the concrete NTDP-identified actions in the different supply chain functions using the Act | West supply chain mainstreaming approach. In FY22, Act | West will leverage existing knowledge and the Sustainability Plan to help the NTDP: 1) identify concrete responses to the bottlenecks or issues they have experienced, and 2) operationalize long-term supply mainstreaming interventions.

This approach is based on the premise that good inventory management, clear SOPs with roles and responsibilities, and transparent reverse logistics processes are key prerequisites to mainstreaming. Building on the Sustainability Plan and as part of a three-day workshop and follow-up, Deloitte will address concepts of mainstreaming with the NTDP. This will include facilitating a review with the NTDP to understand, in detail, how JAP processes drug procurements, shipment receipts, storage, and transportation align with the WHO SOP. Deloitte will work with the NTDP and the CMS of GHS to understand how NTD drugs and diagnostics and their records are tracked and managed within the Logistics Management Information System (LMIS) and how these data are used (e.g., to inform MDA, NTDP microplanning meetings). Deloitte will create a framework to help understand how drugs are reconciled against physical stocks before and after MDAs. The objective Act | West's TA and participatory approach will be to identify potential cost reduction areas, strengthen NTD supply chain planning and management functions, and begin facilitating collaboration structures between stakeholders in the national health infrastructure to promote a shared service model (between existing systems and human resources) and improve the NTDP's readiness for mainstreaming.

In order to prevent duplication of training content and for cost effectiveness/reduction of cost, the modules on Supply Chain Mainstreaming will be reviewed and incorporated together with the modules developed by ASCEND into the Logistic Management Training for the NTDP and CMS. This is already budgeted in FAA 2. Deloitte will provide TA.

➤ **Support the ICCC to hold a national engagement session with the National Health Insurance Authority (NHIA) on the review of threshold for routine NTDs services within the National Health Insurance Scheme (WV) – On hold**

In FY21, the NTDP and the ICCC identified inclusion of NTD services within the National Health Insurance Scheme (NHIS) as a critical management component towards achieving elimination and sustained control of NTDs in Ghana. The NHIS has the mandate to ensure the National Health Insurance Policy provides

access to basic healthcare services to all residents, seeks equity in healthcare coverage, and promotes protection of vulnerable persons against financial risk. Presently, Ghana's NHIS benefits package threshold does not fully cover NTD services in healthcare facilities. Findings from the Act | West cost of service situational analysis led by AIM Initiative found that there is a large financial gap for NHIS-covered services such as lymphedema services and hydrocele surgeries, for which patients must be responsible in case of complications or extended treatment.

In FY22, WV will provide technical support to the NTDP and the ICCC to leverage the Act | West situational analysis findings to bring together the NHIS and relevant key stakeholders in a series of technical meetings and national engagement sessions to advocate for mainstreaming and holistic integration of NTD services within the NHIS' package of benefits. These meetings will also serve as an opportunity to determine the level of coverage for services (such as lymphedema services, hydrocele surgeries, and SEA services related to MDA) and review the burden associated with large out-of-pockets payments to improve health outcomes. With technical assistance from WV, a series of four meetings/sessions will be conducted

Budgeted in Sub1-WV:

- a. Initial inception and engagement session among the NTDP, ICCC, and NHIA on the review process for the NTD service package of benefits. to facilitate discussion with decision makers in their institutions. This will be carried out following the Act | West-supported dissemination meeting for the MMDP coverage analysis led by AIM Initiative. The inception meeting will involve a roadmap for integration, along with a clearly defined network of stakeholders relevant throughout the review process. In FY22, ahead of the AIM-led dissemination workshop, WV will coordinate with the NTDP to ensure high-level representation of ICCC, SCH/STH Expert Committee, and NTD Ambassador in the workshop.
- b. Following the inception meeting, a two-day working session will be held with the NTDP, ICCC, and NHIA to kick off development of advocacy materials and supportive technical that will help make the case to decisionmakers. The session will focus on understanding requirements of NHIS thresholds and the process of including NTD services in the NHIS. This will also be an opportunity to leverage internal Act | West technical resources and review existing financial and disease data.
- c. A one-day meeting will be held with the NTDP, ICCC, NHIA, and other relevant stakeholders such as service providers to present the draft investment case and gather feedback. This will also be an opportunity to seek guidance from the NHIA on feasibility and timeline for a phased approach for NTD service integration within the NHIS.
- d. The first two days will be dedicated to a technical working session for the NTDP, ICCC, SCH/STH Expert Committee, Oncho Expert Committee, and NTD Ambassador to present a full review of the existing NTD services package within the NHIS and the current gap and need in coverage. This will be followed by a one-day advocacy and consultation meeting where the advocacy materials will be used for dialogue with the high-level authorities and seek their commitment to include new services within the NHIS and reduce out-of-pocket costs for already-covered MMDP services.

- **Hold dialogue sessions to review of the minimum package of care for PHC, UHC, and CHPS in collaboration with the PPME unit to include NTDs (WV) – On hold**

As Ghana makes significant progress towards the NTD goals for 2030, it is imperative to scale up interventions aimed at early prevention and care through MDAs, MMDP, and NTD case management at the Community-based Health Planning and Services (CHPS) compounds within communities. In Ghana, Primary Health care (PHC) service delivery is championed within the CHPS, which seek to bring healthcare to the doorstep of communities. At this level, health care services are led by the community health nurses (CHNs), community health volunteers (CHVs), and Community Health Management Committees (CHMCs) who lead interventions on community sensitization and education and refer community members to health centers for appropriate care. NTD services are missing within this framework; they are mainly run through vertical programming. While this approach to NTD service delivery has been effective, as we approach the last mile targets, it is critical to mainstream NTD services into health systems, leveraging existing platforms to complement current implementation gains and create the foundation for more sustainable intervention.

In FY22, WV and AIM Initiative will provide technical support to the NTDP and the Department of Policy, Planning, Monitoring and Evaluation (PPME) of the GHS to lead the process of reviewing Ghana's minimum package of care (MPOC) and services for CHPS to include NTDs. The review will be based on findings from the landscape and barrier analyses and the situational analysis conducted by AIM Initiative on existing gaps in the CHPS minimum service package. It will develop a roadmap for moving NTDs from programmatic activities to service delivery within CHPS. Specifically, WV and AIM Initiative will conduct the following activities in FY22 to support the initiative:

- a. Hold a one-day dialogue session among the NTDP, the PPME-GHS, and other relevant stakeholders on NTD service integration into the existing CHPS package. This initial dialogue meeting will further deliberate on the situational analysis findings, existing gaps in the CHPS package, and potential opportunities to integrate NTD services. This will also be an opportunity to develop a roadmap for reviewing NTDs interventions under the GHS CHPS program.
- b. Hold a three-day roadmap workshop to develop a technical strategy for integrating NTD services into CHPS. The strategy will aim to move NTDs from programmatic to service delivery as feasible within the NTD package of services. This strategy is intended to be a gradual process of mainstreaming NTD services from the bottom up, focusing on interventions (promotion, case identification, deworming etc.) that can be seamlessly integrated at the operational level. The workshop will convene the NTDP, the PPME-GHS, AIM Initiative, and other relevant stakeholders to further review PHC and CHPS service delivery packages for NTDs.
- c. Hold a one-day dissemination and validation meeting to review the roadmap for NTD service integration into CHPS.

WV will also support the NTDP and PPME-GHS to complete and obtain administrative sign-off on the technical strategy/roadmap for NTD service integration in PHC/CHPS, which is expected to enable implementation to start in FY23. **Budgeted in Sub1-WV.**

➤ **Facilitate cross-sector coordination at the community level for SCH control collaboration with VRA and Bui Dam Authorities (WV) – On hold**

To further improve partner coordination and advocacy and align service delivery integration for NTDs at the community level, the Volta River Authority (VRA), a key partner in the fight against NTDs, is currently implementing community interventions along the Volta Lake for SCH and STH control. These communities depend on the river for livelihoods like fishing and as a source of water; children play and swim along the riverbanks. This is a public health concern as these habitats repeatedly expose the community to infection. The VRA, through its Corporate Social Responsibilities, has supported the NTDP to advance progress towards NTD control. NTDP coordination with the VRA and Bui Dam Authority is critical to the control of SCH in Ghana, and collaboration among these institutions for SCH/STH control has been identified as a major intervention in the Sustainability Plan draft and landscape analyses findings.

Therefore, in FY22, WV will facilitate coordination among these institutions to develop strong community partnerships (e.g., in WASH, livelihoods, health promotion) to strengthen SCH and STH control interventions at the community level. WV will provide technical support to the NTDP in working closely with the VRA, Noguchi Memorial Institute for Medical Research (NMIMR), Kumasi Centre for Collaborative Research (KCCR), and other relevant multi-sectoral partners to explore the role cross-sector strategies play in controlling SCH in communities within VRA operation areas. A pilot will be implemented in a community regarded as “model” to mainstream a three-pronged approach (i.e., MDAs, MMDP, and social behavior change [SBC]) into existing health service delivery systems. Technical support will focus on strengthening SBC and health education among SAC and among community members, targeting sanitation and hygiene. WV will also support the NTDP and the VRA to identify and engage WASH program stakeholders to increase access to WASH facilities in the target community. WV will provide technical support to the NTDP to hold two separate one-day meetings with the VRA and other key stakeholders to identify and collaborate on community-based cross-sector coordination for NTD interventions. This will be followed by a three-day workshop with the VRA to develop an action plan for the approach.

A memorandum of understanding (MOU) between the NTDP and the VRA will be developed by the end of FY22 and a detailed action plan and process indicators for the integrated community-based NTD interventions will be developed. A community will be identified for the pilot study and prepared for implementation of community cross-sector coordination as a learning model for other communities to maximize WASH-NTD collaborative investments for the control of SCH/STH. ***Budgeted in Sub1-WV.***

Prioritized Functions

➤ **HMIS Integration Documentation (Deloitte)**

This activity was planned for FY21 and is currently on hold. As Ghana is making progress in capturing NTD data into DHIMS2, Act | West is including this activity in the FY22 workplan to support the NTDP to document the process of integrating NTD data into the national HMIS, the stakeholders in the MOH, and the rationale for selecting specific NTD indicators. This documentation will position the GHS and NTDP to have a clear, common understanding of the process, stakeholders, and rationale—both internally within the Program and externally with partners and decision makers. This activity does not include a budget. It

will be conducted through a combination of virtual meetings and in-country working sessions during IR2 trips.

- **Facilitate high-level policy dialogue on integrating NTDs services into functional routine delivery platforms: school-aged screening program, nutrition, and antenatal care (ANC) (WV) – On hold**

The GHS has expressed the need to integrate/mainstream NTD services into existing, functional platforms at the health facility level to align with sustainability interventions. Existing platforms targeting at-risk NTD groups include ANC services, nutrition, school-aged screening, and others; however there is limited alignment and integration of NTD critical messages and services into these. In FY22, WV will provide TA to the NTDP to engage the Family Health Division (FHD), Institutional Care Division (ICD), and Health Promotion Division (HPD) to identify entry points for integration in such programs. Leveraging these platforms would benefit long-term NTD sustainability and could maximize scarce resources and commitment from other health programs to own the NTD response strategy.

Specifically, the following activities will be undertaken (***budgeted in Sub1-WV***):

- a. An initial engagement between the NTDP, FHD, ICD, and HPD to discuss opportunities and constraints of integrating key aspects of NTD core interventions (e.g., deworming, diagnosis, and case management) into ANC, Outpatient Delivery (OPD), and Nutrition programs for SAC.
- b. Following the initial engagement, a three-day working session among the NTDP, FHD, HPD, ICD, PPME, ICCC, SHEP, SCH/STH expert committee, and other relevant stakeholders to develop a roadmap and action plan for integrating NTDs into the identified platforms. This will be an opportunity to develop a policy brief to inform the planned policy dialogue to review PHC/CHPS and universal health coverage (UHC) minimum package to include NTDs services.
- c. A third meeting will be scheduled to monitor implementation of the action plan and review recommendations following the policy dialogue with the PHC/CHPS. This will be a critical step to ensure integration by GHS/PHC of services at the facility-level and in job aids and other post-training curricula.

- **Partner meeting for MMDP national health insurance coverage assessment (AIM)**

As part of FY21 activities, AIM is currently conducting an assessment of the cost of services and national health insurance coverage for the LF minimum package of care. The results of this assessment are applicable to a number of stakeholders who will continue advocacy and planning activities related to UHC. For this activity, AIM will convene relevant partners and stakeholders to discuss findings and recommendations for follow-up activities. This will build on the dissemination meeting to be conducted in FY21, which will be limited in size and scope and will ensure coordination with other partners.

In FY22, one two-day meeting will be held with stakeholders from the NTD Program, MOH, Intra-Country Coordination Committee (ICCC), National Health Insurance Scheme, and Act | West partners including World Vision and others supporting sustainability activities. The objective of the meeting will be to discuss findings from the FY21 UHC coverage assessment and implications for future activities related to UHC reviews and advocacy efforts. The meeting will be held in Accra with an estimated 35 people in attendance. ***Budgeted in Sub2-ALM.***

4. IR3 ACTIVITIES SCH, STH

4.1. Previous activities and context

In 2007–2008, the NTDP mapped 260 districts for both SCH and STH with support from USAID. SCH endemic districts were classified as follows: 36 districts as low risk (>0 and <10%), Category C; 169 as moderate risk (≥10% and <50%), Category B; and 55 as high risk (≥50%), Category A. STH endemic districts were classified as follows: only 16 districts as moderate risk (≥20% -49.9%)

The NTDP conducted a nationwide impact assessment of SCH/STH in 2015 following four rounds of SCH treatment, as per WHO guidelines. Urine filtration method and Kato Katz were used for urinary SCH and STH/intestinal SCH diagnostics, respectively. Results of the impact assessment indicated a significant improvement in SCH endemicity in Ghana. Category A endemic districts reduced from 59 to 3; Category B reduced from 169 to 54; and Category C reduced from 36 to zero.

A review of mapping data, urbanization, and construction of a dam has resulted in some changes in SCH endemicity categorization in the country. In 2018, the NTDP re-classified two districts in the Volta Lake basin from Category B to A due to proximity to the lake and reported high SCH endemicity found in adjoining the districts. Similarly, it reclassified one Category A district to C due to urbanization and distance from a lake. The Bui Hydroelectric power plant was constructed in 2010 by damming the Bui River. In June 2017, the NTDP re-assessed SCH prevalence in two districts upstream from the dam. The results showed that SCH prevalence was greater than 50% (Category A) in both districts, which were Category C prior to construction of the dam. Due to these changes, there are currently 55 Category A districts, 150 Category B districts, and 33 Category C districts. The SCH/STH impact assessment conducted in 2015 also indicated a significant improvement in STH prevalence, despite little improvement in environmental risk factors. The NTDP continues to treat SAC for STH at least once a year as part of the integrated SCH/STH MDA. However, avenues to treat STH using other MDA platforms are increasingly limited due to scale down of LF treatment to only 11 districts in FY19 and FY20.

Since the assessment in 2015, the NTDP current control strategy for SCH is a total of 239 districts receiving PZQ for MDA among all SAC (aged 5–14 years). Low-risk districts are treated every three years, moderate-risk every two years, and high-risk annually. Non-attending SAC are reached through community-based MDA. The NTDP control strategy for STH is MDA with ALB among all SAC and endemic community, integrated with the SCH/LF/OV MDA. Since 2017, the NTDP has been targeting districts moderate to high risk ≥20% prevalence, either at baseline or following a prevalence evaluation survey. The NTDP conducts STH MDA annually in high-risk districts, every two years in moderate-risk districts, and every three years in low-risk districts, as per the SCH MDA schedule for the district. The FY21 SCH/STH MDA to be implemented in October 2021 was cancelled due to school closure because of the COVID-19 situation, and therefore, it was not possible to achieve adequate MDA coverage.

4.2 FY22 planned activities

➤ SCH/STH MDA (FHI 360)

In FY22, Act | West will support the country for the treatment of 57 SCH/STH endemic districts for both community-based SCH/STH MDA and school-based SCH/STH for SAC. ***Community-based SCH/STH MDA budgeted in FAA 11 and school-based SCH/STH budgeted in FAA 12 and 13.***

➤ SCH/STH tracker (FHI 360)

An SCH/STH tracker was developed to assist the NTDP to collate historical SCH/STH parasitological survey data, including baseline mapping, impact assessments, and TAS-STH surveys conducted since the start of the SCH/STH control program. The tracker is an Excel spreadsheet that collects SCH/STH data recorded both at community and Implementation Unit (IU) level. The tracker has several objectives: to combine multiple sources of data in a single database; to assist the NTDP in monitoring disease trends and change over time; to facilitate communication of results and selection of districts for Impact Assessments; and to enable evidence-based decisions tailoring SCH/STH control at the IU level. This includes being able to move from district- to sub-district level MDA or even track progress towards Elimination of SCH/STH as a Public Health Problem (EPHP) in certain areas. The Ghana SCH/STH tracker will be populated in FY22.

➤ SCH/STH impact surveys (FHI 360)

Ghana has been selected by the Task Force for Global Health to conduct a SCH Oversampling survey. This will be carried out in three districts (Kpandai, Krachi Nchumuru, and Krachi West). As part of this survey, 40% of communities in these districts will be assessed for urinary SCH, providing granular prevalence data that can be extrapolated to create highly detailed and up-to-date risk maps for SCH across Ghana. It is hoped that this survey will be conducted in August 2021, six months after the February MDA.

To complement the Oversampling survey, a SCH impact assessment survey is proposed in nine districts across five regions (see table 2 below), all of which will have conducted five rounds of MDA with effective (>75%) treatment coverage by the time of the survey. The final and fifth round of school-based SCH/STH MDA and community-based SCH/STH MDA will be conducted in 239 districts and 55 HDs, respectively, in September 2021. The SCH impact assessment will be carried out six months after this round of treatment in April 2022. Given the date of that last assessment in 2015, it is important to conduct another evaluation to understand whether the current treatment strategy should be adapted. In the absence of a WHO protocol for SCH/STH impact assessments, the same SCH/STH evaluation protocol that was implemented in Togo will be used. This protocol uses robust sample size calculations to estimate prevalence at the district level, providing guidance on how to assess the SCH/STH situation in areas that will be approaching reduction in frequency of SCH/STH MDA. Based on examination of prevalence and treatment coverage data, SCH/STH evaluation surveys are requested in the following sites (table 2). ***Budgeted in FAA 9 and IR3 M&E.***

Table 2: SCH/STH impact assessment surveys

Region	District	SCH [BL] prev %	STH [BL] prev %	Year MDA started	# MDA rounds to date	Treatment Coverage				
						FY20 (will be in FY21)	FY19	FY18	FY17	FY16
Upper East	Bongo	77	0	2007	5	*	76.3%	79.5%	82.1%	86.8%
Upper East	Kassena-Nankana	77	0	2007	5	*	103.2%	111.9%	75.3%	78.8%
Upper East	Kassena-Nankana West	77	0	2007	5	*	93.0%	122.7%	108.5%	77.3%
Central	Ekumfi	54	0	2007	4	*	93.0%	122.7%	108.5%	77.3%
Western	Wassa-Amenfi West	71.6	18	2007	5	*	93.0%	122.7%	108.5%	77.3%
Western North	Aowin	7.6	18	2007	5	*	139.9%	78.8%	255.0%	78.5%
Western North	Suaman	7.6	18	2007	5	*	83.1%	78.3%	83.2%	120.3%
Savannah	East Gonja	60.2	10.2	2007	5	*	83.1%	78.3%	83.2%	120.3%
Savannah	North-East Gonja	60	10.2	2007	5	*	76.3%	79.5%	82.1%	86.8%

Please see Table 6a STH: USAID-supported SCH coverage results

Please see Table 6b STH: USAID-supported SCH DSAs

➤ **Creation of SCH/STH Expert Committee and Expert Committee Meetings (FHI 360)**

On November 11, 2020, WV met with the Ghana NTD Program Manager to discuss the formation of the SCH/STH Expert Committee and the proposed institutions to be represented. These institutions include research bodies (NMIMR and the KCCR), School Health Education Program (SHEP), Ministry of Sanitation and Water Resources, WaterAid, and World Vision. WV made a case for including SHEP as they work closely with the NTDP on school deworming.

In February 2021, the Director General of the GHS officially inaugurated the 19-member SCH/STH Expert Committee. Proposed membership was expanded to include HIV and Obstetrics and Gynecological experts due to links with female genital schistosomiasis. The committee held a separate workshop to develop strategic objectives and workplans. As next steps, the Committee Chair will work with the NTDP to develop TORs and finalize the strategic objectives and workplan of the committee. In FY22, Act | West will fund the NTDP to support the SCH/STH Expert Committee to hold two meetings of two days each. International and local experts will examine data resulting from the SCH Oversampling survey^[OBJ*OBJ*OBJ] and SCH/STH impact assessments, populate the tracker with the clean data, and produce subsequent evidence-based recommendations. ^[OBJ*OBJ*OBJ*OBJ*OBJ*OBJ*OBJ*OBJ*OBJ]**Budgeted in IR3 Advocacy; SCH/STH Expert Committee Meetings [2] budgeted in FAA 1.**

➤ **SCH/STH Data Review Meeting between NTDP and Act | West Technical Team (FHI 360)**

The NTDP team and Act | West Technical Team will hold a two-day SCH/STH Data Review Meeting once a year during FY22. This activity differs from the SCH/STH Expert Committee Meetings. This will be a meeting between the Act | West Technical Team and NTDP to discuss progress made in SCH/STH control and strengthen the capacity of the NTDP on data utilization for decision making. Act | West (FHI 360) will facilitate and provide funds for the meeting. **Budgeted in IR1 Strategic Planning.**

➤ **Trachoma surveillance (FHI 360)**

In 2018, WHO validated Ghana had eliminated trachoma as a public health problem. One challenge for the GHS and health services in other countries that have reached this milestone is the lack of WHO guidance on minimum requirements for post-elimination/validation surveillance for trachoma. Some countries are developing their own plans in the absence of this guidance. In 2018, as part of post-validation surveillance (PVS) in Ghana, ophthalmologists from the GHS Eye Care Unit trained 16 ophthalmic nurses who in turn trained 1,851 frontline health workers in almost 900 health facilities in the 40 previously endemic districts. These trainings were conducted with support from USAID under the END in Africa project. The frontline health workers are expected to refer suspected trachoma cases to the ophthalmic nurses in districts hospitals for confirmation and management. The NTDP/GHS would like to document lessons learned from the plan currently in place to understand the current state of implementation. Through the Learning Agenda (see Learning Agenda in HQ workplan), Act | West aims to support the NTDP/GHS to document aspects of this system, which may include: a 1) review of the data being reported to the National Program, and 2) interviews with health staff who were trained as part of this plan. Act | West is aware that LSHTM^{3,4} is also leading operations research on PVS in Ghana, and methodologies from this work may also be incorporated into Ghana's plan. The documentation may include a review of publications and a discussion with the research team to understand implications of

³ <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-019-0585-x>

⁴ <https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0007027>

the findings to date on future surveillance for trachoma.

In FY22, Act | West will support the NTDP/GHS to document lessons learned. The work will be led by the NTDP with country-level TA from the ophthalmologists responsible for training frontline health workers in 2018, DHMIS and M&E staff, and FHI 360.

Following the collection of information and analysis of the data, a meeting will be convened to review the findings and discuss how to translate them into a PVS plan. This meeting may require external expertise from bodies such as the Task Force for Global Health or CDC. ***Budgeted in FAA 10.***

APPENDICES

APPENDIX I: Table of Supported Regions and Districts in FY22 by all partners in country

See attached Excel file.

APPENDIX II. Strategic Planning Support

Annual NTDP Activities Implementation Planning Meeting (held once a year for 25 participants) (FHI 360)

Location: Accra

The NTDP conducts several activities including MDAs, DSAs, capacity building, advocacy, and engagement with multiple local and international partners. Almost all NTDP activities are implemented with decentralized regional and district health administrations who conduct multiple public health interventions at the regional or district level, including immunization campaigns, malaria, TB, HIV/AIDS, infant and child nutrition, maternal, and reproductive health interventions. Therefore, getting the full attention of districts and regional health administrations to implement NTD interventions over a specific period requires meticulous planning to synchronize activities and coordinate with the many competing public health interventions. This meeting will also be used to organize activities funded by all partners supporting the program. The absence of a well-structured plan synchronized with other GHS activities has often adversely affected implementation of NTDP activities. To address this challenge, the NTDP will be funded to conduct a two-day NTDP Activity Implementation Planning Meeting after approval of the work plan for FY22. The meeting will produce an annual activity schedule in a form of Gantt Chart, which will be shared with the regional and district health administrations to assist them in planning for NTDP interventions. Participants in this meeting will include NTDP staff, regional and district health administration staff, and partners including FHI 360, World Vision, AIM Initiative, and Deloitte. ***Budgeted in FAA 1.***

Annual NTDP portfolio review and work planning meeting (held once a year for 25 participants) (FHI 360)

Location: Accra

Each year the NTDP puts together a work plan with corresponding budget to share with partners for their input and financial support. This is a key activity to determine activities the program will conduct in the coming year. The work plan takes into consideration all guidelines for specific disease interventions and DSAs. The NTDP proposes to conduct a three-day portfolio review and budgeting meeting for FY23. This work plan and budget will serve as the basic document for the in-country work planning meeting with USAID, Act | West, and other partners. National program staff and partners will attend to facilitate joint planning. Act | West will fund the three-day meeting. ***Budgeted in FAA 1.***

GOEC meetings (held twice a year for 20 participants) (FHI 360)

Location: Accra

In FY22, Act | West will fund the NTDP to support the GOEC to hold two meetings of two days each. The meetings will be a platform to discuss Stop OV MDA activities, issues rising from OV elimination activities, urgent challenges that require the input of the committee. These meetings may involve either local members or/and international members of the committee per the agenda set by the committee. ***Budgeted in FAA 1.***

Cross-border meetings (once a year for 34 participants) (FHI 360)

Location: Jirapa/Wa, Takoradi, and Lome

Ghana shares borders with Togo to the east, Côte d'Ivoire to the west, and Burkina Faso to the north and northwest. Along these common borders are adjoining districts with high OV and/or LF endemicity with persistent infection (i.e., hot spots). Although the countries share endemic districts, the cross-border meeting will focus on adjoining districts with persistent infections and will take place in those districts. Togo will host the Togo/Ghana meeting and the costs are included in the Togo work plan budget. Ghana will host a cross-border meeting with adjoining districts in Côte d'Ivoire (five districts in Ghana and four in Côte d'Ivoire) and Burkina Faso (five districts in Ghana and five in Burkina Faso) to share population and migration information, facilitate collaboration between endemic cross-border districts, and plan synchronized LF/OV MDA in target border districts. Act | West will fund these cross-border meetings with Côte d'Ivoire and Burkina Faso. ***Budgeted in Strategic Planning.***

Technical Review Meeting (two meetings for 20 participants) (FHI 360)

Location: Accra

Act | West will fund two Technical Review meeting (semi-annual meetings) of three days each to help address technical implementation challenges that come up during the year, plan adaptation and adoption of new guidelines, analyze NTDP activity results, complete reports, and develop peer reviewed papers. ***Budgeted in FAA 1.***

Intra-Country Coordinating Committee (ICCC) meetings (one meeting for 20 participants) (FHI 360)

Location: Accra

The revamped Intra-Country Coordinating Committee (ICCC) was launched in Accra on October 14, 2020, by the special representative of the Minister of Health, Dr. Awuah Baffour. In attendance were the Director General of the GHS, the NTD Ambassador, directors, and heads of institutions/ministries (health, education, agriculture, water and sanitation, local government, research, and academia), civil society

groups, traditional and religious representatives, the private sector, and representatives of NGOs and UN agencies. The launch was preceded by a three-day workshop held October 12–14, 2020, for development and validation of ICCC action plans. A six-member team was nominated to work towards finalization of the ICCC work plan and budget and all sub-committee work plans and budgets.

On March 31, 2021, the ICCC, with technical support from World Vision, held a meeting to discuss issues relating to local resource mobilization and sustaining NTD programs and interventions in Ghana. The maiden ICCC meeting also provided an opportunity for key stakeholders to discuss sub-committee priorities for 2021 and post-launch activities.

In FY 22, Act | West Program will provide funding for NTDP to support the ICCC to conduct one meeting to deliberate on strategies for domestic resource mobilization and in-country fund raising and advocacy for support to sustain NTD programs. ***Budgeted in FAA 1.***

Post-MDA review meetings (held annually for 137 national participants) (FHI 360)

Location: one national, TBD; 13 regional capitals

The NTDP has proposed conducting meetings after the MDA to review its conduct, learn and share lessons to improve future MDAs, and improve timeliness and quality of data collation and reporting after the MDA. The meetings will be held at the national and regional levels after the integrated LF/OV/STH MDA in 137 districts (76 HDs for OV MDA, 57 HDs for community-based and school-based SCH/STH MDA and 4 HDs for LF MDA). Review meetings in each region for participating endemic districts will be attended by the four key persons responsible for MDA implementation in the region: the District Director of Health Service (DDHS), the district NTD focal person, district pharmacist, and district health information officer. These regional representatives will also represent the respective regions at the national post-MDA review meeting organized by the NTDP manager and his team at the national level. USAID will fund the post-MDA review meetings. ***Budgeted in FAA 1.***

Build capacity for improved NTD program management and develop trackers to monitor program activities (held once for 30 participants) (FHI 360)

Location: Accra

As part of its strategy of strengthening staff capacity in improved NTD program management, the NTDP is seeking funding and technical support from Act | West to conduct a three-day training workshop on “Improved NTD Program Management and Developing Trackers to Monitor Program Activities.” Participants from the national office would include the NTDs Program Manager, Deputy Program Manager, Disease-Specific Program Officers, Monitoring and Evaluation Officer, Finance Officer, IT Officer, and Associate Executive/ Secretary. Experts in NTD program management will attend from WHO, MOH, and Act | West. It is envisaged that this activity would increase knowledge and strengthen the capacity of the NTDP Staff to develop, implement, monitor, and manage NTD program activities effectively and

efficiently. The budget will cover the cost of venue hire for training, snacks and lunch, and transport for participants and per diem of resource persons from the MOH. ***Budgeted in IR2 Other Activities.***

Technical Consultation Meeting with Local Research Institutions (held once for 26 participants) (FHI 360)

Location: Accra

Act West will organize with the NTDP a one-day technical consultation of Ghana local research institutions about LF, particularly LF in the north of Ghana. There are about 9-10 peer reviewed publications on this topic, mostly with local knowledge. The aim of the meeting is to ensure there is not hidden knowledge in the local universities, especially in the social sciences, anthropology, and other disease groups the NTDP doesn't talk to (polio, malaria, etc.), which could influence MDA strategies going forward. The meeting will bring together researchers and program staff who have researched or implemented mass campaigns to discuss and identify factors that may improve acceptability of LF MDA in persistent transmission areas. The learning from this meeting will be documented to inform planning and delivery of MDA in the country especially in persistent LF transmission districts. This consultation can also feed into an eventual WHO technical meeting. ***Budgeted in Strategic Planning.***

APPENDIX III. NTD Secretariat Support

Communication for Program Coordination (FHI 360)

Act | West funds sundry expenses of the NTDP secretariat to ensure that it functions effectively to facilitate program implementation and effective communication, and this will be continued in FY21. These expenses will include the cost of utilities (water, electricity, telephone, phone card/communication units for the program manager and staff), courier services and Internet bills; printer and copier cartridges; stationery (A4 sheets, envelopes, files etc.), maintenance of vehicles, generator set, air conditioners, and other office equipment. ***Budgeted in FAA 1.***

Office computer equipment support to NTDP (five laptops [for one M&E Officer and four Program Officers]; one projector; one printer) (FHI 360)

The NTDP Team continues to work using their own computers, which are old (last purchased in 2012) and keep malfunctioning and run slow due to low RAM and memory. The program lacks a good projector with high quality and clear definition for training workshops and field NTD outreach presentations and film showing. A fast, multifunctional printer for printing, scanning, and photocopying documents will enhance administrative activities of the program. A team of one M&E Officer and four Program Officers who work tirelessly with the Program Manager and Deputy Program Manager to ensure the program activities are running smoothly request funds to purchase five laptops, one projector, and one printer from the Act | West Program for use in the office and in the field. ***Budgeted in IR1 NTD Secretariat.***

APPENDIX IV. Building Advocacy for a Sustainable National NTD Program

Conduct in-country fundraising/DRM for the control of NTDs (NTDP in collaboration with the leadership of the ICCC and the NTD Ambassador, FHI 360)

The NTDP will collaborate with the NTD Ambassador to actively support advocacy activities in the MOH to encourage it to increase Government of Ghana (GoG) resources to the NTDP and improve awareness of the NTDP among private companies so they can support it as part of their CSR. The Ambassador will visit project beneficiaries, make statements at major NTD events and on selected television and radio stations, and support networking and collaboration with potential donors, private companies, and government agencies for more support to the NTDP. (Refer to the NTD Master Plan 2021–2025 for details on Advocacy and Funding Support for PC NTD page 101.) ***Budgeted in FAA 1.***

Two advocacy meetings with policy makers and stakeholders (National Development Planning Commission and Parliamentary Select Committee on Health)—collaboration among the NTDP, the ICCC, and the NTD Ambassador (FHI 360)

The NTDP advocacy strategy notes the weak visibility of NTDs and the program among high-level decision makers, including Parliament, who are responsible for approving budgets and have a significant influence on resource allocation in their constituencies. The National Development Planning Commission (NDPC) is a body mandated by the GOG to develop National Medium-Term Development Plans and approve the MMDA’s Medium-Term Development Plans, which aligns with the National Development Agenda. A typical example is the Ghana Beyond Aid (GBA) agenda.

The NTDP will engage the parliamentary subcommittee on health and the NDPC and make compelling presentations to them to raise awareness of the morbidity burden and effects of NTDs on livelihood and quality of life of affected persons in their constituencies and the country; the importance of NTD control on socioeconomic development; the dependence of program activities on donor support; and the need for direct government support for NTD interventions through budget allocation in the National Medium-Term Development Plan and MMDA Medium-Term Development Plans. This activity will leverage on the political validation of the sustainability plan. It will consist of sharing with parliamentarians and NDPC, the NTDs progress in Ghana. It will be a unique opportunity to continue to share with parliamentarians and NDPC Ghana’s sustainability objectives. The meeting will create a junction between the long-term gaps/challenges, the sustainability objectives, and the existing Country NTDs master plan (2021 -2025). During the process, the NTDP will effectively Collaborate with the ICCC, NTD ambassador, MOH leadership, partners and private sector organizations supporting the NTDP (e.g., VRA). In FY22, Act| West will support the GHS in such high-level policy dialogue. Cost will cover the non-residential conference package, transportation re-imbusement for NTD officers and ICCC Members and NTD Ambassador. ***Budgeted in FAA 1.***

Media engagement (FHI 360)

The media play an important role in advocacy and generating discourse on public health issues. A one-day media briefing will be organized to educate and orient media personnel on NTD reporting. The NTD Ambassador will be involved, to attract key media houses and press coverage. The event will be used to

present NTD epidemiology in Ghana, the impact of the diseases on socioeconomic development (especially among the rural poor), gains made in NTDs (including trachoma elimination), and investments needed to achieve the elimination of LF and OV. The need for government and private sector funding for sustained SCH/STH control will be highlighted. **Budgeted in FAA 1.**

Ghana NTD Ambassador regional town-hall advocacy engagements: Follow up for recommendations from FY21 high-level engagement meeting (WV)

In FY21, WV provided TA to the NTD Ambassador in collaboration with the GHS/NTDP to hold a high-level advocacy meeting to engage key stakeholders across the government, private sector, civil society, bilateral and multilateral agencies, and faith leaders. This meeting in Q4 convened key stakeholders comprising policy makers, leaders/decision makers, international donor, advocates, and technical experts across institutions to solicit their support for the NTD sustainability agenda and plan in Ghana. This advocacy meeting for the NTD Ambassador, with support from the ICCC/Advocacy and Communication Subcommittee, solicited support, raised visibility, and increased buy-in from high-level stakeholders to endorse and commit support towards the implementation of the NTD Sustainability Plan for Ghana.

One recommendation of the meeting was that the NTD Ambassador collaborate with the NTDP and ICCC/Advocacy and Communication Subcommittee to hold a series of engagement sessions with relevant key stakeholders at the regional level. In FY22, Act | West, through WV, will provide technical support to this activity. These town-hall engagements will convene regional key stakeholders, including the Regional Health Management Team (RHMT) and traditional and faith leaders. The sessions will initiate the process of rallying regional champions and ambassadors to advocate for the Government's commitment to the fight NTDs and attaining elimination and control targets by 2030. Through this process, regional ambassadors will be identified to collaborate with the NTD Ambassador and the NTDP.

The NTDP and NTD Ambassador will hold a series of engagements to expand sensitization efforts and galvanize stakeholder support at the regional level. One region will be identified in collaboration with the NTDP to kick-start this activity. **Budgeted in Sub1-WV.**

- a. Hold an engagement meeting with the NTDP, NTD Ambassador, members of the ICCC, and the identified Regional Health Management Team (RHMT) for the regional traditional and faith leaders' advocacy meeting. This meeting is expected to reach agreement on the objectives and discuss the process and approach to engaging these stakeholders.
- b. Hold two one-day preparatory meeting with the NTDP, NTD Ambassador, members of the ICCC, the RHMT, and other relevant stakeholders to outline modalities and identify all relevant stakeholders within the specific region to participate in a regional town-hall meeting.
- c. Hold a one-day regional town hall meeting to create a platform for NTD Ambassador engagement with key stakeholders, including faith and traditional leaders, on supporting MDAs, addressing issues of stigmatization, advocating for appropriate WASH facilities, and rallying regional ambassadors for NTDs.

World NTD Day Celebration (FHI 360)

In FY21, the NTDP celebrated the maiden World NTD Day. On January 29, 2021, launched a week-long celebration with an event in Accra. It featured a student health walk to raise awareness about NTDs and advocate for the rights of people with disabilities, especially those caused by NTDs. The activity provided opportunities for advocacy, public sensitization, and education on NTDs and the opportunity for partners and government to renew their commitment to NTD control and elimination interventions and targets. On the day of celebration, Dr. Franklin Asiedu-Bekoe, Director, Public Health Division for the GHS, stated: “While the world and Ghana are putting our attention to control the spread of the COVID-19 pandemic, we must not lose sight of the fact these NTDs affect some of our most vulnerable people...As we celebrate World NTD Day, let’s remember our folks in the communities that have no access to proper water and sanitation and are thereby increasing their risk of NTDs. Together as a country, we can face NTDs and end their neglect.”

For World NTD Day in FY22, the NTDP intends to organize week-long activities, culminating in media engagement on the official day. Activities will include a health walk through selected major streets displaying NTD information on placards to sensitize the public on NTDs and upcoming World NTD Day Celebration, media engagement (TV /radio talk shows; press releases); interviews with key NTD stakeholders (i.e., NTD Ambassador/ Partners) their contributions and way forward; and a grand durbar. Act| West, together with other NTD Partners, will fund the World NTD Day celebration activities.

Budgeted in FAA 1.

APPENDIX V. Social mobilization to enable NTD program activities

Activity /IEC material to support Activity	Key Messages (as applicable)	Location and Frequency	Briefly describe how this material/message is shown to be effective at increasing MDA participation
Social mobilization with community leaders for LF/Oncho/SCH MDA (regional and district level)	Discussions and announcement about the upcoming MDA, including Q/A sessions	Regional and district capitals and office starting three weeks prior to the MDA through to the last day of MDA	Creates awareness and helps in social mobilization for the MDA. Their importance in raising awareness is evidenced by coverage surveys implemented over the years.
Social mobilization with community leaders for LF/Oncho/SCH MDA (HD level)	Discussions and announcement about the upcoming MDA, including Q/A sessions	Communities; villages and endemic areas starting three weeks prior to the MDA through to the last day of MDA	Creates awareness and helps in social mobilization for the MDA. Their importance in raising awareness is evidenced by coverage surveys implemented over the years.
Broadcast radio spots in HDs for LF/Oncho/SCH MDA	Discussions and announcement about the upcoming MDA, including Q/A sessions	District capitals and Community Information Centers, starting three weeks prior to the MDA through to the last day of MDA	Creates awareness and helps in social mobilization for the MDA. Their importance in raising awareness is evidenced by coverage surveys implemented over the years.
Broadcast opinion leader audio recordings during LF/Oncho/SCH MDA in each HD	Compliance with the MDA exercise; taking the drugs; parents bringing their ward to school for the school-based deworming exercise; social and behavior change messages	Villages, Community Information Centers, starting three weeks prior to the MDA through to the last day of MDA	Creates awareness and helps in social mobilization for the MDA. Their importance in raising awareness is evidenced by coverage surveys implemented over the years.
Production of NTD Documentary (updating the existing NTD Documentary)	Update the existing NTD Documentary to include the success stories of trachoma elimination, trends in NTD fight in Ghana, etc.	Communication Team to work to update the existing NTD Documentary to include the success stories of trachoma elimination, trends in NTD fight in Ghana, etc.	Creates awareness and improves knowledge of community members on NTD prevention and adherence; increases acceptance of MDA drugs; helps in social mobilization for the MDA.

Social Mobilization

Social mobilization will strategically target community leaders: village level leaders, opinion leaders, and religious and political leaders like Assemblymen and Assembly women, and Unit Committee Members who are at the electoral and community level. Engagement will include sensitization and community buy-in meetings with the various community leaders so that they champion the disease-specific MDA (LF/Oncho/SCH/STH) adherence messages in big towns, small towns, villages, and households. It is envisaged that this will improve community mobilization and increase the uptake of MDA commodities. These costs are included for community-based MDA and separately for school-based MDA, radio spots in HDs for MDA, and broadcast of opinion leaders' audio recordings during LF/Oncho/SCH MDA in each HD and at Community Information Centers.

Production of NTDs Documentary (Updating the existing NTDs Documentary) (FHI 360)

To enhance community mobilization through an awareness-raising campaign and drum the messages, the documentary on NTDs will be shown in endemic villages at nights. An existing NTDs documentary covers all five PC NTDs, including trachoma. The team will update this documentary to capture the success story of how trachoma elimination was achieved in Ghana and the way forward to ensure its non-resurgence. The cost of this activity will cover the capturing/production of a session/scene on how trachoma was eliminated in Ghana and incorporating it into the existing documentary, editing out the old scene.

Budgeted in FAA 1.

Use professional, high-quality photos and videos to document, promote, and provide more visibility to NTD field activities (one SCH/STH MDA and one SCH/STH impact survey, with approximately 15 beneficiaries or actors interviewed at each activity)

Location: multiple, will depend on selected field activities (MDA and DSA)

The NTDP will engage photojournalists to accompany the technical team to document several NTD field activities, including at least one MDA and at least one DSA, in FY22. The purpose will be to provide engaging first-hand testimonials, stories, quotes, and visual content to support NTD awareness-raising and advocacy activities (including NTD sustainability meetings and advocacy; IEC activities and events; social mobilization and community engagement activities; and ad hoc events such as World NTD Day) as well as frequent requests from Act | West Program HQ for high-quality NTD activity photos and success stories.

In addition to capturing high-quality photos and videos of field activities, the photojournalists will interview a variety of NTD Program actors, partners, and beneficiaries (e.g., CDDs, nurses/community health workers, teachers, community leaders, community members of varying ages/occupations) to gather multiple perspectives and first-hand accounts and experiences.

APPENDIX Vb. Gender Equity and Social Inclusion in NTD Implementation

As a part of the strategies to ensure Act | West and its partners are equitably addressing the needs of men, women, boys, and girls in the NTDP control and elimination activities, the program engaged two FHI 360 gender advisors to conduct a gender analysis and create a gender strategy. The gender analysis was completed in 2019 and included a literature review and in-country qualitative research in Côte d'Ivoire, Sierra Leone, and Ghana. The team also developed a gender strategy and set of associated recommendations for the program based on the literature review and qualitative research.

Proposed Activities (*budgeted in IR2 Gender Equity*):

1. *Work with NTDP/GHS to Train GHS/NTDP team on GESI and how to cascade GESI-related approaches to district and community level NTD actors:* Implementation of the National Gender Policy developed by Ghana's Ministry of Gender, Children and Social Protection (MoGCSP) has been generally weak due to budgetary and capacity constraints within the MoGCSP. The NTDP has not effectively incorporated gender and gender-related elements into most program activities, including MDAs, due to the inadequate knowledge the program has about gender equality.

The GESI analysis conducted in 2019 revealed that the GHS NTD team had gaps in understanding of gender-related issues related to NTDs. This is especially important because of their responsibility to cascade information to the district and community levels. Therefore, in FY 22, Act | West will provide funding support to the FHI 360's GESI Team to train the NTDP Team in integrating GESI in NTD programming. The support will be completed in three steps. Step 1 is a pre-test of the NTDP team to determine their level of knowledge and attitudes. This information will help design a fit for purpose training. Step 2 will include a three-day training workshop to raise awareness of GESI-related issues in NTDP activities and advice on how this information can be cascaded to district health management teams. Step 3 will be a post-training test to determine what participants have learned.

2. *Improve job aids:* While job aids exist for CDDs exist, enough are not available and they have not been reviewed with a gender lens. When the job aids are revised and updated, FHI 360 Gender Advisors will review these materials with a goal of improving information about providing support to people with disabilities and tailoring messages geared towards men and women that address the most recognized barriers for each sex to participation in MDA. For example, messages will clarify which drugs are acceptable for women to ingest during pregnancy and lactation; they will also address the misinformation on the impact of the drugs on men's productivity, health and well-being.
3. *Create enabling environment for CDDs:* The program will provide a yearly certificate of achievement for CDDs to help them feel more appreciated by district health teams and create an enabling environment for them to better perform their jobs. Act | West will work with the NTDP/GHS to create a template certificate of achievement so the GHS NTD can share it with all districts. The program will also create and share the format of an ID card so districts can print name tags with CDD photos to formalize their roles and give them more recognition in the

community. The Act | West team in Ghana will work with the NTDP to ensure that the certificates and ID cards are distributed to the CDDs in the districts.

4. *Improve national messaging and information about NTDs and MDAs, especially to men and pregnant and breastfeeding women:* Act | West will work closely with the NTD Ambassador for Ghana on: 1) the importance of increasing the number of female CDDs in Ghana; 2) messaging and information about NTDs and MDAs, especially to men and pregnant and breastfeeding women; and 3) guidance to CDDs on how MDAs can better reach people with disabilities. Act | West will work with the NTD Ambassador to develop key pointers to support the Ambassador's engagement and will also organize social media events with the NTD Ambassador using Twitter, Facebook, and other platforms to highlight key aspects of MDAs and NTDs focusing on gender equality and social inclusion for NTDs programming.
5. *Revision of MDA Tools:* Act | West will support the GHS to adjust MDA tally sheets and district, regional, and national data aggregation tools to add new data fields to collect sex and age of CDDs. Currently, aggregate data are collected on the sex of CDD training participants (a proxy for data about those who actually serve as CDDs). More accurate demographic data on CDDs will provide a baseline measurement and will help guide strategy adjustments to increase the number of female CDDs and other MDA workers based on an analysis of performance by district.

APPENDIX VI: Trainings

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Name other funding partner (if applicable) and what component(s) they are supporting
			New	Refresher	Total Trainees			
MDA-DSA related training (IR1 and IR3)								
<ul style="list-style-type: none"> National Supervisors Regional Supervisors District Supervisors Sub-District Supervisors 	LF MDA Supervisor training	<ul style="list-style-type: none"> MDA supervision and monitoring SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA 		63	63	7	Regional /District Health Directorate	Act West (FHI 360) - per diems for attendees and facilitators
CDDs	LF MDA Drug Distribution	<ul style="list-style-type: none"> Dosing an eligible person Record keeping and reporting after MDA 		1,095	1,093	1	District /Sub District	Act West (FHI 360) - per diems for attendees and facilitators
<ul style="list-style-type: none"> National Supervisors Regional Supervisors District Supervisors Sub-District Supervisors 	OV MDA Supervisor Training	<ul style="list-style-type: none"> MDA supervision and monitoring SCM and SOP for MDA drug management Social mobilization for MDA Record keeping and reporting after MDA 		735	735	7	Regional /District Health Directorate	Act West (FHI 360) - per diems for national attendees and facilitators Transport for District and Sub-District and
CDDs	OV MDA Drug Distribution	<ul style="list-style-type: none"> Dosing an eligible person Record keeping and reporting after MDA 		14,673	14,673	1	District /Sub District	Act West (FHI 360) – Transport for CDDs and Sub-District facilitators
<ul style="list-style-type: none"> National Supervisors Regional Supervisors 	School-based STH/SCH MDA	<ul style="list-style-type: none"> MDA supervision and monitoring 		1,126	1,126	7	Regional	Act West (FHI 360) - per diems for

<ul style="list-style-type: none"> • District Supervisors • Sub-District Supervisors 	Supervisor training	<ul style="list-style-type: none"> • SCM and SOP for MDA drug management • Social mobilization for MDA • Record keeping and reporting after MDA 					/District Health Directorate	national attendees and facilitators Transport for District and Sub-District and
Teachers	School-based STH/SCH MDA Drug Distribution	Record keeping, data collection and reporting after MDA		10,044	10,044	1	District /Sub District	Act West (FHI 360) – Transport for CDDs and Sub-District facilitators
<ul style="list-style-type: none"> • National Supervisors • Regional Supervisors • District Supervisors • Sub-District Supervisors 	Community-based STH/SCH MDA Supervisor training	<ul style="list-style-type: none"> • MDA supervision and monitoring • SCM and SOP for MDA drug mgmt. • Social mobilization for MDA • Record keeping and reporting after MDA 		674	674	7	Regional /District Health Directorate	Act West (FHI 360) - per diems for national attendees and facilitators Transport for District and Sub-District and
CDDs	Community-based STH/SCH MDA Drug Distribution	Record keeping, data collection and reporting after MDA		3,352	3,352	1	District /Sub District	Act West (FHI 360) – Transport for CDDs and Sub-District facilitators
Field Staff for LF Pre TAS and TAS	Orientation for LF Pre TAS and TAS Activities Assessment	<ul style="list-style-type: none"> • Pre TAS and TAS, Sample collection and documentation • Social mobilization 		62	62	2	NTD Office Accra	Act West (FHI) - per diems for survey teams and facilitators
Field Staff for LF Confirmatory mapping	LF Confirmatory Mapping	<ul style="list-style-type: none"> • LF Confirmatory Mapping Sample collection and documentation • Social mobilization 	28		28	1	Accra NTD Office/Hotel	Act West (FHI) - per diems for survey teams and facilitators
Field staff for OV Stop MDA Epidemiological survey	Training of field staff for OV Stop MDA	<ul style="list-style-type: none"> • Community entry • Sample collection • Data collection 	17		17	1	Accra NTD Office/Hotel	Act West (FHI) - per diems for

	epidemiological survey	lab test						survey teams and facilitators
Field Staff for SCH/STH Impact assessment	SCH/STH Impact assessment	<ul style="list-style-type: none"> SCH/STH sample collection and documentation Social mobilization 	17		17	3	Accra NTD Office/Hotel	Act West (FHI) - per diems for survey teams and facilitators
Field Staff for Trachoma PVS Plan data collection/ Interviewers	Orientation on TRA PVS Plan data collection for Officers/Data Collectors	<ul style="list-style-type: none"> Introduction to trachoma elimination Program Interview questionnaire Inform consent form 	12		12	2	Accra NTD Office/Hotel	Act West (FHI) - per diems for survey teams and facilitators
Regional Medical Director Clinicals, Regional NTD Focal Person, and Regional HIO	NTD Diagnosis and DHMIS2 Reporting and National Refresher ToT for Regional Medical Director Clinicals, Regional NTD Focal Person, Regional HIO from 5 regions	<ul style="list-style-type: none"> NTD Diagnosis Treatment, Case management, Case Referral NTD Reporting in DHIMS 		21	21	1	Tamale/ Regional Venue	Act West (FHI) - per diems for survey teams and facilitators
Clinicians from Facility levels at Regional, District, Teaching hospitals, PHC	NTD Diagnosis DHMIS2 and Reporting and Clinician	<ul style="list-style-type: none"> NTD Diagnosis Treatment, case management Case Referral NTD Reporting in DHIMS 	430		430	1	Regional Venues	Act West (FHI) - per diems for survey teams and facilitators
NTD Staff (Program officers and M&E Officer)	DQA Refresher training for NTD staff (2days)	<ul style="list-style-type: none"> Overview of DQA in How to conduct DQA DQA Tools and logistics for field work 		15	15	2	Accra/ Public Unit Conference Room	Act West (FHI) - per diems for survey teams and facilitators
IR2 Trainings								

NTDP Staff	GESI Training for NTDP Staff	<ul style="list-style-type: none"> • GESI • Integrating GESI in NTD programming 	30		30	3	Accra/ Hotel/ Public Unit Conference Room	Act West (FHI) - per diems for survey teams and facilitators
NTDP Staff	Improved NTD management and Monitoring Tracker	<ul style="list-style-type: none"> • Improved NTD Management • Monitoring Tracker on NTD 	30		30	4	Accra/ Hotel/ Public Unit Conference Room	Act West (FHI) - per diems for survey teams and facilitators

MDA Trainings (FHI 360) The cascade trainings to be conducted in FY22 are largely refresher trainings associated with the integrated OV MDA in 70 districts, community-based MDA for SCH in 57 districts, and school-based MDA in 57 districts. However, a small number of health staff, teachers, and community volunteers may be participating in MDAs for the first time. Trainings for MDAs will be conducted in a cascaded manner, with the regional supervisors and trainers trained at the national level, the district supervisor and trainers trained at the regional level, and the district trains the sub-districts who train the community volunteers. The training aims to equip participants with knowledge for public education, social mobilization, medicines management and administration, supervision at the lower levels, and collection, collation, and reporting of the MDA data.

Budgeted in FAAs 3–7 and 11–13.

DSA Trainings (FHI 360)

Technical training will be conducted for field staff and monitors/supervisors undertaking the various DSAs: pre-TAS, TAS, LF confirmatory mapping, and SCH Impact assessments. Laboratory technicians, NTD program officers, and NTD focal persons trained in previous DSAs will be given a one-day refresher training and orientation before conducting the DSAs. Positive controls for FTS will be used to ensure quality control in the surveys. The NTDP will use the WHO FTS Diagnostic reporting tool to capture and report FTS invalid tests and operational issues in the field. All the DSAs will be funded by Act | West. Act | West will also provide funds to enable the NTDP manager and officers to monitor DSAs. The Act | West Ghana team, including the Program Manager and M&E Advisor, will also monitor field implementation and training of DSA teams prior to implementation and contribute to the dissemination of appropriate knowledge and standards. ***Budgeted in FAAs 8 and 9.***

APPENDIX VII. Short-Term Technical Assistance

IR category (1, 2, 3)	Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, etc.))	Number of Days required and when	Funding source (e.g., HKI country budget)
IR1	OV Stop MDA Survey Consultants (2)	<p>The consultancy services of two experts from an in-country research institution with specific technical expertise in the conduct of OV Stop MDA epidemiological surveys will be sought to provide STTA. Each consultant will be offered 12 days of work in each of the 2 TZs (Pra/Offin - 30 HDs, and Dayi/Asuskawkaw - 30 HDs).</p> <p>The objectives of the STTA are as follows: 1) To work with NTDP to develop a protocol which will be in line with the WHO approved protocol; 2) To ensure successful and effectively delivery of the epidemiological component of the survey in line with the approved protocol; 3) To work with NTDP to ensure accurate and timely analysis and reporting of the epidemiological samples; 4) To ensure the epidemiological component of the study is carried out in a scientific and timely manner.</p> <p>The consultants will be required to successfully carry out the OV Stop MDA survey (in line with the approved protocol), analyze all samples collected, and deliver a report covering all components of the study.</p>	Experience in conducting OV Stop MDA epidemiological surveys	12 days each, Q3	FHI 360 country budget, STTA

APPENDIX VIII. Fixed Amount Awards

FAA recipient (split by type of recipient)	No. of FAAs	Activities	Target Date of FAA application to USAID
Ghana Health Service (GHS)/NTDP	FAA 1	<p>a) Strategic planning meetings</p> <ul style="list-style-type: none"> ● Annual NTDP Portfolio Review and Work planning Meeting (Internal Work planning Meeting) ● Annual NTDP activities implementation planning Meeting ● Intra-Country Coordination Committee Meeting ● Technical Review Meeting (Twice a year) ● Post MDA Review Meeting-National ● Post MDA Review Meeting-Regional for Districts ● Data Management Technical Meeting ● GOEC Meetings (Twice a year) ● Ghana SCH/STH Expert Committee Meetings (Twice a year) <p>b) NTD secretariat</p> <ul style="list-style-type: none"> ● Communication for Program Coordination <p>c) Advocacy events</p> <ul style="list-style-type: none"> ● Advocacy meeting with policy makers and stakeholders (National Development Plan Commission and Parliamentary Sub-Committee on Health) collaboration between NTDP, the ICCC and NTD Ambassador ● Advocacy by Ghana NTD Ambassador ● FY22 MDA launch ● Media Engagement <p>d) Social Mobilization</p> <ul style="list-style-type: none"> ● Broadcast opinion leader audio recordings during LF/Oncho/SCH MDA in each of 137HDs (76 OV HDs, 4 LF HDs and 57 SCH/SHT HDs) ● Production of NTDs Documentary (Updating the existing NTDs Documentary) for each of the 137 NTD endemic HDs (76 OV HDs, 4 LF HDs and 57 SCH/SHT HDs) ● World NTD Day 	August 2021
GHS/NTDP	FAA 2	<p>a) Social Mobilization for Community-Based and School-Based SCH/STH MDA in 55 HDs</p> <ul style="list-style-type: none"> ● District Level - Radio Discussion ● Mobile Van Announcement ● Announcement at Community Information Centers ● Community Mobilization using Gon-gon beaters/Town Criers ● Health Education in Communities (in churches, mosques, schools, and markets' squares) ● Sensitization meeting with GES officials at the Regional & District Levels ● Sensitization meeting with Teachers & PTAs from 210 sub-districts <p>b) Sustainability, Mainstreaming and HSS</p> <ul style="list-style-type: none"> ● Conduct in country fund raising/DRM for the control of NTDs <p>c) Drug Supply and Commodity Management</p> <ul style="list-style-type: none"> ● Conduct Logistics Management National Level Training in MDA for 135 NTD endemic HDs (76 OV HDs, 4 LF HDs and 55 SCH/SHT HDs) ● Conduct Logistics Management Regional Level Training in MDA for 135 NTD endemic HDs (76 OV HDs, 4 LF HDs and 55 SCH/SHT HDs) ● Conduct Logistics Management Districts Level Training in MDA for 135 NTD endemic HDs (76 OV HDs, 4 LF HDs and 55 SCH/SHT HDs) 	August 2021

GHS/NTDP	FAA 3	<p>a) Social Mobilization - LF MDA in 4 Hotspot HDs</p> <ul style="list-style-type: none"> ● District Level - Radio Discussion ● Mobile Van Announcement ● Airing of Video about NTDs-At the Community Level ● Announcement at Community Information Centers ● Community Mobilization using Gon-gon beaters/Town Criers ● Health Education in Communities (in churches, mosques, schools, and markets' squares) <p>b) MDA – Drug Distribution</p> <ul style="list-style-type: none"> ● Cost of Drug Distribution for community- based LF MDA in 4 Hotspot HDs <p>c) Training LF MDA in 4 Hotspot HDs</p> <ul style="list-style-type: none"> ● National-Level training of trainers - LF MDA in 4 Hotspot HDs ● Regional-Level Training - LF MDA in 4 Hotspot HDs (in 2 Regions) ● District-Level Training -LF MDA in 4 Hotspot HDs ● Training of CDDs at subdistrict level - LF MDA in 4 Hotspot HDs <p>d) Supervision for MDA</p> <ul style="list-style-type: none"> ● Supervision & monitoring of LF MDA in 4 Hotspot HDs by National Program Officers ● Regional-Level Health workers to monitor and supervise drug distribution for LF MDA in 4 Hotspot HDs ● District- & Subdistrict-Level Health workers to monitor and supervise drug distribution for LF MDA in 4 Hotspot HDs <p>e) OV Stop MDA Epidemiological Survey</p> <ul style="list-style-type: none"> ● OV Stop MDA-Epidemiological Surveys at Pra/Offin Transmission Zone (TZ) ● OV Stop MDA-Epidemiological Surveys at Dayi/Asukawkaw Transmission Zone ● Elisa Assay for 17,500 School Children ● Reagents and Consumables ● Community and District Entry ● Training Workshop for Field Staff 	August 2021
GHS/NTDP	FAA 4	<p>a) Social Mobilization for Community-based OV MDA in 76 HDs in 13 Regions</p> <ul style="list-style-type: none"> ● District Level - Radio Discussion ● Mobile Van Announcement ● Announcement at Community Information Centers ● Community Mobilization using Gon-gon beaters/Town Criers ● Health Education in Communities (in churches, mosques, schools, and markets' squares) <p>b) Training OV MDA in 76 HDs in 13 Region</p> <p>c) National-Level Training of Trainers - OV MDA in 76 HDs (in 13 Regions)</p>	August 2021
GHS/NTDP	FAA 5	<p>a) Training OV MDA in 76 HDs in 13 Regions</p> <ul style="list-style-type: none"> ● Regional-Level Training - OV MDA in 76 HDs (in 13 Regions) ● District-Level Training - OV MDA in 76 HDs <p>b) Training of CDDs at subdistrict level - OV MDA in 76 HDs</p>	August 2021
GHS/NTDP	FAA 6	<p>a) Drug Supply and Commodity Management</p> <ul style="list-style-type: none"> ● Transport of Drugs and Materials for community based OV MDA in 76 districts ● Nose masks for National Level training of trainers- OV MDA in 76 HDs ● Nose masks for Regional Level Training -OV MDA in 76 HDs ● Nose masks for District Level Training -OV MDA in 76 HDs ● Nose masks for training of CDDs subdistrict level- OV MDA in 76 HDs ● Nose masks for CDDs Drug Distribution for community based OV MDA in 76 Districts for 5 days ● Hand Sanitizers of 100 ml for national, regional, district, CDDs trainings <p>b) Nose masks for Supervision of MDA</p>	August 2021

		<ul style="list-style-type: none"> ● Nose masks for Supervision & monitoring of OV MDA in 76 HDs by National Program Officers ● Nose mask for Regional-Level Health workers to monitor and supervise drug distribution for OV MDA in 76 HDs ● Nose mask for District- & Subdistrict-Level Health workers to monitor and supervise drug distribution for OV MDA in 76 Hotspot HDs <p>c) Hand Sanitizers of 250 ml for national, regional, district and sub-district supervision of OV MDA</p>	
GHS/NTDP	FAA 7	<p>a) Supervision of MDA</p> <ul style="list-style-type: none"> ● Supervision & monitoring of OV MDA in 76 HDs by National Program Officers ● Regional-Level Health workers to monitor and supervise drug distribution for OV MDA in 76 HDs <p>d) District- & Subdistrict-Level Health workers to monitor and supervise drug distribution for OV MDA in 76 Hotspot HDs</p>	August 2021
GHS/NTDP	FAA 8	<p>a) Drug Supply and Commodity Management</p> <ul style="list-style-type: none"> ● Post MDA Drug Retrieval to Regional Medical Stores <p>b) Monitoring and Evaluation</p> <p>e) LF confirmatory mapping in 76 HDs</p>	August 2021
GHS/NTDP	FAA 9	<p>a) Monitoring and Evaluation</p> <ul style="list-style-type: none"> ● Conduct Pre-TAS in 4 LF districts ● Medical material to conduct the Pre-TAS ● Conduct TAS 1 in 7 districts (7 EUs) ● Conduct TAS 3 in 2 districts (1 EU) ● Data Quality Assessment ● Supervision of NTD program finances <p>b) DSA – SCH/STH (IR3)</p> <ul style="list-style-type: none"> ● Training - Impact Assessment-for SCH/STH in 9 Health Districts (HDs) <p>f) Field Work - Impact Assessment for SCH/STH in 9 Health Districts (HDs)</p>	August 2021
GHS/NTDP	FAA 10	<p>a) Monitoring and Evaluation</p> <ul style="list-style-type: none"> ● National DHIMS 2 Refresher Training - Training of Regional Medical Directors, Regional NTD Focal Persons and Regional Health Information Officers ● Regional level DHIMS Training of Clinicians on NTD Diagnosis and Reporting Forms <p>b) Training Community-based SCH/STH MDA in 57 HDs in 13 Regions</p> <ul style="list-style-type: none"> ● National-Level training of trainers – SCH/STH MDA in 57 HDs ● Regional-Level Training - SCH/STH MDA in 57HDs (in 13 Regions) ● District-Level Training - SCH/STH MDA in 57 HDs ● Training of CDDs at subdistrict level - SCH/STH MDA in 57 HDs <p>c) Monitoring and Evaluation (IR3 SURVEILLANCE TRA)</p> <ul style="list-style-type: none"> ● Orientation on TRACHOMA PVS Plan Development ● Field Work - Trachoma PVS Plan Development in 8 Districts <p>g) Dissemination meeting with Stakeholders</p>	August 2021
GHS/NTDP	FAA 11	<p>a) MDA Coverage – Drug Distribution</p> <ul style="list-style-type: none"> ● Cost of Drug Distribution for community- based SCH/STH MDA in 57 HDs <p>b) Supervision of MDA</p> <ul style="list-style-type: none"> ● Supervision & monitoring of community- based SCH/STH MDA in 57 HDs by National Program Officers ● Regional-Level Health workers to monitor and supervise drug distribution for community- based SCH/STH MDA in 57 HDs ● District Health workers to monitor and supervise drug distribution for community- based SCH/STH MDA in 57 HDs <p>h) Sub-District Supervision of Community based STH by Sub-District Health Officers in 57 Districts</p>	August 2021

GHS/NTDP	FAA 12	a) Training School-based SCH/STH MDA in 57 HDs in 13 Regions <ul style="list-style-type: none"> ● National-Level training of trainers – School-based SCH/STH MDA in 57 HDs ● Regional-Level Training - School-based SCH/STH MDA in 57 HDs (in 13 Regions) ● District-Level Training - School-based SCH/STH MDA in 57 HDs ● Covid-19 Protocols- Purchase of Personal Protective Equipment (PPEs) for training-Community based and school-based SCH/STH MDA in 57 HDs b) Supervision of MDA <ul style="list-style-type: none"> ● Supervision & monitoring of School-based SCH/STH MDA in 57 HDs by National Program Officers ● Regional-Level to monitor and supervise drug distribution for School-based SCH/STH MDA in 57 HDs c) District-level to monitor and supervise drug distribution for School-based SCH/STH MDA in 57 HDs	August 2021
GHS/NTDP	FAA 13	a) Training School-based SCH/STH MDA in 55 HDs in 13 Regions <ul style="list-style-type: none"> ● District-Level Training - School-based SCH/STH MDA in 57 HDs b) Supervision for MDA c) Covid-19 Protocols- Purchase of Personal Protective Equipment (PPEs) for supervision-Community based and school-based SCH/STH MDA in 57 HDs	August 2021
GHS/NTDP	FAA 14	a) MDA – Drug Distribution <ul style="list-style-type: none"> ● Cost of Drug Distribution for community- based OV MDA in 76 HDs for 7 days 	August 2021
GHS/NTDP	FAA 15	a) MDA – Drug Distribution b) Cost of Drug Distribution for community- based OV MDA in 76 HDs for 7 days	August 2021

APPENDIX IX. Timeline of Activities

Please see attached Excel document.

APPENDIX X. Maps

Please see attached PDF document.

APPENDIX XI. Country Staffing

Please see attached PDF document.

APPENDIX XII. Additional tables/annexes

N/A

APPENDIX XIII. FY21 Activities planned in FY22 due to COVID-19

IR	Budget category(s)	Brief activity description
IR1	Strategic Planning	Data Management Technical Meeting in Volta (Meeting #2)
IR1	Drug Supply, Commodity Management and Procurement	Drug Retrieval to Regional Medical Stores
IR1	Monitoring and Evaluation and DSAs	Pre-TAS in 7 HDs
IR1	Supervision for Monitoring and Evaluation and DSAs	Supervision of pre-TAS in 7 HDs
IR1	Training	Health System Strengthening - Training of in-service Physician Assistants (Accra) Health System Strengthening - Training of Doctors at the College of Physicians and Surgeons (Accra)
IR2	Governance	Sustainability plan development workshop Sustainability plan political validation
IR3	Training	National Training, School-Based SCH/STH MDA in 239 HDs (FHI 360) - October 2021 Regional, District Trainings- School-Based SCH/STH MDA in 239 HDs (FHI 360) - October 2021 Training of CDDs for Community -based SCH/STH MDA in 55 HDs (FHI 360) - October 2021
IR3	MDA Coverage	School-based SCH/STH MDA in 239 HDs (FHI 360) - October 2021 Community -based SCH/STH MDA in 55 HDs (FHI 360) - October 2021
IR3	Supervision of MDA	Supervision of school based SCH/STH MDA in 239 HDs, national and regional level (FHI 360) - October 2021 Supervision of Community-based SCH MDA in 55 HDs, national, regional, district, subdistrict (FHI 360) - October 2021

APPENDIX XIV. Budget (confidential)

Please see attached Excel document.

APPENDIX XV. Budget Narrative (confidential)

Please see attached Word document.