



Act to End
NTDs
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Act to End Neglected Tropical Diseases | West

FY 2023 Work Plan-Ghana

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ACRONYMS

Act West	Act to End Neglected Tropical Diseases West Program
ACSM	Advocacy Communication and Social Mobilization
AIM	AIM Initiative (a program of the American Leprosy Mission)
ALB	Albendazole
ALM	American Leprosy Mission
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CHIM	Centre for Health Information Management
CHPS	Community-based Health Planning and Services
CMS	Central Medical Stores
CSIR	Council for Scientific and Industrial Research
CONIWAS	Coalition of NGOs in Water and Sanitation
DDPH	Deputy Director of Public Health
DHIMS2	District health information management system 2
DHMT	District health management team
DIP	Direct Inspection Protocol
DSA	Disease specific assessment
DRM	Domestic Resource Mobilization
EC	Expert Committee
FAA	Fixed amount award
FHD	Family Health Division
FY	Fiscal year
GCNIH	Ghana Coalition of NGOs in Health
GES	Ghana Education Service
GHS	Ghana Health Service
GOEC	Ghana Onchocerciasis Expert Committee
GoG	Government of Ghana
HCW	Health care worker
HD	Health district
H MIS	Health management information system
HPD	Health Promotion Division
HQ	Headquarters
HSS	Health system strengthening
ICCC	Intra-Country Coordinating Committee
ICD	Institutional Care Division
IEC	Information education and communication
IVM	Ivermectin
LF	Lymphatic filariasis
M&E	Monitoring and evaluation
MDA	Mass drug administration
MMDP	Morbidity Management and Disability Prevention
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Program
NTDs	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program
OTS	Onchocerciasis Technical Advisory Sub-group
OV	Onchocerciasis
PC	Preventive chemotherapy

PC-NTDS	Preventive Chemotherapy Neglected Tropical Diseases
PHC	Primary health care
PPE	Personal protective equipment
PPME	Policy Planning, Monitoring and Evaluation
Pre-TAS	Pre-transmission assessment survey
PVS	Post validation surveillance
RDHS	Regional Directors of the Health Service
REMO	Rapid Epidemiological Mapping for OV
RMS	Regional Medical Stores
SAC	School-age children
SAEs	Severe adverse effects
SAT	Surgical Assessment Tool
SCH	Schistosomiasis
SCT	Supervisor's Coverage Tool
SHEP	School Health Education Program
SOP	Standard operating procedure
SSDM	Stores, supplies, and drugs management
STH	Soil transmitted helminthiasis
TA	Technical assistance
TAS	Transmission assessment survey
TOR	Terms of reference
TOT	Training of trainers
TZ	Transmission Zone
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WV	World Vision

NARRATIVE

NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

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 (2021 Census). 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. There are currently 16 regions divided into 261 health districts (HDs) adding one district due to redistricting in 2021. Neglected Tropical Diseases (NTDs) that are endemic in Ghana include lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminthiasis (STH), buruli ulcer, leprosy, yaws, human African trypanosomiasis (HAT), leishmaniasis, scabies and rabies. Four NTDs—LF, SCH, STH, and OV—employ preventive chemotherapy (PC) using mass drug administration (MDA) as the key control strategy and are managed by the Neglected Tropical Diseases Program (NTDP) of the Public Health Division (PHD) of the Ghana Health Service (GHS). The NTDP has an advisory body, Ghana's Intra-Country Coordinating Committee (ICCC) for NTDs hosted and chaired by the Ministry of Health (MoH). In addition, there are disease specific expert committees for OV and SCH/STH that provide technical support to the program.

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 country is currently in the post-validation surveillance (PVS) phase for trachoma.

The Ghana NTDP presently targets LF for elimination as a disease of public health concern, OV for interruption of transmission, and LF and SCH for elimination of morbidity and interruption of transmission by 2030, while the goal for STH is morbidity control. LF is endemic in 12 of the 16 regions in the country. MDA using ivermectin (IVM) and albendazole (ALB) started in 2001 with five districts and gradually scaled up to all 114 endemic districts in 2006. The Volta, Oti, Ahafo, and Ashanti regions are considered non-endemic for LF. Significant progress has been made with LF treatment, with a total 106 of 114 endemic districts having stopped treatment in FY 2022 after conducting the recommended WHO transmission assessment survey (TAS1) and achieving the threshold for stopping MDA.

OV control in Ghana began in 1974 with vector control strategy until the community-directed treatment with Ivermectin (CDTI) strategy was introduced by the African Program for Onchocerciasis Control in 1998. In 2009, Ghana conducted OV remapping using the rapid epidemiological mapping for OV (REMO) method. The REMO results indicated that of the 216 HDs in Ghana (the number of HDs prior to the FY 2020 redistricting), 29 were hyperendemic (nodule prevalence $\geq 60\%$); 15 were mesoendemic (nodule prevalence 40%–59.9%); 91 were hypoendemic (nodule prevalence < 40%); and the remaining 81 HDs were non-endemic. After the OV REMO in 2009, the NTDP conducted annual and bi-annual OV MDA in mesoendemic and hyperendemic communities/HDs, respectively. MDA was also continued in HDs found to be hypoendemic in the 2009 REMO, but which conducted MDA 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 subdistrict level in preparation for an OV elimination program. This means that all eligible persons in a subdistrict are treated if at least one community in the subdistrict is endemic and receiving treatment.

In 2007–2008, the NTDP mapped SCH/STH by collecting samples in 170 HDs and using geostatistical analysis to predict endemicity for all 261 HDs in the country. The mapping was funded by USAID. SCH endemic HDs were classified as follows: 38 HDs as low risk (>0 and <10%), Category C; 165 as moderate

risk ($\geq 10\%$ and $< 50\%$), Category B; and 57 as high risk ($\geq 50\%$), Category A. Only 16 HDs were classified as moderate risk ($\geq 20\% - 49.9\%$) for STH endemicity.

The NTDP conducted a nationwide impact assessment of SCH/STH in 2015. Results of the impact assessment indicated a significant improvement in SCH and STH endemicity in Ghana, despite little improvement in environmental risk factors. Since the 2015 assessment, the NTDP control strategy for SCH is the use of praziquantel (PZQ) for MDA among all school-age children (SAC) aged 5–14 years, where low-risk HDs are treated every three years, moderate risk treated every two years, and high-risk treated annually. Out-of-school SAC are reached through community-based MDA. The NTDP continues to treat SAC for STH with ALB as part of the integrated school-based SCH/STH MDA and community-based integrated SCH/LF/OV MDA which targets persons > 5 years. Additionally, in HDs where baseline SCH endemicity was at least 50%, both school-based MDA targeting SAC and community-based MDA targeting adults (≥ 15 years) are conducted, as recommended by WHO. In FY 2023, the country will begin subdistrict level SCH treatment where subdistrict level data is available.

The five key intervention strategies employed in the country for elimination and control of the PC-NTDs include 1) annual, biannual, or biennial MDA; 2) Morbidity Management and Disability Prevention (MMDP); 3) vector control; 4) health education and Social Behavior Change Communication (SBCC) to improve adherence to treatment; and 5) disease specific assessment (DSA) surveys to determine the impact of treatment in endemic populations. PC-NTD activities are integrated as much as possible to maximize available resources.

United States Agency for International Development (USAID) has funded Ghana's interventions for elimination and control of the five PC-NTDs since 2006. Other partners supporting the NTDP are Sightsavers for OV MDA, MMDP and DSAs; World Vision (WV) in collaboration with Merck for training of health staff on SCH; Volta River Authority (VRA) supporting SCH/STH activities in endemic communities along the bank of the Volta River; and the American Leprosy Mission (ALM) for MMDP. The WHO country office in Ghana provides technical support and ad hoc targeted funding for MDA and DSAs and generally serves as consignee for NTDP logistics including donated medicines, equipment, and supplies for DSA in the country. The 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). The World Bank provided a one-off support to the NTDP in 2022 to conduct community SCH treatment in 30 HDs in three regions: Western, Bono and Ashanti.

The Ministry of Education (MoE)/Ghana Education Service (GES) through its School Health Education Program (GES-SHEP) continues to collaborate with the NTDP and partners to mobilize teachers, 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, WV, and ALM.

IR1 PLANNED ACTIVITIES: LF, TRA, OV

Lymphatic Filariasis

FY 2023 Planned activities

MDA and DSA

LF MDA in five HDs

MDA will be conducted in five HDs as part of the integrated LF/OV/STH MDA. Four of these HDs failed re-pre-TAS in November 2021 out of the seven districts planned for re-pre-TAS in FY 2021. The fifth HD, Lawra, failed pre-TAS in 2020, and the first MDA after the failed pre-TAS recorded less than 65% epidemiological coverage (63.4%). The five HDs were treated in FY 2022. Treatment in FY 2023 will be the second round before conducting another re-re-pre-TAS.

TAS1 in three HDs

In FY 2023, TAS1 will be conducted in three HDs (three EUs). The HDs conducted a second round of MDA in June 2022 after a re-pre-TAS failure in 2020. The three HDs will conduct re-re-pre-TAS in December as a FY 2022 rollover activity prior to the TAS1 later in FY 2023.

TAS2 in four HDs

In FY 2023, TAS2 will be conducted in four HDs grouped into three EUs. The four HDs passed TAS1 in June 2021.

CES in four HDs (FHI 360)

Five health districts failed re-pre-TAS in FY 2020. In the same FY, the NTDP with support from the Act | West program held series of strategic meetings at the regional, district and subdistrict levels of some selected HDs to assess effectiveness of strategies implemented to improve MDA coverage. Following these meetings, the NTDP recognized that some HDs had improved, but others still had poor coverage. For example, the Lawra district failed re-pre-TAS in FY 2020 but had not reached the minimum epidemiological coverage of 65% in FY 2021. The NTDP, in its quest to attain the LF elimination target by 2030, aims to investigate community perspectives and dynamics that may have resulted in low coverage in some of the HDs that continually fail pre-TAS.

In FY 2023, the NTDP will conduct a Coverage Evaluation Survey (CES) in four HDs, namely Lawra, Ellembelle, Bole, and Sunyani West, to validate the reported coverage and assess knowledge of NTDs, MDA, and channels of communication which can be used to improve MDA. The NTDP will enhance the use of the Supervisor's Coverage Tool (SCT), expand its reach to special groups by integrating concepts from Leave No One Behind and Gender Equity and Social Inclusion (GESI), and reduce the number of persons a community drug distributor (CDD) is responsible for, among other strategies learned from the 2020 community engagement.

To improve its intervention strategy, the NTDP has incorporated some findings and recommended actions from a COR-NTD study in Ghana, including: 1) engaging traditional leaders as MDA champions and for their support in recruiting committed CDDs for MDA. For districts that experienced challenges recruiting committed CDDs due to their preference for engaging in illegal mining ("galamsey"), community health nurses were utilized to improve coverage; 2) HDs have been encouraged to use any community engagement platform to reinforce MDA information. Some districts highlighted messages on MDA for LF prevention during the mass distribution of long-lasting insecticide-treated nets.

LF morbidity management and disability prevention

Contribution to dossier data review workshops (ALM LOE)

As part of the overall Act | West support in Ghana, the NTDP will hold LF elimination dossier development workshops in FY 2023 to facilitate development of first draft of the LF dossier narrative and upload data into the dossier data template. Part of this process will include compiling and assessing various data required for dossier submission, which will include MMDP burden data and health facility readiness. ALM will attend and contribute to these meetings, supporting overall MMDP aspects of the dossier development.

Assessment of facility readiness to provide quality hydrocele services

The Ghana NTDP has trained 85 medical officers on hydrocelectomy using the WHO recommended method. The WHO also recommends that facilities trained to provide hydrocele services be assessed to understand their readiness to provide quality services. Conducting a hydrocele surgery readiness assessment will help determine the degree of preparedness of each hospital to conduct hydrocele surgery and associated follow-up, as required for dossier development.

In FY 2020, as part of Act | West, ALM provided technical support to the NTDP to conduct a facility readiness assessment using the WHO Direct Inspection Protocol (DIP). The DIP that was used for the health facility assessment in Ghana only assessed the quality and readiness of facilities that provide lymphedema services; it did not include thematic areas covering the availability or quality of hydrocele surgery provided by facilities designated by the NTDP. However, in 2021, the NTDP did designate facilities to provide hydrocele surgical services, and the revised WHO DIP tool does now include a hydrocelectomy capacity assessment component.

In FY 2023, Act | West will provide TA to the NTDP to conduct a facility assessment using the DIP for hydrocele which is a requirement for the LF elimination dossier submission. The DIP addresses the criteria for assessing the quality and readiness of facilities providing hydrocelectomy services for LF patients. This tool will be used in all LF endemic regions where hydrocelectomies have been carried out and will focus on the availability and quality of hydrocele services. Eighty facilities in the 12 regions have been designated; however, to ensure that all endemic regions are represented in the selection process, 24 facilities will be selected, two facilities per region. This is an important activity, because it will allow the GHS to assess the availability and quality of hydrocele surgery in facilities designated to provide the service. It will also provide information on capacity of hospitals at the regional and district levels to provide hydrocele management, especially where known cases are located. While the information from the DIP is required in the LF dossier, it also provides information for planning to address gaps in hydrocele service delivery for hydrocele patients in targeted districts. The way this activity is planned to be conducted will ensure GHS regional and district level staff to be trained as field teams to administer the DIP with technical support from Act | West during data collection. The training of these field staff and skills they will acquire in implementing the DIP enhances sustainability of skills and capacity within the health system on assessing facilities and identify gaps related to hydrocele and foster ownership at the regional level in terms of addressing identifiable gaps and not relying on the central- level NTDP program alone to advocate for and improve service delivery.

Dissemination of results from WHO DIP at the regional level

The WHO-recommended DIP survey was carried out in Ghana in FY 2020 to assess the readiness of health facilities to provide quality lymphedema services to patients. However, the results were shared only at the national level by the NTDP and its stakeholders. During discussion, the NTDP recommended

wider dissemination of the DIP results, especially at lower levels given their direct involvement with implementing recommendations from the DIP findings. Similarly, the NTDP would like the results of the proposed assessment for hydrocele surgery using the DIP to be shared with other levels of the health system.

This activity will support the dissemination of the results of the DIP for lymphedema management and hydrocele at the regional and district levels. Twelve regional review meetings take place annually. The NTDP proposes to use the regional NTD review meetings in FY 2023 to share the results from the DIP and hydrocele assessment. Act | West will support the NTDP by drafting presentations and a summary of findings in preparation for the meetings. This is a priority activity for the NTDP and was shared with partners at the national level DIP dissemination meeting in Accra. Act | West will also attend some of these meetings to contribute to the discussion on the findings. Since Act | West provided technical support to the NTDP in conducting the DIP, the NTDP has also requested Act | West's support in the regional dissemination activities, though the NTDP will take the lead during these meetings.

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LF dossier development

Ghana will start activities towards LF dossier development with an orientation workshop on the dossier requirements and templates in August 2022. The workshop will also be used to identify all data required for the LF dossier preparation and assign tasks to program staff to collate it. The workshop will be facilitated by the Act | West LF focal point and attended by the NTDP technical and monitoring and evaluation teams, Act | West, and NTDP partners including Sightsavers.

In FY 2023, the NTDP will hold two workshops to facilitate development of the first draft of the LF elimination dossier narrative and update the dossier data template with all MDA, DSA, morbidity and other monitoring and evaluation survey data collected to date. In the first workshop, the NTDP with the support of partners will review all collated LF program data and information in readiness for the development of a first draft of the LF validation dossier narrative. During this workshop, the dossier data template will be updated with all program data to date and a scope of work for a consultant to write a first draft of the dossier narrative. Once a first draft of the dossier narrative has been completed, a second workshop will be scheduled to review the draft and make recommendations for finalizing the narrative. The NTDP will subsequently update both the dossier narrative and data template with additional information on an annual basis.

Trachoma

Trachoma PVS activities

In May 2018, WHO validated Ghana to have eliminated trachoma as a public health problem. 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.

In FY 2022, the Act | West program planned to support the NTDP to document the PVS activities Ghana has undertaken, and the lessons learned from these activities as part of Act | West's Learning Agenda. Development of the protocol only started in September 2022, so this activity will continue into the first quarter of FY 2023. The first step in this work will be to review data from the DHIS2 to determine what data, if any, have been reported in the past four years, along with documentation of the trainings conducted with support from USAID under END in Africa. These trainings were for health workers to be

able to identify clinical trachoma cases, ensure they receive care, and to report them through the DHIS2. With these data, the NTDP in collaboration with Act | West will identify districts to visit. The purpose of the district visits will be two-fold: 1) to determine the accuracy of the data reported through the DHIS2; and 2) to understand the current availability and capacity of health workers trained for PVS. For the former, the NTDP will review clinical registers to see if it aligns with what was reported through the DHIS2. For the latter, in a selection of districts, the NTDP will determine if those trained to identify trachoma are still in formerly endemic districts, whether they can accurately define and recognize trachoma, and whether they are reporting cases. Upon completion of this documentation, the NTDP will compile a report with the findings, including lessons learned and gaps. This also may lead to recommendations to improve the reporting of trachoma cases in Ghana's post-validation environment.

Onchocerciasis

FY 2023 Planned Activities

OV MDA in 76 HDs (FHI 360)

In FY 2023, Act | West will fund the first round OV MDA in 76 HDs between April and June 2023, and Sightsavers will fund the second round in the latter part of 2023. The number of HDs treated for OV MDA may change based on the results of the Stop MDA survey. The detailed activities related to OV MDA are below:

- ***National MDA launch:*** Traditional authorities, local government officials, and the media play a key role in mobilizing local communities in Ghana for encouraging participation in the MDA. The national launch includes key stakeholders from academia, policy makers, media, and traditional leaders, among others. The purpose is to encourage collaboration among all key NTD players.
- ***Media engagement for MDA:*** Increased and sustained awareness of the MDA campaign are key for good MDA coverage. Various media houses (both print and electronic) will be engaged in a press briefing on key messages, radio discussion and announcements, and press visits to MDA sites to raise awareness about the campaign. The population will be well informed about where, when, and how activities will be conducted to encourage participation.
- ***MDA drug delivery:*** In FY 2023, CDDs will be trained to deliver NTD medicines in all endemic communities. This includes updating community registers to reflect births and deaths since the last register update, to exclude persons or households that moved out of the community, add new settlers that have come into the community, and enroll any other individuals eligible to receive the medication. House-to-house MDA will last for a period of two weeks to reach all eligible persons in the communities.
- ***Supervision for OV MDA in 76 HDs:*** MDA supervision will be done within the GHS structure of national, regional, district, and subdistrict levels. MDA supervision will include the Director of Public Health of the GHS, who will motivate the regional directors and deputy directors of public health to improve the overall quality of the MDA. Act | West funds will be provided to the NTDP to conduct supervision at all levels (national, regional, district, subdistrict, and community levels). NTDP monitoring checklists will be used at all levels to ensure that supervision is standardized and effective. The use of the supervision checklist and SCT will be emphasized. The SCT includes questions to assess the effectiveness of various social mobilization methods and channels. Findings will be used to initiate mop up where necessary. 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, so that a follow up can be conducted.

Pre-Stop MDA Survey in 10 HDs in White Volta Kulpawn and Pru Afram TZs

A review of the 2017 impact assessment showed that most HDs recorded very low prevalence (<1%) and could be on the verge of eliminating OV. At the GOEC meeting in May 2022, it was recommended that the NTDP initiate a preliminary assessment to ascertain the readiness for a Stop MDA in 10 HDs in White Volta Kulpawn (upper part) and Pru Afram TZs. In FY 2023, the NTDP will conduct a Pre-Stop MDA survey in the above TZs. The Onchocerciasis Technical Advisory Sub-group (OTS) processes will be applied as recommended by the GOEC. The Pre-Stop MDA survey would help the NTDP assess the TZs' preparedness toward interrupting transmission.

OV Exclusion Mapping

At its fifth meeting, the GOEC recommended that the NTDP follow the OTS recommendations for countries and conduct OV exclusion mapping in non-endemic areas. Accordingly, the NTDP plans to conduct a desk review in FY 2023 to assess all ecological areas previously categorized as unsuitable for blackfly breeding, especially in districts dotted along the coastal plains of Ghana. This also includes seven non-endemic districts in the Pra/Offin TZ undergoing a Stop-MDA survey in FY 2022 (Asante Akim North, Kumasi Metro, Bosomtwi, Atwima Kwanwoma, Kwabre East, Asokore Mompong, and Denkyembour).

Two additional districts in the Upper East region (Bongo and Kasena Nankana West) that share borders with Burkina Faso will also undergo exclusion mapping. This will mainly be a desk review with intermittent field visits to areas recently reporting blackfly biting to validate the presence of a productive blackfly breeding site. The NTDP requests support from the Act | West program to undertake the desk review and onsite verification for blackfly breeding sites.

OV Elimination Mapping in three HDs

Although the status of OV across all TZs is well known, the GOEC recommended the application of OTS processes to clarify and fully document the status of OV prevalence in a cluster of three districts in the Bono region (Jaman North, Jaman South and Dormaa Municipal) along the Ghana-Côte d'Ivoire border and in the Tano/Ankobra TZ. Results from an assessment in 2017 using an OV16 RDT showed no infection in the three HDs despite the presence of a breeding site in nearby Côte d'Ivoire. In FY 2023, to confirm the OV16 RDT results, the GOEC decided to use ELISA for the upcoming survey on the ground - that the planned pre-Stop survey will use the already widely available ELISA equipment, consumables and capacity. The eluted blood spots on RDT remain a valid cost-effective option to validate or confirm the previous OV16 RDT results and will be suggested to the NTDP.

In five selected first-line villages, a convenience sample of 100 resident adults (≥ 20 years, 50 men and 50 women) who have lived in the village for more than 10 years is conducted with DBS collected from each participant in each village. If the seroprevalence is $\geq 2\%$ in any one of the first line villages, a decision to treat will be concluded. For the second tier of communities, a cluster sampling survey design is used to randomly select 20 communities/villages, 50 individuals > 20 years old from each village/community are tested. If ELISA or DBS on OV16 RDT results show $\geq 5\%$ positivity in two or more villages or $> 10\%$ in any one village, MDA will be recommended. Three field teams of four persons per team will collect samples from selected villages for 15 days. Two biomedical scientists would be required to work on the samples for five days. The NTDP requests funding support from the Act | West program to undertake this exercise.

IR1 Cross-cutting Activities

Partial DQA in four HDs (FHI 360)

In FY 2021, Act | West supported the NTDP to carry out data verification in four HDs. The results and recommendations, in the form of action plans drawn and shared in the regions, districts and subdistricts, were aimed at helping the districts to improve upon issues identified in relation to data reporting, completion of entries in registers and other data-related issues. The results were disseminated at the National NTD Review Meeting to all endemic regions to serve as a guide to help improve data quality.

The partial data quality audit exercise proposed for FY 2023 will be carried out in four HDs that failed their re-pre-TAS in FY 2021: Bole, Ellembelle, Sawla Tuna Kalba, and Sunyani West. This activity aims to verify reported MDA coverage from source data collection tools (community registers) after the MDA. Trained personnel will be deployed into these four HDs to review the source data collection and reporting documents—community registers, summary reporting forms—to verify the reported data. Results of the survey and data verification will be used by these districts to improve MDA data collection, management, and reporting at all levels with the ultimate goal of improving coverage of FY 2023 MDA. The results will also be shared with all endemic districts during the annual national NTD review meeting. The NTDP will conduct follow up visits to check the implementation of all recommendations contained in actions plans drawn at all levels visited. This activity is expected to improve the quality of data reported by endemic districts and verify reported treatment coverage.

IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

System Strengthening

Data Security and Management

Integration of DSAs into DHIMS2 – Phase 2

DHIMS2 is the main data storage portal for the GHS. In FY 2020, the NTDP with support from Act | West added its aggregated data forms to the DHIMS2 system and districts report to the national program through this channel. Over the past two years, the NTDP has tried to capture its DSA data in the WHO NTD integrated database for storage. This effort has come with some challenges due to the numerous bugs in the system. In FY 2022, Act | West provided support for the initial engagement sessions between the NTDP and Centre for Health Information Management (CHIM) of GHS to introduce the data capture of NTD DSAs to the DHIMS2. Support in FY 2022 was also provided through a three-day residential workshop for the NTDP monitoring and evaluation (M&E) team, DHIMS2 technical team, and Act | West staff to create and code data capture forms for the DHIMS2 platform.

In FY 2023, Act | West will provide support for the completion of the integration of DSA data into DHIMS2 through a five-day residential workshop to validate, train, and test data capture in two LF or OV endemic HDs with NTDP Program Officers. This will enable data to be finalized for rollout onto the DHIMS2 platform. There will also be support for a two-day NTD data review and system maintenance meeting with the DHIMS2 technical team to discuss documented issues from HDs and subdistricts on all NTD data forms on the DHIMS2 system.

Targeted TA to strengthen the NTDP's data policies and procedures

In Ghana, the NTDP follows guidance outlined in the Data Management SOP used by the GHS. In FY 2022, Act | West completed a data security policy current state analysis. In FY 2023, it will work with the

Act | West monitoring and evaluation advisor so that the latter can present and validate with the NTDP the findings of the analysis. The NTDP will use the findings of the analysis and the recommendations as input in the consultation with the GHS when the GHS develops data security policy and standard operating procedure for the whole health system. The GHS has not yet identified a timeline for the development of the data security policy.

Data Management Coaching and Mentoring

In FY 2020 and 2021, the NTD program, with funding from Act | West, coordinated data management coaching and mentorship supportive visits, visiting seven regions in FY 2020 and four in FY 2021. This activity was aimed at improving data management capabilities, ensuring the principles underpinning good data management and utilization are strengthened at the sub-national levels. Issues were identified, including exclusion of NTD data during monthly data and quarterly validation meetings and absence of primary data, especially at some sub-national levels (i.e., subdistricts and health facilities). The NTDP with technical support from the Act | West M&E Advisor supported sub-national teams by reorienting them on good data management practices and existing SOPs on NTD data collection tools and reporting forms. A total of 204 staff working on NTD data were coached on good data management practices as part of efforts to expand the scope (increased number of districts benefiting from this initiative, and increased number of data mentors or coaches to conduct peer mentoring at the sub-national levels). Act | West will support the NTDP to scale up the data management supervision visits in FY 2023. This support will entail two rounds of coaching and mentoring visits. The country will be divided into three zones, and a critical assessment of NTD DHIMS2 data quality will be undertaken to determine the HDs that need support. For each round, two HDs per zone will be selected based on NTD DHIMS2 data completeness and timeliness.

HMIS Integration: In FY 2022, Deloitte supported the NTDP to assess the current health information management system (HMIS) integration for PC NTDs. The GHS policy on DHIS2 was reviewed. Primary data on strengthening HMIS integration was collected from the national and sub-national health information managers. These data were analyzed in alignment with the GHS policy on DHIS2. In FY 2023, a five-day dissemination and validation workshop on HMIS integration will be organized. The workshop participants will include the Center for Health Information Management of the GHS, regional health information managers, and NTDP focal persons to develop SOPs per the recommendation from the HMIS integration assessment conducted in FY 2022.

Drug Management

NTD drug supply chain management (SCM) is crucial to ensure constant availability of drugs and proper logistics for MDAs and DSAs; effective inventory management, stock taking, estimation; and timely request for the right quantity and quality of drugs for the success of NTD program. Historically, Ghana has experienced issues with drug expiry and has identified the need to strengthen drug management practices and integrate the NTD drug supply into national to subdistrict level supply chains. In FY 2021 and 2022, there was drug expiry of about three million and four million tablets of ALB and IVM, respectively. This was a consequence of COVID-19 in 2020 and reduction in the number of HDs and population for the FY 2022 OV MDA due to the impending Stop MDA survey in 61 HDs. To strengthen drug management and reporting at the sub-national level, Act | West will support the NTDP to conduct logistics management training ahead of the second round MDA scheduled for the third week of October 2022. One of the key topics highlighted in this training will be the “first expired, first out” (FEFO) principle for managing the logistics of products with a limited shelf life. In the FAA deliverables, pre- and post-MDA inventory using FEFO is required.

The NTDP requests its drugs using JRSM through the WHO ESPEN portal. Act | West will work with the program on drug quantification prior to submission of requests. In addition, Act | West will be notified and copied on communications regarding the submission for drug request so that it can provide support to the NTDP and facilitate the timely response to WHO queries. A one-day working meeting will be organized by Act | West for 10 NTDP program officers to refresh them on the joint application package.

Quarterly NTD medicine inventory meeting between NTDP and SSDM division of GHS

In FY 2023, Act | West will support the NTDP to strengthen monitoring of sub-national levels to adhere to drug management guidelines. This will be jointly implemented by the stores, supplies, and drugs management (SSDM) division of the GHS, the Central Medical Stores and the NTDP. The NTDP will conduct quarterly drug inventory at the national, regional, and district level to avert drug expiry. The Act | West program will facilitate this, requesting that the NTDP share copies of inventory reports with all stakeholders to enhance an effective and efficient reverse logistics process following MDA. This is aimed at strengthening drug requests for MDA.

Transport of drugs and materials for OV/STH MDA in 76 HDs and post-MDA drug retrieval to Regional Medical Stores or reverse logistics

In FY 2023, Act | West will support the MDA logistics distribution including transport of IVM and ALB and Information, Education, and Communication (IEC) materials from the CMS to the RMS in 13 regions. Districts will collect materials and drugs from their respective RMS and distribute to subdistricts at no cost to the program. Following the MDA, Act | West will fund the NTDP regional pharmacists and NTD coordinators to return unused drugs from the districts back to the RMS to be sorted and stored for future MDAs. Regional pharmacists in each of the 13 regions will visit all districts involved in MDA to retrieve unused medicines from the district stores to RMS and report to the NTDP. A pharmacist from the CMS will visit six regions across the country (two each from the Northern, Middle, and Southern zones) to verify unused medicines are in storage.

Reporting SAEs

During the planned cascade trainings for MDA, GHS and GES personnel will be trained to identify and refer all adverse events following MDA to the nearest health facility. At the facility level, the health staff will complete a pharmacovigilance form and report such events to the district health authorities and the Food and Drugs Authority (FDA) representative in the HD. Cases of serious adverse events (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 forward the reports to the NTD Program Manager.

Act | West will support the NTDP to train regions and districts on SAE reporting guidelines and monitor compliance during and after MDA. The NTDP will be supported during MDA with prompt reminders on communication platforms to notify Act | West within 24 hours of an SAE. The Act | West program in FY 2023 will make presentations on the subject matter to reinforce the NTDP's SAE training, emphasizing prompt reporting and developing concrete action plans on reporting SAEs during MDA trainings. The Act | West program will develop a questionnaire on SAEs and integrate it into in national and regional level monitoring checklists to facilitate early reporting of SAEs during MDA.

Warehouse assessment

The NTDP manages its drugs for MDAs through the GHS existing supply chain system where drugs are received at CMS and distributed to the RMS for disbursement to the district and subdistrict. The Act | West program supports the NTDP in the timely delivery of drugs for MDA by providing funding for drug

transportation to the sub-national level and conducting reverse logistics to retrieve left over drugs from the districts to the RMS.

Warehouse assessment has been shown to improve quality assurance, inventory accuracy, security, and overall performance of facilities, resulting in improved program drug and logistics management. The Act | West program in FY 2023 will work with the NTDP and the SSDM division of the GHS to conduct a warehouse assessment of the CMS, some selected RMS and about 5% of districts stores (13 HDs) across the country. The assessment will use standard operating procedure (SOP) forms developed by Act | West. However, the NTDP logistics focal person will lead the assessment.

Achieving Sustainability: Mainstreaming & Health Systems Strengthening

Previous and current FY activities and context

Ghana is currently in phase 4 of the USAID five-phase sustainability framework, and the sustainability plan was politically validated in FY 2022. In phase 1, the GHS/NTDP held a sustainability sensitization meeting attended by high-level representatives across various ministries, directorates, and implementing partners. The meeting introduced participants to cross-sector coordination and mainstreaming as pillars of sustainability for NTDs. During this phase, the NTDP requested support from Act | West for the revitalization of the ICCC as the NTD multisector coordination mechanism in Ghana; this has since been revitalized and active since 2020.

During phase 2, after the stakeholder landscape and cross-sector barriers analysis, the GHS/NTDP held a dissemination and validation workshop with the NTDP and NTD stakeholders to review the process of cross-sector coordination of NTD priorities in Ghana. The NTDP also conducted a financial analysis to identify its funding needs and strengthen its financial management capacity. This landscape analysis complemented the NTDP's completion of the self-guided assessment using the sustainability maturity model (SMM) to assess status of the six sustainability domains.

Ghana in phase 3 developed the sustainability plan for NTDs on the six sustainability domains with very well-defined milestones. The plan was validated by policy makers from key relevant stakeholders from health, education, water, sanitation and hygiene, and other key stakeholders and actors in the fight against NTDs.

In FY 2023, following the political validation of the sustainability plan, Ghana is entering the fourth phase of the sustainability plan phased approach. Act | West will continue providing technical assistance to the GHS/NTDP and the ICCC to implement and monitor the sustainability plan.

Governance Activities

Support to the NTDP/ICCC and key stakeholders to validate the integration of NTD services in the NHIS benefits package

Through the sustainability analyses, 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. Presently, Ghana's NHIS benefits package does not fully cover NTD services (illustrative services include footcare, wound dressing, hydrocele surgeries, and treatment for female genital schistosomiasis or FGS) in healthcare facilities. A phased approach has been adopted to facilitate the inclusion of NTD services in the NHIS. Since FY 2021, Act | West has supported the GHS/NTDP and ICCC to develop a strategy to engage the NHIA in the integration of NTD

services within the NHIS' package of benefits. In FY 2022, building on AIM Initiatives' situational analysis on MMDP in Ghana, Act | West provided technical assistance to the GHS/NTDP and ICCC to hold a series of technical consultations with the NHIA and other relevant stakeholders to review the current NHIS benefits package, identify gaps in coverage for NTD services, review the enrollment criteria, consolidate disease and financial analyses data, and propose an appropriate strategy for integrating NTD services into the NHIS.

Building on these findings in FY 2023, WV will support the GHS/NTDP and ICCC to engage the key stakeholders to add the recommended NTD services to the benefits package. Act | West will support GHS/NTDP to prepare for a one-day high-level engagement meeting for this strategic validation of recommendations from the review of the NHIA packages for NTD services. The MoH and GHS leadership, ICCC, and other decision-making stakeholders will be engaged for active advocacy on monitoring the implementation of new services recommended within the benefits package and continuous engagement with service providers and the NHIA for effective implementation. By the end of FY 2023, the GHS/NTDP aims to have a sustainable and expanded cap within the NHIS benefits package for the long-term management of NTD morbidity and services through the NHIS.

Technical support to the NTDP to implement roadmap for integrating NTD services into PHC structures

As Ghana makes progress toward expanded universal health coverage (UHC) to include NTD services, it has become critical for the health system to provide an integrated service delivery model within PHC structures both at community and health facility levels. In Ghana, PHC service delivery is championed within the CHPS, which seeks to bring health care to communities and refer community members to health centers for appropriate care. The GHS/NTDP is advancing toward mainstreaming NTD services into existing health service platforms. Populations at risk of NTDs use platforms such as ante-natal care (ANC) services, nutrition, and school-aged screening, yet those do not include NTD critical messaging or access to services.

Starting in FY 2022, Act | West has supported the NTDP to develop a phased approach to operationalize the integration of NTD services into Ghana primary health care structures. 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. During the first phase, Act | West is providing technical assistance to the NTDP and the GHS Department of Policy, Planning, Monitoring and Evaluation (PPME) to hold series of technical consultation with the Family Health Division (FHD), Institutional Care Division (ICD), and Health Promotion Division (HPD) to develop a roadmap strategy for integrating NTD services (e.g., deworming, diagnosis, and case management) into CHPS and routine health delivery platforms at the facility-level.

In FY 2023, for phase 2, Act | West will support the NTDP to roll out this model for the integration of NTD services within the relevant primary health care structures. Identified services include MMDP case finding and referrals, footcare, wound dressing, hydrocele surgeries, treatment for FGS, and psychosocial support for persons affected by NTDs, etc.

- a. ***At the CHPS:*** After administrative sign-off on the technical road map for NTD service integration in CHPS to enable implementation in FY 2023, Act | West will provide technical assistance to the NTDP to conduct a three-day meeting to review the integration progress of NTD services into the CHPS matrix. The aim of this meeting is to convene NTDP, PPME, ICCC and relevant stakeholders to facilitate the operationalization for the NTD-CHPS integration strategy.
- b. ***At the facility level through functional routine service delivery platforms (ANC,***

OPD, Nutrition, etc.). Building on the model of integration developed in phase 1 in FY 2023, Act | West will provide technical assistance to the NTDP to conduct two biannual meetings to monitor integration of NTDs into routine delivery platforms. These two-day meetings will convene NTDP, ICCC, FHD, ICD, HPD, and other key stakeholders to generate evidence on the feasibility and progress of integration of essential NTD services into routine health platforms. A monitoring framework for integration will also be developed.

Technical support to the NTDP to identify and analyze essential financial data to inform DRM and advocacy activities

The NTDP has not conducted TIPAC data entry since FY 2019, therefore an updated financial needs analysis is needed to provide accurate, concrete data outputs to support advocacy and domestic resource mobilization (DRM) efforts. As noted in the NTDP Sustainability Plan, the NTDP complies with and uses the financial management processes and systems of the Ghana Health Service, enabling the NTDP to have sustainable practices in financial management. The NTDP has access to and uses a financial analysis tool to enter financial data. However, the NTDP does not yet conduct or apply financial needs analysis results to make programmatic decisions, forecast budget needs beyond one year, raise awareness, or advocate for government funding.

In FY 2023, Act | West will support the NTDP over a five-day workshop to conduct a financial analysis and identify essential financial data needed to inform programmatic decision making and DRM advocacy activities planned for FY23. This effort will support capacity building to identify gaps in the NTD budget, sustainability plan budget planning, and DRM message planning alongside existing plans (Advocacy and Communications Plan). The session will yield the following outcomes: 1) improved NTDP capacity for financial analysis; and 2) better use of essential financial data for improved decision-making, prioritization of funding for budgeted activities, and targeted messaging for budget advocacy and strategic engagement with NHIA decision-making stakeholders.

Act | West will support the NTDP to identify financial tools and data sources (e.g., historical budgets, expenses, costs, workplans, per diem policies) to utilize in the analysis, and develop parameters for in-depth analysis. The parameters will be based on essential data elements needed to develop strategic messaging, identify budget gaps, and highlight programmatic needs and challenges to address. Act | West will support the NTDP to consolidate, clean, and classify existing financial data, as needed, to conduct financial analysis. Utilizing the outputs of the analysis, technical assistance will be provided to identify opportunities to optimize planning and financing of NTD interventions, estimate programming costs, and prioritize funding needs. The workshop will include elements that will set the stage for DRM and advocacy activities including reviewing the concepts of the use of financial data for advocacy and a review of the budget mapping exercise completed in FY 2020, validate the outline, and ensure new team members are informed of the budget process. A discussion will be held to outline the strategic periods in the national budget process, current government priorities, and stakeholders involved in the process to identify strategic opportunities to engage national budget stakeholders.

DRM commitment follow-up meetings

In FY 2022, Act | West began providing support to document formal and informal commitments following the NTD Ambassador's high-level advocacy breakfast in December 2021. Several commitments were made for integration of NTDs into existing service delivery in the WASH, education, health, and local governance sectors, among others. Further commitments were made from stakeholders during the political validation of the sustainability plan in May 2022. As part of DRM capacity strengthening

activities, WV and Deloitte will provide remote TA to the NTDP and the ICCC DRM sub-committee to follow-up on FY 2022 commitments, based on prioritized budget areas from the financial analysis and engagement guide development workshop.

To ensure investments in engagements support engagement at a deeper level beyond dialogue, report backs are critical. Prior to FY 2023 advocacy activities, Act | West will support the NTDP and ICCC to identify a list of actions with concrete outputs to suggest to targeted stakeholders that they can carry out after the engagement and report back on (e.g., speaking at a panel at a high-level event, requesting an increase in budget allocation, etc.). Act | West will assist the NTDP and ICCC in following up on stakeholders' commitments to NTD sustainability and to formally confirm, document, and track these commitments. Act | West will also work with the NTDP and ICCC to institutionalize a mechanism for tracking engagement objectives and commitments to support the monitoring and evaluation of engagement guide use.

Prioritized Functions

MMDP monitoring to assess the quality of implementation of LF MMDP in the new curriculum for nurses and midwifery schools

In FY 2021, the Ghana Nurse and Midwifery Council (NMC) developed a new curriculum. The NTDP, with technical support from ALM, advocated for inclusion of LF MMDP into the curriculum, and additionally supported the development of an LF MMDP training guide. The NTDP and ALM also jointly conducted a training of trainers (TOT) targeted at instructors of nursing training institutions, to increase their knowledge and skills in teaching the new training curriculum. This activity was carried out via Zoom with all 125 training schools across 16 regions in Ghana.

The objective of this activity is to ensure the MMDP content in the new curriculum is being taught in the nursing training schools as planned and to also assess how cascaded training of the rest of the instructors is being implemented within the various training institutions. Two training institutions each in five regions will be selected for the monitoring visits (10 total). Only five of the 16 regions will be covered in FY 2023, due to the availability of the NMC to participate in these visits. This activity will be combined with other NMC monitoring activities as feasible.

The activity will be led by the NTDP and will involve observing the delivery of lessons on LF MMDP during the visit, inspecting lesson notes to see whether LF MMDP materials are prepared for students, and interviewing students and tutors. The monitoring visit will confirm whether the information provided by the instructors is consistent with the revised NMC materials, that each participant received a copy of the training manual, and that practical sessions on MMDP topics are included in student assessments as planned. The results of this field visit will provide valuable lessons for NMC to address any further training gaps. Because this is an activity that the NTDP has supported the NMC in conducting, it is important that the NTDP is aware of the results of this activity in terms of the training of nurses on LF MMDP before fully transitioning this activity over to the NMC. There have also been requests from Senegal, Cote d'Ivoire and Benin, for sharing the lessons learned from this activity related to the inclusion of LF MMDP into nursing curriculum in Ghana and this step of understanding the outcome of that work within NMC institutions is important to that end as well.

Support the NTD Ambassador to hold regional advocacy sessions toward NTD sustainability and local-level ownership

In FY 2023, Act | West will collaborate with the NTDP and the NTD Ambassador to conduct a second regional townhall advocacy meeting to continue decentralizing the prioritization of NTD functions into governance structures in Ghana. This provides an opportunity to increase NTD visibility towards strengthened cross-sectoral collaboration in NTD elimination and mobilize resources for NTD programming at the sub-national level. Also, the session will begin rallying regional champions and ambassadors to support sensitization efforts to advocate for the government's commitment to the fight against NTDs to attain elimination and control targets by 2030. Through this process, regional ambassadors will be identified to collaborate with the NTD Ambassador and the NTDP. Specifically, the NTDP and NTD Ambassadors will hold a series of engagements particularly at the regional level to expand sensitization efforts and galvanize stakeholder support at these levels. The region will be determined in consultation with the NTD Ambassador, NTDP, MLGRD and the Regional Health Management Team (RHMT).

- a. Hold an engagement meeting with the NTDP, NTD Ambassador, the ICCC, and the RHMT to define the mandate and discuss the process and approach to engaging regional stakeholders.
- b. Hold two one-day preparatory meetings with the NTDP, NTD Ambassador, the ICCC, the RHMT, and other relevant stakeholders to outline modalities and identify all relevant stakeholders within the specific region to participate in regional town-hall meeting.
- c. Hold a one-day regional town hall meeting for the NTD Ambassador to engage with key regional stakeholders including faith and traditional leaders on supporting NTD activities, addressing issues of stigmatization, advocating for WASH facilities, and rallying regional ambassadors for NTDs.

Continued technical assistance for cross-sector collaboration between NTDP and relevant health programs and sectors: Malaria and WASH

One key component of the NTD long-term sustainability strategy is close strategic coordination with other health programs—such as malaria, maternal and child health, nutrition, and other sectors such as WASH and education. Findings from the sustainability analyses identified WASH, education, and malaria as programs with established resources and platforms which usually serve the same target populations as the NTDP. Since FY 2020, Act | West has supported the NTDP to hold engagements with the education sector through School Health Education Program (SHEP) and with WASH sector through Ministry of Sanitation and Water Resources (MSWR) and the Coalition of NGOs in Water, Sanitation and Hygiene (CONIWAS). The collaboration with education resulted in validated joint action planning to optimize synergies across the two sectors for support during routine NTD activities. Thus far, during joint action planning, the NTDP and SHEP have proposed engaging and collaborating with the Ghana National Council of Private Schools to extend annual school deworming training sessions to include private school teachers. For the WASH sector, Act | West supported the NTDP to participate in the 2020 CONIWAS-organized Mole Conference to strengthen engagement and collaboration with the WASH sector in Ghana. The conference is an annual engagement forum that brings WASH actors across the country together to discuss WASH-related policies. The presence of the NTDP and Ambassador highlights the importance of WASH in the fight against NTDs.

In FY 2023, building on this strengthened progress toward cross-sector collaboration, the NTDP has identified the WASH and malaria programs as key stakeholders to continue to build and strengthen coordination for long-term control and elimination of NTDs. Act | West will a) support the NTD, NTD Ambassador and ICCC to participate in the annual 2022 Mole Conference and b) provide technical

assistance to the NTDP to engage and develop a joint implementation plan with the malaria program, following the success in joint implementation with the Education sector. Validated joint action plans would serve as a best practice model under cross-sectoral coordination in Ghana and inform learnings and future collaborative mechanisms designed beyond FY 2023. This joint planning highlights a commitment to improve sporadic collaboration practices. The NTDP and its stakeholders will monitor, review implementation, and assess progress made toward identified joint interventions. Furthermore, leveraging the Malaria platform could provide opportunities for behavior change communication, NTD case findings, identification, and referrals.

IR3 PLANNED ACTIVITIES: SCH, STH

FY 2023 planned activities

SCH/STH MDA

In FY 2023, Act | West will support the country for the treatment of 108 HDs for school-based SCH/STH and 58 HDs for community-wide treatment in high-endemic districts, where the total population is 6,913,177 (3,034,710 SAC and 3,878,467 adults). In the 108 HDs, the population is for both SAC and high-risk adults.

SCH/STH impact survey in 20 HDs (58 subdistricts)

In FY 2023, a SCH/STH impact survey is proposed in 58 subdistricts across 20 HDs in nine regions that have never been mapped but have been categorized as high (Category A) . The results will inform decisions for scaling down to subdistrict/community MDA treatment, where some subdistricts will be able to stop MDA and efforts can focus more on endemic districts.

Following this mapping exercise, a data review meeting will be held to re-calculate the treatment strategy at the subdistrict level. The NTDP would like to review the treatment approach in FY 2024 following a data review meeting, taking into account the new WHO SCH recommendations. It is hoped that by the time the survey and subsequent data review meeting are held in 2023 that the new accompanying WHO treatment guidelines will have been published to further guide this discussion.

Table 1. SCH/STH impact surveys

Region	District	SCH [BL] prev* %	STH [BL] prev* %	Year MDA started	# MDA rounds to date	Treatment Coverage				
						FY21	FY19	FY18	FY17	FY16
Ashanti	Ahafo Ano South East	66	10	2010	10	65.9	85.9	82.1	79.7	78.8
Ashanti	Ahafo Ano South West	66	10	2010	10	63.3	81.1	82.1	79.7	78.8
Volta	South Dayi	88	6	2007	12	72.6	78.6	85.9	86.9	85.3
Ashanti	Amansie Central	68.3	8	2007	12	60.4	80.8	81.6	85	79.4
Ashanti	Amansie South	52	18	2007	12	57.8	75.7	85.8	89	88.1
Ashanti	Amansie West	52	18	2007	12	80.5	78.5	85.8	89.1	88.1
Ashanti	Bosome Freho	58	10	2010	10	72.2	77.5	80.1	93.5	79
Bono East	Sene East	98	4	2010	10	87.3	53.2	54.6	86.5	78.7

Region	District	SCH [BL] prev* %	STH [BL] prev* %	Year MDA started	# MDA rounds to date	Treatment Coverage				
						FY21	FY19	FY18	FY17	FY16
Ashanti	Ejura-Sekyedomasi	60	4	2007	12	88	83	72.9	82	79.2
Ashanti	Sekyere East	38.3	5.8	2007	7	77.4	85	-	-	85.3
Bono	Sene West	98	4	2010	10	90.4	55.4	58.0	64.8	77.7
Bono East	Atebubu-Amanteng	46	30	2008	7	70.4	84	-	-	88.8
Central	Mfansteman	64	2	2007	12	70.5	80	84.5	58.8	82.2
Eastern	Kwahu West	34	8	2007	7	70.6	85	-	-	67.7
Greater Accra	Ga North	78	10	2007	12	27.7	39	74.3	76.6	70.8
Greater Accra	Ga South	48	10	2007	12	15.3	13	80.7	79.3	76.1
Greater Accra	Ga West	78	10	2007	12	22.8	38	74.3	76.6	70.8
Oti	Biakoye	86	0	2007	12	100.1	108	99.7	88.9	95.6
Volta	Afadjato South	-	-	2007	7	40.9	49	88.4	-	85.3
Western North	Suaman	70.8	4	2010	10	92.3	144	93.2	76.1	90.2

Gender Equality and Social Inclusion

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. The team also developed a gender strategy and set of associated program recommendations, based on the qualitative research and literature review.

Conduct a refresher training for GHS/NTDP team on GESI and how to cascade GESI-related approaches to district and community level NTD actors (FHI 360)

The NTDP has not effectively incorporated gender and gender-related elements into most program activities, including MDAs. The GESI analysis conducted in 2019 revealed gaps in the GHS NTD team's understanding of gender-related issues regarding NTD programming. This is especially important because of their responsibility to cascade information to the district and community levels. To address these gaps, in FY 2022, Act | West developed two GESI training PowerPoint slide decks and conducted a national-level training for GHS during the MDA TOT. In FY 2023, Act | West, with remote support from FHI 360's GESI Advisor, will conduct a refresher training with the GHS team, including a pre- and post-test to gauge knowledge and attitudes of gender and inclusion issues. The trainings will be cascaded from the national level to the district-health management teams (DHMTs) and then CDDs.

Integrate GESI components into all planned revisions of NTD and MDA awareness-raising materials (i.e., posters, flyers) (FHI 360 LOE)

Act | West will support GHS to review and revise current and planned behavior change communication messages. We propose using this opportunity during the review process to ensure new SBC materials are gender-sensitive, with a goal of improving disability inclusiveness, as well as tailored messages geared towards men and women of different age categories that address the most recognized barriers for each sex and age group regarding participation in MDA.

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 that the GHS NTD can share with all districts. The program will also create and share an ID card format 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. The NTDP is seeking financial support from the Act | West program to develop and print the ID cards and certificates for CDDs.

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 for 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.

Revision of MDA Tools

Act | West will support the GHS to add new data fields to collect sex, and possibly age, of CDDs to MDA tally sheets and district, regional, and national data aggregation tools. 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 to help guide strategy adjustments to increase the number of female CDDs and other MDA workers based on an analysis of performance by district.

Assessment of CDDs Performance Data

The GESI qualitative analysis resulted in a recommendation for increasing female CDDs, whose participation can improve the reach and success of MDA. To supplement the qualitative findings, the NTDP, with support from Act | West program, will conduct a limited assessment of CDD performance by sex. This activity will focus on collecting quantitative data from a sample of subdistricts conducting OV MDA in FY 2023. A brief questionnaire will be distributed to supervisors in selected areas to gather information on sex of CDD(s), indication if CDDs worked in pairs, education level (as a proxy for literacy and numeracy), and measures of timeliness and completeness of CDD reports. This information, along with coverage data reported by supervisors, would provide evidence to support advocating for improved recruitment of CDDs for MDA.