

Final Narrative

Use this form to provide your final update to your foundation program officer regarding the results achieved for the entire project. In addition, please provide your perspective on key lessons learned or takeaways and input on the foundation's support of your work to ensure that we can capture and share learnings as appropriate both internally and externally.

The Final Narrative must be submitted in Word, as PDFs will not be accepted.

General Information			
Investment Title	Improving AFP surveillance through active research in Hadjer Lamis Region, Chad		
Grantee/Vendor	CENTRE DE SUPPORT EN SANTE INTERNATIONALE		
Primary Contact	Daugla Doumagoum Moto	Investment Start Date	July 7, 2015
Feedback Contact ¹	Yonli LAMOUDI	Investment End Date	July 31, 2016
Feedback Email ¹	yonlilamoudi@yahoo.fr	Reporting Period Start Date	July 07, 2015
Program Officer	Jeff Partridge	Reporting Period End Date	July 31, 2016
Program Coordinator	Lara Fernando	Reporting Due Date	September 30, 2016
Investment Total	\$99,880.00	Opportunity/Contract ID	OPP1130055
Remaining Funds (If applicable)	\$1.390		

¹ Feedback Contact/Email: the full name and email of the contact whom foundation staff queries for various surveys.

Submission Information

By submitting this report, I declare that I am authorized to certify, on behalf of the grantee or vendor identified on page 1, that I have examined the following statements and related attachments, and that to the best of my knowledge, they are true, correct and complete. I hereby also confirm that the grantee or vendor identified on page 1 has complied with all of the terms and conditions of the Grant Agreement or Contract for Services, as applicable, including but not limited to the clauses contained therein regarding Use of Funds, Anti-Terrorism, Subgrants and Subcontracts, and Regulated Activities.

Date Submitted	[Month DD YYYY]	Submitted by Contact Name	Yonli LAMOUDI
		Submitted by Contact Title	Head of Public Health Department
		Submitted by Contact Email	yonlilamoudi@yahoo.fr
		Submitted by Contact Phone	+23563828296

Progress and Results

1. Final Progress Details

Provide information regarding the entire investment's progress towards achieving the investment outputs and outcomes. In addition, submit the Results Tracker with actual results as requested.

Background

1. Introduction

In the context of global initiative to eradicate polio in the world and particularly in Chad, CSSI who is a Chadian NGO, with funding from Bill and Melinda Gates Foundation (BMGF) and technical support of WHO and the Department of Integrated Epidemiological Surveillance of the Ministry of Health, supports 4 health Districts for monitoring Acute Flaccid paralysis (AFP) in Hadjer Lamis Region. These districts are: Massakory, Bokoro, Massaguet and Mani. One Focal Point AFP was appointed by CSSI in each District. He is in charge of coordination of AFP surveillance activities in the field with the Community volunteers.

Funding was received in July 2015 and the project was implemented from September 2015 to July 31, 2016. The period from July to August 2015 was devoted to trade between CSSI, WHO and BMG Foundation.

2. Review of the project objectives and activities

Specific objectives:

- Achieve and maintain for each district a non-polio AFP rate $\geq 2/100000$ by the end of March 2016.
- Improve quality of samples arriving at laboratory (especially the percentage of adequate stool $\geq 80\%$ and the transport time from the peripheral level ≤ 3 days).

N.B. The rate of non-polio AFP $\geq 3/100\ 000$ is reached, where reformulation of the objective as follows: Maintain a non-polio AFP rate of $\geq 3/100\ 000$ by the end of 2016 in the Hadjer Lamis Region.

Expected results:

- The Number of AFP cases detected has increased in each district of Hadjer Lamis.
- The Percentage of adequate samples in each of the districts of Hadjer Lamis has increased.

Activities implementation

Project was implemented from September 2015 to July 2016. The staff (focal points and staff at CSSI headquarters) was established. The various training courses were conducted. Regarding activities implementation, there are a total of 22 activities for the project; 14 were ongoing operations and 8 were discontinued operations. All activities were carried out excepted the final evaluation which must be planned et conducted by BMG Foundation. The quick review of review of AFP surveillance system was substituted by an internal evaluation at the end of project.

3. Expected results achievements levels

Expected results	Results Achieved																															
1. The number of AFP cases detected has increased in every district of Hadjer Lamis Region.	<p>Expected result is largely achieved in Hadjer Lamis region during the project compared to the national non-polio AFP rate. 31 AFP cases were notified during project period.</p> <table border="1"> <thead> <tr> <th rowspan="2">Districts</th> <th colspan="3">Number AFP notified</th> </tr> <tr> <th>Semester 1</th> <th>Semester 2</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Massakory</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>Bokoro</td> <td>8</td> <td>4</td> <td>12</td> </tr> <tr> <td>Massaguet</td> <td>3</td> <td>6</td> <td>9</td> </tr> <tr> <td>Mani</td> <td>0</td> <td>5</td> <td>5</td> </tr> <tr> <td>Total Region</td> <td>13</td> <td>18</td> <td>31</td> </tr> <tr> <td>Non polio rate</td> <td>6.3/100,000</td> <td>8.84/100,000</td> <td></td> </tr> </tbody> </table> <p>In comparison, the national rate is 3/100000.</p>	Districts	Number AFP notified			Semester 1	Semester 2	Total	Massakory	2	3	5	Bokoro	8	4	12	Massaguet	3	6	9	Mani	0	5	5	Total Region	13	18	31	Non polio rate	6.3/100,000	8.84/100,000	
Districts	Number AFP notified																															
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2. The percentage of adequate samples in each district of Hadjer Lamis Region has increased.	<p>Percentage of adequate samples is increased ($\geq 80\%$) in Hadjer Lamis region. Percentage of adequate samples is 100% and all AFP stool is collected in less than 14 days following the onset of paralysis.</p> <p>All samples collected during the project period obey reliability in quality and quantity as well as routing within the peripheral level to the central level.</p>																															

3. Indicators and Targets achievement levels

Indicator	Target	Realizations
Rapid review report	1 review realized	This activity was substituted by an internal evaluation with available report.
% DS having a monitoring site visit plan	100% of DS have a monitoring site visit	100% of 4 DS have a monitoring site visit plan.

<p>100% high priority sites visited at least 4 times per month 80% of medium priority sites visited every month</p>	<p>Priority 1 : 100% Priority 2 : 80% Priority 3 : 60%</p>	<p>Majority of visits are carried out.</p> <table border="1" data-bbox="657 128 1318 373"> <thead> <tr> <th>Districts</th> <th>Priority 1</th> <th>Priority 2</th> <th>Priority 3</th> </tr> </thead> <tbody> <tr> <td>Massakory</td> <td>83/89</td> <td>40/42</td> <td>14/20</td> </tr> <tr> <td>Bokoro</td> <td>183/206</td> <td>96/103</td> <td>33/36</td> </tr> <tr> <td>Massaguet</td> <td>101/104</td> <td>71/80</td> <td>100/112</td> </tr> <tr> <td>Mani</td> <td>184/484</td> <td>108/108</td> <td>25/25</td> </tr> <tr> <td>Total Region</td> <td>551/583</td> <td>315/333</td> <td>172/193</td> </tr> <tr> <td>%</td> <td>95.2%</td> <td>94.59%</td> <td>89.11%</td> </tr> </tbody> </table>	Districts	Priority 1	Priority 2	Priority 3	Massakory	83/89	40/42	14/20	Bokoro	183/206	96/103	33/36	Massaguet	101/104	71/80	100/112	Mani	184/484	108/108	25/25	Total Region	551/583	315/333	172/193	%	95.2%	94.59%	89.11%
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# AFP cases reported by health facilities	11 expected cases.	<p>31 cases reported during project implementation giving a percentage of 281%. Massakory: 5 cases Bokoro : 12 cases Massaguet: 9 cases. Mani : 5 cases.</p>																												
# AFP cases reported by community volunteers	Indeterminate	3 cases are detected by community relay and notified by Health facility responsible (many other cases were detected by relay but during the investigations, it was found that these cases exceeded a year and therefore not notified).																												
% AFP investigated within 72 hours	100%	100% of AFP cases are investigate under 72 hours (31 cases on 31 in project period)																												
# reports for cases response	100%	Not case reported																												
% Adequate samples	100% of adequate stool samples collected within 72 hours of the onset of paralysis.	100% of adequate stool samples collected within 24 hours of the onset of paralysis, respecting the standards (respecting quality and quantity of samples, containers and packaging with unambiguous identification of samples, respecting cold chain and time deliveries, proper filling of investigation forms without missing data).																												
% Samples sent on time	100% of samples sent in time (≤72hours).	100% of samples sent and received in good conditions of temperature, packaging and timely (≤24hours).																												
# clinicians trained for monitoring sites	Indeterminate	<p>100%</p> <ul style="list-style-type: none"> - 9 clinicians (4 focal point, 4 district doctors, 1 regional doctor) trained, - 43 health facilities responsible trained in monitoring sites, - 10 clinicians (Epidemiological Surveillance focal point, EPI responsible) are briefed. 																												
# community volunteers trained disaggregated into sedentary and nomadic	48 volunteers	<ul style="list-style-type: none"> - 48 community volunteers (38 sedentary and 10 nomadic) with contact information were identified for active AFP surveillance. -43 of these were trained by the Project Coordinator and the Epidemiologist oh MoH. - 5 were trained by their focal point. - All the 48 volunteers received supplies kit and support training for their activities. - 9 volunteers were briefed again on AFP definition in October 2015 by Focal point of Bokoro. - 12 volunteers (7 sedentary and 5 nomadic) of Massakory were recycled by the focal point in its oversight passages. - During each visit and supervision, a reminder is always done to all community volunteers and managers of health centers on case definitions, reason for cases notification and how to make disease surveillance. 																												
# nomadic community and difficult to access areas relays with phones with credits	indeterminate	<p>30 volunteers of nomadic and remote areas have been equipped with phones and airtime. 18 other volunteers also received airtime.</p>																												
# traditional healers trained	Indeterminate	<p>20 traditional practitioners have been identified. 10 of them were visited and briefed on AFP investigation, and reporting of AFP cases by the Project Coordinator and the Epidemiologist of MoH. The others were also briefed by their respective focal point.</p>																												

# followed traditional healers # followed community volunteers	100% of traditional healers and volunteers identified	All community volunteers and traditional healers have been followed. 1038 monitoring visits to traditional healers and volunteers are realized: Massakory: 137; Bokoro: 312; Massaguet: 272; Mani: 317
% Community relays visiting at least 40 households per month	100%	The 38 sedentary volunteers conducted regular home visits among households and make sensitization under AFP surveillance (in markets, churches, mosques, naming and marriage ceremonies, burial places ...); they take opportunity to look for AFP cases. They also benefit social mobilization meetings, routine and campaign vaccinations, and antenatal days to conduct their activities. They also educate village leaders, religious leaders on the monitoring and reporting of AFP cases. They leave their telephone contacts for possible calls when the event of the discovery of AFP.
% Nomadic relay which carry out Community VAD among their populations	100%	The 10 RC nomads make regular home visits (VAD) in the nomadic areas under AFP surveillance. During these visits, they look for AFP cases. They also benefit social mobilization meetings, routine and campaign vaccinations, and antenatal days to conduct their activities. They also educate village leaders, religious leaders on the monitoring and reporting of AFP cases. They leave their telephone contacts for possible calls when the event of the discovery of AFP. They also benefit social mobilization meetings, routine and campaign vaccinations, and antenatal days to conduct their activities. They also educate village leaders, religious leaders on the monitoring and reporting of AFP cases. They leave their telephone contacts for possible calls when the event of the discovery of AFP.
Inception Report	1 report	This activity is unbudgeted but expensive and therefore unrealized. However, CSSI has organized in December 2015 a review meeting. This meeting was publicized and broadcast on Massakory Local Radio and Chadian National Radio. The meeting was opened by the General Secretary of Hadjer Lamis region and chaired by the National Coordinator of Integrated Epidemiological Surveillance Service of MoH. At that meeting, the project and its implementation were presented by Project Coordinator. Participants of this meeting are: Partners (MOH, WHO, UNICEF), high administrative authorities, municipal, military and health authorities.
State of staff assignment	5	1 Project Coordinator and 1 logistics team have been designed by CSSI and put in place since August 2015.
# meetings with participation coordinator	6 missions under the period	Participation of Project Coordinator to: <ul style="list-style-type: none"> – 5 contacts, exchanges and orientation meetings held between CSSI, WHO and MoH (Epidemiological Surveillance Service / Department of Public Health (SSEI / MSP). – Mid-year review meeting of Hub Mao on epidemiological surveillance and EPI. – Project planning meeting on malaria organized by the NMCP (National malaria control program) on January 16, 2016. – General Coordination meeting organized by OCHA on January 28, 2016. – Restitution meeting of the external evaluation of the Promotion of health mutual's program in Chad organized by Swiss Cooperation on February 18, 2016. – Workshop for planning mutual health insurance program in Chad organized by the International Center for Development and Research on March 16-17, 2016. – Workshop for joint Assessment of health system in Chad (health care, immunization, and epidemiological surveillance) organized by MoH on June 6-9, 2016.
# monthly meetings of focal points made	6 meeting under the period	No monthly meeting of FP monitoring organized at the regional level.

# reports sent to partners	indeterminate	Project has developed a framework that takes into account all project activities and put at the disposal of focal points and briefed them over. These reports were prepared and sent to the partners (WHO, UNICEF, BMG, MoH) <ul style="list-style-type: none"> - 1 report of meeting with health authorities of 4 districts and Hadjer Lamis Regional, - 4 activities monthly reports - 2 quarterly meeting reports,, - 6 supervision reports, - 1 internal evaluation report - 3 updates progress reports - 1 final narrative report
# monthly supervisions of Project Coordinator # biannual supervision by Directorate	6 supervisions under the period 1 supervision under the period	The Project Coordinator conducted 6 monitoring missions and supportive supervisions in collaboration with Epidemiological Surveillance Service. CSSI's Direction carried out 02 supervision missions.
Final evaluation report		No realized (will be planned by BMG Foundation)

2. Geographic Areas to Be Served

Provide the final list of countries and sub-regions/states that have benefitted from this work and associated dollar amounts. If areas to be served include the United States, indicate city and state. Add more rows as needed. More information about Geographic Areas to Be Served can be found [here](#).

Location	Foundation Funding (U.S.\$)
Chad, region of Hadjer Lamis	\$81480
Chad, region of Ndjamen	\$18400
	\$

3. Geographic Location of Work

Provide the final list of countries and sub-regions/states where this work has been performed and associated dollar amounts. If location of work includes the United States, indicate city and state. Add more rows as needed. More information about Geographic Location of Work can be found [here](#).

Location	Foundation Funding (U.S.\$)
Chad, region of Hadjer Lamis	\$81480
Chad, region of Ndjamen	\$18400
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4. Lessons Learned

Describe the top one to three takeaways or lessons learned from this project.

- A good early advocacy in the project allows stakeholders mobilization and overcomes especially states employees' reluctance for achievement of project results. The project has been able to mobilize state staff at central and peripheral levels as well partners (WHO, UNICEF) staff involved in epidemiological surveillance at central and field level.
- Community's involvement through its leaders (traditional chiefs, religious leaders), traditional healers and community volunteers is a guarantee of success for any project in epidemiological surveillance.
- Monitoring of children in whom samples were taken helped to reassure quality of filling forms for reporting cases. This activity seems as a capital gain compared to routine monitoring.
- Joint supervisions' organization (MoH Epidemiological Service and CSSI) has shown its efficacy regarding workers skills improvement and project's goals achievement.

5. Feedback for the Foundation

Provide one to three ways the foundation successfully enabled your work during this project. Provide one to three ways the foundation can improve.

Tree ways the foundation successfully enabled our work:

- The project was an opportunity for CSSI to know and understand the BMG’s procedures and working methods.
- Foundation Team’s guidance has been decisive for CSSI to master different documents and for project success.
- The project helped CSSI’s staff to strengthen capacity of technical staff involved in AFP surveillance’s direct management.

Three ways the foundation can improve our work:

- Increase budget lines to cover all investment costs, supervision and organization of scheduled meetings and give visibility to the project.
- Extend to Kanem and Lac regions which border with Nigeria considering the proven effectiveness in Hadjer Lamis region.
- Train all actors in epidemiological surveillance in general.

6. Global Access and Intellectual Property

If your funding agreement is subject to Intellectual Property Reporting, please click the following link to complete an [Intellectual Property \(IP\) Report](#).

If not, please acknowledge by typing “N/A”: N/A

To delegate permissions to another member of your project team or for any questions regarding the Intellectual Property Report, please contact GlobalAccess@gatesfoundation.org.

7. Regulated Activities

Do you represent that all Regulated Activities¹ related to your project are in compliance with all applicable safety, regulatory, ethical and legal requirements? Please mark with an “X”:

N/A (no Regulated Activities in project)

Yes

No (if no, please explain below)

¹ Regulated Activities include but are not limited to: clinical trials; research involving human subjects; provision of diagnostic, prophylactic, medical or health services; experimental medicine; the use of human tissue, animals, radioactive isotopes, pathogenic organisms, genetically modified organisms, recombinant nucleic acids, Select Agents or Toxins (www.selectagents.gov), Dual Use technology (http://export.gov/regulation/eq_main_018229.asp), or any substance, organism, or material that is toxic or hazardous; as well as the approvals, records, data, specimens, and materials related to any of the foregoing.

8. Subgrants

If your grant agreement (not applicable to contracts) is subject to expenditure responsibility and permits you to make subgrants to organizations that are not U.S. public charities or government agencies/instrumentalities, please complete the [Subgrantee Checklist](#) and attach a copy with this progress narrative for each such subgrantee.

Financial Update

The purpose of the Financial Update section is to supplement the information provided in the “Financial Summary & Reporting” sheet in the foundation budget template, which reports actual expenditures. This section is a tool to help foundation staff fully understand the financial expenditures across the life of the project. Together, the Financial Update section and budget template (“Financial Summary & Reporting” sheet) should provide a complete quantitative and qualitative explanation of variances to approved budget.

Note: If you are using an older version of the budget template, this information could be in a different location in your template.

1. Summary

Briefly describe how total project spending compared against the budget and how your assumptions changed as the project progressed.

The project expenses were \$ 98,490 while the budget was \$ 99,880. All expenses were fully covered by the budget in despite increasing of number of districts by cutting the district of Massaguet in two districts and the extension of project for one month (July). It remains an amount of \$ 1,390 or 1.39% of non-consumption of the total budget.

2. Latest Period Variance

Provide explanation for any cost category variances outside the allowable range. Explain causes, consequences for the project, and mitigation plans if relevant. Report whether or not approval for the variance has been obtained from your Program Officer.

Note: “Latest period variance” compares actuals to previous projections for the period. See “Financial Summary & Reporting” sheet in the foundation budget template for calculated variance. If you are using an older version of the budget template, this information could be in a different location in your template. Allowable variance is defined in your grant agreement.

Certain expenditure categories have been exceeded. These are the follow categories: Travel, Consultant and Capital Equipment. Regarding to the Travel category, this is due to the health district of Massaguet cutting in two districts (creation of district Mani), which resulted in an increase in the number of supervision missions and vehicle hire.

For category Capital Equipment, the overrun is also due to the creation of new district of Mani from cutting Massaguet district; it resulted addition focal point.

For Consultant category, the initial forecast proved to be insufficient to the realities.

3. Total Grant Variance

Provide explanation for any cost category variances outside the allowable range. Explain causes, consequences for the project, and mitigation plans if relevant. Report whether or not approval for the variance has been obtained from your Program Officer.

Note: “Total grant variance” compares actuals plus current projections to the budget. See “Financial Summary & Reporting” sheet in the foundation budget template for calculated variance. If you are using an older version of the budget template, this information could be in a different location in your template. Allowable variance is defined in your grant agreement.

There is no exceedance on the total budget.

4. Sub-awards (if applicable)

Use the chart to provide the name(s) of the sub-grantee(s) or subcontractor(s), actual disbursement for this reporting period, total disbursement to date from the primary grantee to sub-awardee, total spend to date by the sub-awardee and total contracted amount.

Note: The total of actual disbursements for this reporting period should equal the actual Sub-awards expenses reported on the “Financial Summary & Reporting” sheet in the foundation template for this reporting period. If you are using an older version of the budget template, this information could be in a different location in your template.

Organization Name	Actual Disbursement for this Reporting Period (U.S.\$)	Total Disbursed from Primary Awardee to Sub to Date (U.S.\$)	Total Sub-Awardee Spent to Date (U.S.\$)	Total Contracted Amount (U.S.\$)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

5. Other Sources of Support (if applicable)

List and describe any sources of *in-kind* project support or resources received in the reporting period.

Note: Names of the other sources of funding and their contributions (U.S.\$) should be included in the budget template on the “Financial Summary & Reporting” sheet in the foundation budget template in the Funding Plan table. If you are using an older version of the budget template, this information could be in a different location in your template.

N/A

Describe how interest earned and/or currency gains were used to support the project.

N/A

Privacy and Non-Confidentiality Notice

The foundation is required by the IRS to publish a list of its grants. We may also provide a general description of our grants and contracts on our web sites, in press releases, and in other marketing materials. Subject to the foundation's [Privacy Policy](#), the foundation may also share information you provide to us (either orally or in writing) with third parties, including external reviewers, key partners and co-funders. This document is subject to the foundation's [Terms of Use](#).

For Foundation Staff to Complete

Analysis (required if PO assessment differs from grantee/vendor assessment or if there are unexpended funds)

Progress Analysis

Include analysis of significant project variances and key learnings that may inform portfolio discussions for progress against the strategic goals.

Budget and Financial Analysis

Include analysis of unexpended funds or over expenditures. Refer to the [Unexpended Grant Funds Policy](#) for options available when recommending how to handle unexpended grant funds, or reach out to your primary contact in GCM.