

Progress Narrative

Use this form to provide updates to your foundation program officer regarding progress made toward achieving your project's stated outputs and outcomes.

The Progress 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	Jan, 01,2016
Program Officer	Jeff Partridge	Reporting Period End Date	July 31, 2016
Program Coordinator	Lara Fernando	Reporting Due Date	July 31, 2016
Investment Total	\$99,880.00	Opportunity/Contract ID	OPP1130055
Scheduled Payment Amount (If applicable)	\$		

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, and Subgrants and Subcontracts.

Date Submitted	July 07, 2016	Submitted by Contact Name	Daugla Doumagoum Moto
		Submitted by Contact Title	Director
		Submitted by Contact Email	Daugla1.doumagoum@gmail.com
		Submitted by Contact Phone	+235 66292758

Progress and Results

1. Progress Details

Provide information regarding the current period's progress towards achieving the investment outputs and outcomes. In addition, submit the Results Tracker with actual results as requested. If this investment has an Integrated Product Development Plan (IPDP) that was developed with your foundation Program Officer, progress toward relevant outputs and outcomes should be updated in that document.

Fournir des informations sur les progrès de la période vers l'atteinte des outputs et outcomes. En outre, soumettre les résultats Tracker avec les résultats réels comme demandé. Si cet investissement a un plan de développement intégrée des produits (PDPA) qui a été développé avec votre point focal au niveau de la fondation, les progrès des outputs et outcomes pertinents devraient être mis à jour dans ce document.

1. Introduction

In the context of global initiative to eradicate polio in the world and particularly in Chad, CSSI, 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. 1 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 implemented from September 2015. The period from July to August 2015 was devoted to trade between the SCIS, WHO and the BMGF.

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 Lami has increased.

Activities implementation

Project is being implemented since September 2015. Despite the delay, the majority of activity was carried out. The staff (focal points and staff at headquarters SCIS) was established. The various training courses were conducted.

Regarding the implementation of the activities, there are a total of 22 activities for the project; 14 are ongoing operations and 8 are discontinued operations.

12 of these 14 ongoing operations are running. The activity relating to the holding of regional meetings of focal points is not performed because dependent of the Regional Director of Health. It is the same for project coordinator's participation in meetings at the central level on epidemiological surveillance witch depend of central level of MoH.

Among the 8 discontinued operations, 5 are entirely realized. The 3 are unrealized are:

- Make a quick review of AFP surveillance system and risk analysis in target districts
- Organize an introductory meeting with MoH and partners (WHO, UNICEF)
- Carry out the final evaluation of the project

The final evaluation will be done at the end of the project while the rapid review of the epidemiological surveillance system should be made by an independent consultant in the next semester. The organization of the launch has not been budgeted, this activity has been included in the holding of the exit meeting midterm held in Décembre 2015.

In place of the quick review of the epidemiological surveillance system in the Hadjer Lamis Region, it was realized in July 2016 an internal assessment of the project. The report of this evaluation is available. All activities were performed. It remains the final evaluation which must be planned and realized by BMG Foundation.

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.	Semester 1 (July 2015 to December 2015), 13 AFP cases notified in Hadjer Lamis Region, giving a non-polio AFP rate = 6.3 / 100 000 compared to the national rate of 3/100 000. Semester 2 (January 2016 to July 2016) : 18 AFP cases notified in Hadjer Lamis Region, giving a non-polio AFP rate = 8,84/100 000 compared to the national rate of 3/100 000.
2. The percentage of adequate samples in each district of Hadjer Lamis Region has increased.	The percentage of adequate samples is increased ($\geq 80\%$) in Hadjer Lamis region. 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. Percentage of adequate samples is 100%

3. Indicators and Targets achievement levels

Indicator	Target	Realizations
Rapid review report	1 review realized	Unrealized. (In place, an internal evaluation is realized in july 2016)
% DS having a monitoring site visit plan	100% of DS have a monitoring site visit	100% of 4 DS have a monitoring site visit

100% high priority sites visited at least 4 times per month 80% medium priority sites visited at least 2 times per month 60% low priority sites visited every month (1 time)	Priority 1 : 100% Priority 2 : 80% Priority 3 : 60%	Semester 1: Priority 1: 89.35% 235 visits carried out on 263 visits planned (Massakory: 39/45; Bokoro: 51/70; Massaguet: 13/16; Mani: 132 / 132). Priority 2: 90.44% 142 visits carried out on 157 visits planned (Massakory: 24/26; Bokoro: 20/25; Massaguet: 20/28; Mani: 78 / 78). Priority 3: 77.94% 53 visits carried out on 68 visits planned (Massakory: 7/12; Bokoro: 9/9; Massaguet: 29/39; Mani: 8 / 8). Semester 2: Priority 1: 98.75% 316 visits carried out on 320 visits planned (Massakory: 44/44; Bokoro: 132/136; Massaguet: 88/88; Mani: 52/52). Priority 2: 98.29% 173 visits carried out on 176 visits planned (Massakory: 16/16; Bokoro: 76/78; Massaguet: 51/52; Mani: 30/30). Priority 3: 95.2% 119 visits carried out on 125 visits planned (Massakory: 7/8; Bokoro: 24/27; Massaguet: 71/73; Mani: 17/17).
# AFP cases reported by health facilities	11 expected cases.	1st semester : 13 cases ; Massakory: 2 cases Bokoro: : 8 cases . Massaguet 3 cas Mani : 0 case 2 nd semester :18 cases Massakory: : 3 cases. Bokoro : 4 cases. Massaguet : 6 cases. Mani: 5 cases.
# AFP cases reported by community volunteers	Indeterminate	Semester 1: 1 cases detected by a community relay but notified by a Health facility responsible Semester 2: 2 cases detected
% AFP investigated within 72 hours	100%	100% of AFP cases are investigate under 72 hours 13 cases on 13 in semester 1 18 cases on 18 in semester 2
# 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	100% 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	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 of 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.

# nomadic community and difficult to access areas relays with phones with credits	indeterminate	30 volunteers of nomadic and remote areas have been equipped with phones and airtime. 18 other RC also received airtime.
# traditional healers trained	Indeterminate	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.
# followed traditional healers # followed community volunteers	100% of traditional healers and volunteers identified	All community volunteers and traditional healers have been followed. Semester 1: 430 monitoring visits to traditional healers and volunteers are realized Massakory: 70; Bokoro: 80; Massaguet: 62; Mani: 218 ; Semester 2: 608 monitoring visits to traditional healers and volunteers are realized Massakory:: 67; Bokoro: : 232; Massaguet: 210; Mani: 99
% 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	<p>Semester 1</p> <p>Participation of Project Coordinator to 5 contacts, exchanges and orientation meetings held between CSSI, WHO and MoH (Epidemiological Surveillance Service / Department of Public Health (SSEI / MSP).</p> <p>Participation of Project Coordinator to mid-year review meeting of Hub Mao on epidemiological surveillance and EPI. At this meeting, the Project Coordinator presented the Active Surveillance Project PFA in Hadjer Lamis region and its implementation.</p> <p>Semester 2</p> <p>Participation of the project coordinator at meetings and workshops:</p> <ul style="list-style-type: none"> - January 16, 2016: Project planning meeting on malaria organized by the NMCP (National malaria control program) - January 28, 2016: General Coordination meeting organized by OCHA; - February 18, 2016: Restitution meeting of the external evaluation of the Promotion of health mutuals program in Chad organized by Swiss Cooperation; - March 16-17, 2016: Workshop for planning mutual health insurance program in Chad organized by the International Center for Development and Research; - June 6-9, 2016: Workshop for joint Assessment of health system in Chad (health care, immunization, and epidemiological surveillance) organized by MoH.
# monthly meetings of focal points made	6 meeting under the period	<p>No monthly meeting of FP monitoring organized at the regional level.</p> <p>Participation to the regional quarterly meeting focal points monitoring organized in Massakory.</p>
# reports sent to partners	indeterminate	<p>These reports were prepared and sent to the partners (WHO, UNICEF, BMG, MoH)</p> <p>Semester 1:</p> <ul style="list-style-type: none"> - 1 update, - 1 report of workshop with the health authorities of 4 districts and Hadjer Lamis Regional authorities, - 1 report of this meeting balance sheet 12/29/15, - 4 activity reports for the months of September, October, November and December 2015 - 2 annual reports for 2015 <p>The project has developed a framework that takes into account all project activities and put at the disposal of focal points and briefed them over.</p> <p>Semester 2:</p> <ul style="list-style-type: none"> 2 update reports of project activities 3 supervision reports 1 quarterly meeting report 1 internal evaluation report 1 final narrative report
# monthly supervisions of Project Coordinator # biannual supervision by Directorate	6 supervisions under the period 1 supervision under the period	<p>The Project Coordinator conducted two monitoring missions in all of the 4 districts in collaboration with the Epidemiological Surveillance Service. During these missions, they supervised focal points of districts, 14 health facilities responsible, 10 community volunteers, and 11 traditional healers. All these persons are briefed again on the monitoring and reporting of AFP cases.</p> <p>Semester 2</p> <p>Project coordinator realised 8 supportive supervisions.</p> <p>The second supervision mission of Direction is realized in July 2016</p>
Final evaluation report		No realized (will be planified by BMG Foundation)

2. Project Adjustments

For each outcome or output that is behind schedule or under target, explain what adjustments you are making to get back on track

Pour chaque résultat ou sortie qui a pris du retard ou est en deça de la cible, expliquer quels ajustements seront faits pour remettre sur les rails..

Points to be improved

Activities	Period
Carry out the final evaluation of the project	To be planified by BMGF

3. Geographic Areas to Be Served

Provide the most updated list of countries and regions/states that has benefitted or will benefit from this work and associated dollar amounts. If areas to be served include the United States, indicate city and state. Reflect both spent and unspent funds. Add more locations as needed. More information about Geographic Areas to Be Served can be found [here](#).

Location	Foundation Funding (U.S.\$)
Chad, region of Hadjer Lamis	\$99880
Costs Not Targeted to a Geography	\$
	\$

4. Geographic Location of Work

Provide the most updated list of countries and regions/states where this work has been or will be performed and associated dollar amounts. If location of work includes the United States, indicate city and state. Reflect both spent and unspent funds. Add more locations 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
	\$

5. Feedback for the Foundation

Provide one to three ways the foundation has successfully enabled your work so far. Provide one to three ways the foundation can improve.

Fournir une à trois voies de la fondation a permis avec succès de votre travail jusqu'à présent. Fournir un à trois façons la fondation peut améliorer.

6. Technology and Information Management

If you answer "yes" to any of the questions below, you must complete the **Technology and Information Management Attachment** and submit it along with your progress narrative. If you have submitted an annual report previously and nothing has changed from your previous submission, please indicate "no change".

Question	Yes/No/No Change
Do any Third Parties ¹ have Rights ² to Background Technology ³ ?	No
Do any Third Parties have Rights in Project Technology ⁴ ?	No
Have you filed any copyright registrations for or patent applications claiming any Project Technology?	No

¹ **Third Parties:** All individuals, organizations or companies that have not executed a foundation approved collaboration agreement associate with the project.

² **Rights:** (i) Any interest in patents, patent applications and copyrights (e.g. license, ownership, option, security interest and (ii) the rights to use any technologies, information, data or materials.

³ **Background Technology:** All technologies and materials, and all associated Rights, used as part of your project that were created prior to or outside of the project.

⁴ **Project Technology:** All technologies and materials created, conceived or reduced to practice as part of your project and all associated Rights.

7. Clinical Studies and Regulated Research

Answer the questions below only if you completed the Regulated Research module with your proposal.

If you answer “yes” to any of the questions below, you must complete the Clinical Studies and Regulated Research Assurances Attachment and submit it along with your progress narrative.

Question	Yes/No/No Change
Will the project involve a clinical trial ¹ ? According to the definition provided, what phase(s) will the project include (Phase I, II, III, or IV)?	Phase
Does your project involve research using human subjects ² and/or vertebrate animals?	
Does your project involve the use of recombinant DNA?	
Does your project involve the use of biohazards or genetically modified organisms or plants?	
Will the project involve the use of pathogens/toxins identified as select agents ³ by U.S. law?	

¹clinical trials
²human subjects
³select agents

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 and projections for the remaining periods of the grant. 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.

Le but de la section Mise à jour financière est de compléter les informations fournies dans le "Résumé Financière & Rapports" feuille dans le modèle de budget de la fondation, qui rapporte les dépenses et les projections actuelles pour les périodes restantes de la subvention. Cette section est un outil pour aider le personnel de la fondation de bien comprendre les dépenses financières à travers la vie du projet. Ensemble, la section et le budget modèle Mise à jour financière («Résumé Financière & Rapports" feuille) doit fournir une explication complète quantitative et qualitative des écarts de budget approuvé.

Remarque: Si vous utilisez une version plus ancienne du modèle de budget, cette information pourrait être dans un endroit différent dans votre modèle.

1. Summary

Briefly describe how total project spending to date compares against the budget and how your assumptions may have changed as the project progressed.

Décrivez brièvement comment les dépenses totales à ce jour comparées au budget prévisionnel et les raisons du changement dans la progression du projet.

Total expenditure is \$ 99,490. The budget has been consumed at 99.61%. There was no exceeding of the overall 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.

Fournir une explication pour toute catégorie de coûts écarts en dehors de la plage autorisée. Expliquer les causes, les conséquences pour le projet, et les plans d'atténuation le cas échéant. Signaler si oui ou non l'approbation de la variance a été obtenu auprès de votre agent de programme.

Remarque: "dernière période variance" compare les chiffres réels aux projections précédentes de la période. Voir «Sommaire Financière & Rapports" feuille dans le modèle de budget de la fondation de la variance calculée. Si vous utilisez une version plus ancienne du modèle de budget, cette information pourrait être dans un endroit différent dans votre modèle. variance admissible est défini dans l'accord de subvention.

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 categoryCapital Eequipment, the overrun is also due to the creation of new district of Mani from cutting Massaguet district; il 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 (\$USD)	Total Disbursed from Primary Awardee to Sub to Date (\$USD)	Total Sub-awardee Spent to Date (\$USD)	Total Contracted Amount (\$USD)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

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 (\$USD) should be included in the budget template on the 'Financial Summary & Reporting' sheet in the foundation budget template¹ 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.

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

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 contingent payment or PO assessment differs from grantee/vendor assessment)

Progress Analysis

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

Budget & Financial Analysis

Include analysis of unexpended funds or over expenditures.

Scheduled Payment Amount

\$

Carryover Amount

\$

Recommended Payment Amount

\$

Approver Comments (if applicable)

Name

Title

Date

Comments