CONSIDERATION OF NATIONAL ONCHOCERCIASIS CONTROL PLANS AND PROJECTS PROPOSALS (CDTI, VECTOR ELIMINATION AND HEADQUATERS SUPPORT) APPROVED BY THE CSA IN 2000

Projects submitted by the NOTFs of:

Cameroon
Central African Republic
Chad
Congo Brazzaville
Ethiopia
Equatorial Guinea

Malawi
Nigeria
Sudan
Tanzania
Uganda
### Table A: Approved projects by the CSA as at December 2000

<table>
<thead>
<tr>
<th>Country</th>
<th>Project Description</th>
<th>Approval Date</th>
<th>Partner</th>
<th>Persons to be treated</th>
<th>Budgets US $</th>
<th>Cost / pers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>Theolo, Mwanza &amp; Expansion</td>
<td>Dec-96/Apr-99</td>
<td>IEF</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Kisoro, Kasese, Hoima, Masindi</td>
<td>Dec-96</td>
<td>SSL, GRBP</td>
<td>139,473</td>
<td>153,210</td>
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<td></td>
<td>Itwara Vector El.</td>
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<td>-</td>
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<td></td>
<td>Mpamba-Nkusi Focus Vect. El</td>
<td>Dec-96</td>
<td>-</td>
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<td>Kihaha, Mhale, Kihurule, Bushenga</td>
<td>Apr-97</td>
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<td>Rukungi, Nebii, Anna, Mbarka</td>
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<td>GRBP, CBM</td>
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<tr>
<td></td>
<td>Adjumani, Moyo, Opu, Gulu, Kibale</td>
<td>Aug-98</td>
<td>SSL, GRBP</td>
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<td>632,875</td>
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<td>Nigeria</td>
<td>NDC/PHQ</td>
<td>Apr-97</td>
<td>-</td>
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<td>Cross River</td>
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<td>Lgoti</td>
<td>Apr-97</td>
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<td></td>
<td>Borno</td>
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<td>Federal Capital Territory</td>
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<td>Plateau Nissarava</td>
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<td>Osum</td>
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<td></td>
<td>Eting, Anambra, Ebony</td>
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<td></td>
<td>Kano</td>
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<td>GRBP</td>
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<td>400,000</td>
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<td>Ino, Abia</td>
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<td>Zamfara</td>
<td>Apr-98</td>
<td>SSI</td>
<td>112,984</td>
<td>158,000</td>
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<td>Edo, Delta</td>
<td>Aug-98</td>
<td>GRBP</td>
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<td>1,134,171</td>
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<td>Osu</td>
<td>Aug-98</td>
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<td>CBM</td>
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<td>Benue</td>
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<td>Bauchi</td>
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<td></td>
<td>Muhenge Focus</td>
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<td>Ruvuma</td>
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<td>Tanga</td>
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<td>159,000</td>
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<td>Tukayu Focus CDTI</td>
<td>July-99</td>
<td>-</td>
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<td>Meangana, Banyo &amp; Tigoni</td>
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<td>GRBP</td>
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<td>Sept-97</td>
<td>GBAD</td>
<td>139,981</td>
<td>334,330</td>
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<td>Littoral II</td>
<td>Sept-97</td>
<td>HKI</td>
<td>75,000</td>
<td>274,238</td>
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<td>Centre 3</td>
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<td>Western Province</td>
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<td>Haute Samana &amp; Belado CDTI</td>
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<td>SSI</td>
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<td>Chad</td>
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<td>231,272</td>
<td>889,250</td>
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<td>CAR</td>
<td>Sept-97</td>
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<td>231,272</td>
<td>1,000,000</td>
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<td>EQ.Guinea</td>
<td>Apr-98</td>
<td>U Barcelona</td>
<td>33,000</td>
<td>65,000</td>
<td></td>
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<td></td>
<td>Bioko, Vector El.</td>
<td>Apr-98</td>
<td>-</td>
<td></td>
<td>190,474</td>
<td></td>
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<tr>
<td>D.R. Congo</td>
<td>NDC/PHQ</td>
<td>Aug-98</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Kwai</td>
<td>Aug-98</td>
<td>CBM</td>
<td>253,000</td>
<td>3,043,167</td>
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<tr>
<td></td>
<td>Gabon</td>
<td>Aug-98</td>
<td>OPC</td>
<td>168,000</td>
<td>168,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Liberia</td>
<td>July-99</td>
<td>SSI</td>
<td>247,500</td>
<td>950,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethiopia</td>
<td>March-00</td>
<td>GRBP</td>
<td>279,436</td>
<td>478,872</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congo Brazz 0a</td>
<td>March-00</td>
<td>OPC</td>
<td>448,792</td>
<td>628,187</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL, 14 Countries, 63 Projects</td>
<td>-</td>
<td>-</td>
<td>18,486,285</td>
<td>35,420,988</td>
<td>16,275,764</td>
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</table>

Note: The table includes only the approved projects along with the number of persons to be treated, budget allocations, and cost per person for each project.
Fig. A: Distribution of the approved projects per country as at December 2000.
A. INTRODUCTION

From 1996 to 1999 the Committee of Sponsoring Agencies (CSA) approved 57 proposals recommended by the Technical Consultative Committee (TCC). These approvals were ratified by the Joint Action Forum (JAF) at its second session in December 1996 (4 projects), third session in December 1997 (25 projects), fourth session in December 1998 (16 projects) and fifth session in December 1999 (12 projects).

For 2000, the CSA, on the behalf of the Joint Action Forum has approved 6 new projects proposals recommended by the TCC at its various sessions.

Table A and Fig A on the page i and ii of the current document show the total number of projects proposals (63) approved by the CSA as of today.

The approval of the six projects proposals by the CSA in 2000 is herewith submitted to the Joint Action Forum for ratification.

Furthermore, after a technical and financial review of the first, second, and third year progress of forty nine (49) APOC-funded projects, the CSA upon recommendation of TCC during its ninth and tenth sessions has approved in March and June 2000 the second, third and fourth year funding of these projects. This approval is also submitted herewith to the JAF for ratification.
B. NEW PROJECTS PROPOSALS

1. CAMEROON

1.1 General Rapid Epidemiological Mapping of Onchocerciasis (REMO) of Cameroon (see Fig. 1 & Fig. 2 below)

Fig. 1: REMO results of Cameroon

Fig. 2: Community-Directed Treatment with Ivermectin (CDTI) areas in Cameroon
1.2 Haute Sanaga and Belabo CDTI Project

The current proposal is the first submission to APOC funding.

1.2.1. Background information

Table 1: General information

<table>
<thead>
<tr>
<th>Administrative Unit</th>
<th>Total</th>
<th>2 provinces (Centre &amp; East)</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>Total (1999)</td>
<td>101 526 persons</td>
</tr>
<tr>
<td></td>
<td>Target</td>
<td>Part of each province</td>
</tr>
<tr>
<td>Communities</td>
<td>Total</td>
<td>113 077 persons</td>
</tr>
<tr>
<td></td>
<td>Target (year 5)</td>
<td>261</td>
</tr>
<tr>
<td>Health facilities in the project area</td>
<td>Total</td>
<td>23 Health areas</td>
</tr>
<tr>
<td>Dry season</td>
<td></td>
<td>July-August &amp; January-March</td>
</tr>
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<td>Persons treated in the 4 past years</td>
<td>122 601 persons treated</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td>Sight Savers International (SSI)</td>
</tr>
</tbody>
</table>

The proposed project, a partnership between the Ministry of Health (MOH) and Sight Savers International (SSI), comprises two health districts (Haute Sanaga and Bertoua) with 23 health areas distributed in the Provinces of Centre and East. The 23 target health areas has an estimated population of 101 526 people (1999) living on a land square of approximately 121 500 km². The project seeks to establish CDTI in 261 communities of the Province of Centre and East and aims to treat 113 077 by the fifth year of the project. The project is a reorientation of an existing ivermectin (Mectizan®) distribution programme initiated in 1996 by Sight First and SSI and which treated a cumulative total of 122 601 persons between 1996 and 1999. Fig 1 & 2 above indicate the detailed REMO results for the Provinces concerned. The refinement process of the REMO and CDTI map of Cameroon is on going.

1.2.2 Summary budget

Table 2 below summarizes the five year budget as submitted by the NOTF of Cameroon and Fig.3 shows the trend of the cost per person to be treated between 2001 and 2005.

Table 2: Five year summary budget of Haute Sanaga / Belabo CDTI Project

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Persons to be treated (A)</th>
<th>Total US $ (B)</th>
<th>Cost/pers (C)=B/A</th>
<th>APOC Cost US $ (D)US $ (E)= D/A</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>101 256</td>
<td>180 493</td>
<td>1.78</td>
<td>97 943</td>
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<td>2</td>
<td>104 090</td>
<td>76 104</td>
<td>0.73</td>
<td>44 507</td>
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<td>3</td>
<td>107 003</td>
<td>74 474</td>
<td>0.70</td>
<td>26 918</td>
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<td>4</td>
<td>109 998</td>
<td>71 499</td>
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<td>14 451</td>
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<td>5</td>
<td>113 077</td>
<td>75 511</td>
<td>0.67</td>
<td>12 332</td>
</tr>
<tr>
<td>TOTAL</td>
<td>113 077</td>
<td>478 081</td>
<td>4.23</td>
<td>196 151</td>
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1.3 Western Province CDTI project

1.4

This project proposal is the first submission to APOC funding.

1.3.1 Background information

Table 3: General information

<table>
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<tr>
<th>Administrative Unit</th>
<th>Total</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>?</td>
<td>8 administrative divisions (7 are named)</td>
</tr>
<tr>
<td>Population</td>
<td>Total</td>
<td>1 428 550 inhabitants</td>
</tr>
<tr>
<td></td>
<td>Target</td>
<td>1 119 869 persons to be treated</td>
</tr>
<tr>
<td>Communities</td>
<td>Total</td>
<td>2156 communities</td>
</tr>
<tr>
<td></td>
<td>Target</td>
<td>2006 communities</td>
</tr>
<tr>
<td>Health facilities in target areas of the provinces</td>
<td>216 health facilities in the 8 target administrative divisions</td>
<td></td>
</tr>
<tr>
<td>Dry season</td>
<td>July-September &amp; May-June</td>
<td></td>
</tr>
<tr>
<td>Persons treated in the 4 past years</td>
<td>1 053 110 persons treated</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>Global 2000 River Blindness Program (GRBP)</td>
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</table>

The project proposal is a consolidation of on-going onchocerciasis control activities as well as the introduction of APOC strategy of community-directed treatment with ivermectin (CDTI) in 8 administrative divisions of the Western Province of Cameroon. Ivermectin (Mectizan®) distribution assisted by Lions Club International Foundation (LIF) and Global 2000 River Blindness Program (GRBP) has been taking place since 1996. From 1996 to 1999 a cumulative total of 1,053,110 persons is treated. In this project proposal, a partnership between the MOH of Cameroon and GRBP, mass treatment with ivermectin will be provided to a total population of 1,119,869 persons by the fifth year of APOC funding. Fig 4 below shows the detailed REMO results for Western Province of Cameroon.
Fig.4: Detailed REMO results of Western Province of Cameroon

![Detailed REMO results of Western Province of Cameroon](image)

1.3.2 Summary budget

Table 4 below summarizes the five year budget as submitted by the NOTF of Cameroon and Fig. 5 shows the trend of the cost per person to be treated from 2001 and 2005.

Table 4: Five year summary budget of Western Province CDTI project as submitted by the NOTF of Cameroon (US $)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Persons to be treated (A)</th>
<th>Total US $ (B)</th>
<th>Cost/pers (C)=B/A</th>
<th>APOC Cost US $ (D)</th>
<th>Cost/pers APOC US $ (E)= D/A</th>
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<tr>
<td>1</td>
<td>716,869</td>
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<td>479,874</td>
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<td>562,384</td>
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<td>3</td>
<td>716,869</td>
<td>568,443</td>
<td>0.79</td>
<td>240,667</td>
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<td>4</td>
<td>716,869</td>
<td>548,292</td>
<td>0.76</td>
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<td>716,869</td>
<td>547,235</td>
<td>0.76</td>
<td>139,542</td>
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<td>TOTAL</td>
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<td>3,024,022</td>
<td>4.22</td>
<td>1,311,862</td>
<td>1.83</td>
</tr>
</tbody>
</table>
Fig. 5: Trend of the cost per person to be treated from 2001 to 2005

2. CONGO BRAZZAVILLE

2.1 Rapid Epidemiological Mapping of Onchocerciasis (REMO) of Congo (see Fig. 6 & 7 below)

Fig. 6: Rapid epidemiological mapping of onchocerciasis in Congo (REMO, Skin snip, and depigmentation data)
2.2. National Plan of Congo

The National Plan of Congo is the result of a comprehensive contribution of the NOTF partners which are Ministry of Health (MOH), l’Organisation pour la Prévention de la Cécité (OPC). The first CDTI project proposal submitted to TCC for consideration is the result of a collaborative effort between the MOH and the NGDO partner, OPC, to control onchocerciasis known as a public health problem in the country since 1919 (Ouzilleau & al., 1921). Between 1993 and 1995, Global 2000 River Blindness Program funded surveys (skin snip & depigmentation) to determine the distribution of the disease in the country. In 1996, Rapid epidemiological mapping of onchocerciasis was funded (WHO/TDR) in the southern Congo. The data collected through these surveys enable the NOTF of Congo to draft in 1996 a National Plan which could not be submitted to TCC for consideration in 1997 because of civil unrests.

2.3. Congo CDTI Project Proposal

2.3.1 Background Information

<table>
<thead>
<tr>
<th>Table 5: General information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative divisions</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Communities</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Dry season</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Persons treated in the 5 past years</td>
</tr>
<tr>
<td>Partner</td>
</tr>
</tbody>
</table>
The project proposal, a partnership between the Ministry of Health (MOH) and “l’Organisation pour la Prévention de la Cécité” (OPC) seeks to establish CDTI in 593 communities of the provinces of Pool (9 rural districts targeted), Bouenza (8 districts), Niari (3 districts) and Koulou (1 district) and aims to treat 628,187 people (77,919 persons living in 128 hyper endemic communities and 550,268 in meso endemic communities) by the fifth year. The project proposal is a reorientation of an existing ivermectin distribution programme initiated in 1992 by River Blindness Program (RBF) and which has treated a cumulative total of 233,074 persons from 1992 to 1997. Fig. 6 & 7 above indicate the detailed onchocerciasis mapping results for the project concerned (Southern Congo). A nation-wide rapid epidemiological mapping of onchocerciasis is going on since June 2000 and will enable the NOTF of Congo to update the current REMO map of the country.

2.3.2. Summary budget

Table 6 below summarizes the five year budget as submitted by the NOTF of Congo and Fig. 7 indicates the trend of the cost per person to be treated from 2001 and to 2005.

Table 6: Five year summary budget of Congo CDTI project proposal as submitted by the NOTF of Congo (US $)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Persons to be treated (A)</th>
<th>Total US $ (B)</th>
<th>Cost/pers APOC (C) = B/A</th>
<th>APOC Cost US $ (D)</th>
<th>Cost/pers APOC US $ (E) = D/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>448,779</td>
<td>241,436</td>
<td>0.54</td>
<td>180,844</td>
<td>0.40</td>
</tr>
<tr>
<td>2</td>
<td>621,196</td>
<td>176,146</td>
<td>0.28</td>
<td>131,405</td>
<td>0.21</td>
</tr>
<tr>
<td>3</td>
<td>628,187</td>
<td>150,103</td>
<td>0.24</td>
<td>100,251</td>
<td>0.16</td>
</tr>
<tr>
<td>4</td>
<td>628,187</td>
<td>85,651</td>
<td>0.14</td>
<td>41,508</td>
<td>0.07</td>
</tr>
<tr>
<td>5</td>
<td>628,187</td>
<td>82,845</td>
<td>0.13</td>
<td>38,702</td>
<td>0.06</td>
</tr>
<tr>
<td>TOTAL</td>
<td>628,187</td>
<td>736,181</td>
<td>1.17</td>
<td>492,710</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Fig. 8: Trend of the cost per person to be treated from 2001 to 2005
3. ETHIOPIA

3.1. General Rapid Epidemiological Mapping of Onchocerciasis (REMO) of Ethiopia (see Fig. 9 & 10 below)

Fig. 9: REMO results of Ethiopia (completion of REMO on going)

Fig. 10: CDTI areas in Ethiopia
3.2. National Plan and National Secretariat Support

The total population of the country is estimated to 61,672,000 persons (1999) with 85.3% live in rural areas.

The National Plan submitted to TCC for consideration is the result of a comprehensive contribution of the NOTF partners, which are the Ministry of Health and GRBP 2000, to control onchocerciasis known as a public health problem in the country since 1939.

Rapid Epidemiological Mapping of Onchocerciasis still remains to be completed in two regions: Humera and Tigray. Nonetheless the available REMO results revealed three main foci and the projected data show that 3,100,000 persons are eligible for ivermectin mass treatment.

The National Plan seeks to establish in three phases between 2000 and 2002 Community-directed treatment with ivermectin (CDTI) in all hyper and meso endemic areas. A national secretariat will be set up (124,329 US $) to coordinate the implementation of CDTI activities in the country.

3.3. Kafa-Shekka CDTI Project

This proposal is the first submission to APOC for funding.

3.3.1 Background information

<table>
<thead>
<tr>
<th>Table 7: General information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative unit</td>
</tr>
<tr>
<td>Total population of Kaffa-Shekka</td>
</tr>
<tr>
<td>Communities</td>
</tr>
<tr>
<td>Health facilities</td>
</tr>
<tr>
<td>Dry season</td>
</tr>
<tr>
<td>To</td>
</tr>
<tr>
<td>Persons treated in past 5 years</td>
</tr>
<tr>
<td>Partner</td>
</tr>
</tbody>
</table>

Kaffa-Shekka, located in the south western part of Ethiopia is divided in 8 woreda (districts) with a total population of 816,019 persons (in 2000).

The project proposal, a partnership between the Ministry of Health and GRBP, will introduce for the first time ivermectin in the country and seeks to cover by the fifth year 478,872 persons living in 85 hyper endemic and 63 meso endemic communities of 8 woreda.
Fig. 10: Rapid Epidemiological Mapping of Onchocerciasis of Kaffa-Sheka Zone

3.3.2. Summary budget

Table 8 summarizes the five year budget as submitted by the NOTF/Ethiopia and Fig. 12 indicates the trend of the cost per person to be treated from 2000 to 2004.

Table 8: Five year summary budget of Kaffa-Sekka CDTI project as submitted by the NOTF of Ethiopia (US $)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Persons to be treated (A)</th>
<th>Total US $ (B)</th>
<th>Cost/pers (C)=B/A</th>
<th>APOC Cost US $ (D)</th>
<th>Cost/pers APOC US $ (E)= D/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>239 436</td>
<td>1 150 765</td>
<td>4.81</td>
<td>837 398</td>
<td>3.50</td>
</tr>
<tr>
<td>2</td>
<td>366 033</td>
<td>844 416</td>
<td>2.31</td>
<td>586 178</td>
<td>1.60</td>
</tr>
<tr>
<td>3</td>
<td>478 872</td>
<td>742 300</td>
<td>1.55</td>
<td>502 439</td>
<td>1.05</td>
</tr>
<tr>
<td>4</td>
<td>478 872</td>
<td>640 184</td>
<td>1.34</td>
<td>418 699</td>
<td>0.87</td>
</tr>
<tr>
<td>5</td>
<td>478 872</td>
<td>384 892</td>
<td>0.80</td>
<td>209 349</td>
<td>0.44</td>
</tr>
<tr>
<td>TOTAL</td>
<td>478 872</td>
<td>3 762 557</td>
<td>7.86</td>
<td>2 554 063</td>
<td>5.33</td>
</tr>
</tbody>
</table>
4. NIGERIA

4.1. Rapid Epidemiological Mapping of Onchocerciasis (REMO) of Nigeria (see Fig. 13 & 14 below)

Fig.13: REMO results of Nigeria (refinement on process)
4.2. Ogun State CDTI Project

This project proposal is the second submission to APOC for funding.

4.2.1. Background information

Table 9: General information

<table>
<thead>
<tr>
<th>Administrative unit</th>
<th>Target</th>
<th>20 LGA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>7 LGA</td>
</tr>
<tr>
<td>Total population</td>
<td>Total (1998)</td>
<td>2 895 353 persons</td>
</tr>
<tr>
<td></td>
<td>Target (year 5)</td>
<td>741 148</td>
</tr>
<tr>
<td>Communities</td>
<td>Total</td>
<td>451</td>
</tr>
<tr>
<td></td>
<td>Target (year 5)</td>
<td>451</td>
</tr>
<tr>
<td>Health facilities</td>
<td>Total</td>
<td>Coverage (%)</td>
</tr>
<tr>
<td></td>
<td>From</td>
<td>November</td>
</tr>
<tr>
<td></td>
<td>To</td>
<td>March</td>
</tr>
<tr>
<td>Persons treated in past 5 years (1995 to 1999)</td>
<td>14 757</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>IFESH/University village Association</td>
<td></td>
</tr>
</tbody>
</table>

Ogun State is located in Southern part of Nigeria. It is bordered on the East by Ondo State, West by the Republic of Benin (OCP country with a cross border epidemiological issue with the State). The State is made up by 20 Local Government Areas (LGA) with an estimated population of 2,895,353 persons in 1998.

The project seeks to cover 741 148 persons in 451 communities (45 hyper endemic communities and 406 Meso endemic communities. The rapid epidemiological mapping of onchocerciasis results and CDTI areas of the State are shown on the figures 13 and 14 above.
4.2.2. **Summary budget**

Table 10 summarizes the five year budget as submitted by the NOTF/Nigeria and Fig.15 indicates the trend of the cost per person to be treated from 2000 to 2004.

**Table 10:** Five year summary budget of Ogun State CDTI project as presented by the NOTF/Nigeria (US $)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Persons to be treated (A)</th>
<th>Total US $ (B)</th>
<th>Cost/pers (C)=B/A</th>
<th>APOC Cost US $ (D)</th>
<th>Cost/pers APOC US $ (E)= D/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>250,000</td>
<td>273,984</td>
<td>1.10</td>
<td>179,299</td>
<td>0.72</td>
</tr>
<tr>
<td>2</td>
<td>488,232</td>
<td>159,974</td>
<td>0.33</td>
<td>80,002</td>
<td>0.16</td>
</tr>
<tr>
<td>3</td>
<td>688,232</td>
<td>163,005</td>
<td>0.24</td>
<td>78,041</td>
<td>0.11</td>
</tr>
<tr>
<td>4</td>
<td>723,074</td>
<td>138,035</td>
<td>0.19</td>
<td>53,230</td>
<td>0.07</td>
</tr>
<tr>
<td>5</td>
<td>741,148</td>
<td>139,962</td>
<td>0.19</td>
<td>48,442</td>
<td>0.07</td>
</tr>
<tr>
<td>TOTAL</td>
<td>741,148</td>
<td>874,960</td>
<td>1.18</td>
<td>439,014</td>
<td>0.59</td>
</tr>
</tbody>
</table>

**Fig.15:** Trend of the cost per person to be treated, Ogun, State, Nigeria (2000-2004)
C. REVIEW OF PROGRESS REPORTS (TECHNICAL AND FINANCIAL) AND BUDGETS FOR SUBSEQUENT YEARS FUNDING

After a technical and financial review of first, second and third year progress reports and proposals for subsequent years funding of forty nine (49) APOC-funded Projects, the CSA upon recommendation of the TCC during its 9th and 10th sessions, has approved in 2000, the second, third and fourth year funding of the projects shown on table 11-18. Fig.16 below shows the number of projects reviewed by TCC in 2000.

Fig.16: Number of projects reviewed by TCC during its 9th & 10th sessions of 2000
Table 11: Cameroon: summary of technical reports of CDTI projects and subsequent year’s budgets submitted

<table>
<thead>
<tr>
<th></th>
<th>Adamaua</th>
<th>Centre 3</th>
<th>Littoral II</th>
<th>North Province</th>
<th>South West I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year under review</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Report to</td>
<td>Apr-00</td>
<td>Apr-00</td>
<td>Mar-00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months reported</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Total Communities</td>
<td>362</td>
<td>445</td>
<td>440</td>
<td>528</td>
<td>829</td>
</tr>
<tr>
<td>B Total population</td>
<td>139,978</td>
<td>196,644</td>
<td>122,453</td>
<td>220,892</td>
<td>710,050</td>
</tr>
<tr>
<td>Persons/community (B/A)</td>
<td>387</td>
<td>442</td>
<td>278</td>
<td>418</td>
<td>857</td>
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<tr>
<td>Communities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C selected CDDS</td>
<td>362</td>
<td>445</td>
<td>440</td>
<td>400</td>
<td>829</td>
</tr>
<tr>
<td>D Collected drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>E Choose method of distribution</td>
<td>362</td>
<td></td>
<td></td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>F decide month of treatment</td>
<td>362</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G with trained CDDS</td>
<td>362</td>
<td>445</td>
<td>395</td>
<td>400</td>
<td>829</td>
</tr>
<tr>
<td>H pay CDDs (kind/cash)</td>
<td>362</td>
<td></td>
<td></td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I TOT trained</td>
<td>6</td>
<td>43</td>
<td>60</td>
<td>5</td>
<td>166</td>
</tr>
<tr>
<td>J District/LGA staff trained</td>
<td>40</td>
<td>5</td>
<td>22</td>
<td>16</td>
<td>36</td>
</tr>
<tr>
<td>K Health staff trained</td>
<td>24</td>
<td>38</td>
<td>38</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>L CDDs trained</td>
<td>436</td>
<td>875</td>
<td>558</td>
<td>734</td>
<td>1591</td>
</tr>
<tr>
<td>M Trained CDDs/community (L/A)</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N Objective</td>
<td>180,000</td>
<td>251,000</td>
<td>216,782</td>
<td>172,000</td>
<td>374,816</td>
</tr>
<tr>
<td>O Persons treated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P Communities treated</td>
<td>203</td>
<td></td>
<td></td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>Performance % (O/N) x 100</td>
<td></td>
<td></td>
<td></td>
<td>19.07</td>
<td>62.66</td>
</tr>
<tr>
<td>Therapeutic coverage % (O/B)x100</td>
<td>33.76</td>
<td></td>
<td></td>
<td>48.79</td>
<td></td>
</tr>
<tr>
<td>Geographical coverage % (P/A)x100</td>
<td></td>
<td></td>
<td></td>
<td>46.14</td>
<td>30.30</td>
</tr>
<tr>
<td>Subsequent year’s request</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q Initial budget submitted US $</td>
<td>83,375</td>
<td>197,216</td>
<td>43,570</td>
<td>150,676</td>
<td>96,491</td>
</tr>
<tr>
<td>R Current budget submitted US $</td>
<td>102,747</td>
<td>172,288</td>
<td></td>
<td>156,293</td>
<td>110,665</td>
</tr>
<tr>
<td>S Initial number of persons to be treated</td>
<td>268,000</td>
<td>258,999</td>
<td>292,062</td>
<td>172,000</td>
<td>385,685</td>
</tr>
<tr>
<td>T Persons to be treated current proposal</td>
<td>218,919</td>
<td></td>
<td></td>
<td>229,872</td>
<td>368,883</td>
</tr>
<tr>
<td>Cost/person US $ (T/R)</td>
<td>0.47</td>
<td></td>
<td></td>
<td>0.68</td>
<td>0.30</td>
</tr>
<tr>
<td>NGDO partner</td>
<td>IEF</td>
<td>HKI</td>
<td>BASED</td>
<td>GRBP</td>
<td>SSI</td>
</tr>
</tbody>
</table>
Table 12: CAR, Chad, Liberia, Malawi, Equatorial Guinea: summary of technical reports of CDTI projects and subsequent year's budgets submitted

<table>
<thead>
<tr>
<th></th>
<th>CAR</th>
<th>Chad</th>
<th>Liberia</th>
<th>Malawi</th>
<th>Equatorial Guinea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year under review</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Report from</td>
<td>Nov-99</td>
<td>Jan-99</td>
<td>Apr-99</td>
<td>Dec-98</td>
<td></td>
</tr>
<tr>
<td>Report to</td>
<td>Apr-00</td>
<td>Apr-00</td>
<td>Mar-00</td>
<td>Dec-99</td>
<td></td>
</tr>
<tr>
<td>Months reported</td>
<td>6</td>
<td>16</td>
<td>12</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>A Total Communities</td>
<td>4584</td>
<td>3900</td>
<td>625</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>B Total population</td>
<td>716 425</td>
<td>373 288</td>
<td>65 000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons/community (B/A)</td>
<td>184</td>
<td>597</td>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C - selected CDDDs</td>
<td>3695</td>
<td>0</td>
<td>50</td>
<td>460</td>
<td>15</td>
</tr>
<tr>
<td>D - Collected drug</td>
<td>3371</td>
<td>2309</td>
<td>0</td>
<td>416</td>
<td>4</td>
</tr>
<tr>
<td>E - Choose method of distribution</td>
<td>3410</td>
<td>0</td>
<td>77</td>
<td>460</td>
<td>4</td>
</tr>
<tr>
<td>F - decide month of treatment</td>
<td>3308</td>
<td>0</td>
<td>77</td>
<td>460</td>
<td>4</td>
</tr>
<tr>
<td>G - with trained CDDs</td>
<td>3702</td>
<td>2309</td>
<td>77</td>
<td>460</td>
<td>4</td>
</tr>
<tr>
<td>H - pay CDDs (kind/cash)</td>
<td>1055</td>
<td>2309</td>
<td>77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I - TOT trained</td>
<td>848</td>
<td>15</td>
<td>30</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>J - District/LGA staff trained</td>
<td>1241</td>
<td>15</td>
<td>10</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>K - Health staff trained</td>
<td>1117</td>
<td>148</td>
<td>4</td>
<td>149</td>
<td>1</td>
</tr>
<tr>
<td>L - CDDs trained</td>
<td>1389</td>
<td>2574</td>
<td>120</td>
<td>665</td>
<td>8</td>
</tr>
<tr>
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<td>1</td>
<td>0</td>
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</tr>
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<td>800 000</td>
<td>764 000</td>
<td>398 324</td>
<td>33 000</td>
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<td>276 083</td>
<td>8721</td>
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</tr>
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<td>2309</td>
<td>472</td>
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<td>Performance % (O/N) x 100</td>
<td>76.83</td>
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<td>26.43</td>
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</tr>
<tr>
<td>Therapeutic coverage % (O/B)x100</td>
<td>81.93</td>
<td>73.96</td>
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<tr>
<td>Geographical coverage % (P/A)x100</td>
<td>59.21</td>
<td>75.52</td>
<td>6.15</td>
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<td>Subsequent year's request</td>
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<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
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<td>Initial budget submitted US $</td>
<td>157 000</td>
<td>351 000</td>
<td>52 856</td>
<td>111 252</td>
<td>14 608</td>
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<tr>
<td>Current budget submitted US $</td>
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<td>400 671</td>
<td>101 376</td>
<td>289 701</td>
<td>51 116</td>
</tr>
<tr>
<td>Initial number of persons to be treated</td>
<td>900 000</td>
<td>837 000</td>
<td>556 875</td>
<td>760 903</td>
<td>85 000</td>
</tr>
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<td>889 200</td>
<td>500 000</td>
<td>760 903</td>
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<td>Cost/person US $ (T/R)</td>
<td>0.19</td>
<td>0.45</td>
<td>0.20</td>
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<td>CBM</td>
<td>OPC &amp; Africare</td>
<td>SSI</td>
<td>1EF</td>
<td>University Barcelona</td>
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Table 13: **Tanzania, Sudan, Gabon**: summary of technical reports of CDTI projects and subsequent year’s budgets submitted

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<th>Southern Sudan</th>
<th>Northern Sudan</th>
<th>Gabon</th>
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<td><strong>Report to</strong></td>
<td>May-00</td>
<td>May-99</td>
<td>Dec-99</td>
<td>Dec-99</td>
<td>Dec-99</td>
</tr>
<tr>
<td><strong>Months reported</strong></td>
<td>6</td>
<td>7</td>
<td>Dec-99</td>
<td>17</td>
<td>4</td>
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<td><strong>A Total Communities</strong></td>
<td>91</td>
<td>135</td>
<td>283</td>
<td></td>
<td></td>
</tr>
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<td><strong>B Total population</strong></td>
<td>341 988</td>
<td>247 000</td>
<td>506 716</td>
<td>168 500</td>
<td></td>
</tr>
<tr>
<td><strong>Persons/community (B/A)</strong></td>
<td>3758</td>
<td>1830</td>
<td>1791</td>
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</tr>
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<td><strong>Communities:</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C - selected CDDS</strong></td>
<td>91</td>
<td>135</td>
<td>219</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D - Collected drug</strong></td>
<td>91</td>
<td>135</td>
<td>219</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E - Choose method of distribution</strong></td>
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<td>135</td>
<td>212</td>
<td></td>
<td></td>
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<td><strong>F - decide month of treatment</strong></td>
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<td>135</td>
<td>75</td>
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<tr>
<td><strong>G - with trained CDDs</strong></td>
<td>91</td>
<td>135</td>
<td>219</td>
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<tr>
<td><strong>H - pay CDDs (kind/cash)</strong></td>
<td>23</td>
<td>135</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Training</strong></td>
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</tr>
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<td><strong>I - TOT trained</strong></td>
<td>62</td>
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<td>64</td>
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<td><strong>J - District/LGA staff trained</strong></td>
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<td>259</td>
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<tr>
<td><strong>K - Health staff trained</strong></td>
<td>77</td>
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<td>258</td>
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<td><strong>L - CDDs trained</strong></td>
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<td>566</td>
<td>772</td>
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<td><strong>M - Trained CDDs/community (L/A)</strong></td>
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<td><strong>Treatment</strong></td>
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<td><strong>N Objective</strong></td>
<td>281 068</td>
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<td>510 000</td>
<td>108 000</td>
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<td><strong>O Persons treated</strong></td>
<td>179 150</td>
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<td>242 714</td>
<td>254 086</td>
<td>3519</td>
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<td>135</td>
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<td><strong>Therapeutic coverage % (O/B) x 100</strong></td>
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<td>100.00</td>
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<tr>
<td><strong>Q Initial budget submitted US $</strong></td>
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<td>69 484</td>
<td>477 540</td>
<td>71 820</td>
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<tr>
<td><strong>R Current budget submitted US $</strong></td>
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<td>75 624</td>
<td>108 150</td>
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<td></td>
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<tr>
<td><strong>S Initial number of persons to be treated</strong></td>
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<td>349 543</td>
<td>303 100</td>
<td>540 000</td>
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<td><strong>T Persons to be treated current proposal</strong></td>
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<td>349 543</td>
<td>707 000</td>
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<td>0.22</td>
<td>0.15</td>
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<td>SSI</td>
<td>HNI</td>
<td>GRBP</td>
<td>OPC</td>
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Table 14: **Uganda**: summary of technical reports of CDTI projects and subsequent year’s budgets submitted

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<td>Jan-99</td>
<td>Jan-99</td>
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<td>Dec-99</td>
<td>Dec-99</td>
<td>Dec-99</td>
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<td>A Total Communities</td>
<td>373</td>
<td>980</td>
<td>1278</td>
<td>657</td>
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<tr>
<td>B Total population</td>
<td>223 643</td>
<td>445 407</td>
<td>433 217</td>
<td>592 226</td>
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<td>Communities:</td>
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<td>980</td>
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<td>657</td>
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<tr>
<td>D - Collected drug</td>
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<td>980</td>
<td>1278</td>
<td>657</td>
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<tr>
<td>E - Choose method of distribution</td>
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<td>980</td>
<td>1278</td>
<td>657</td>
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<td>F - decide month of treatment</td>
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<td>1278</td>
<td>657</td>
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<td>G - with trained CDDs</td>
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<td>980</td>
<td>1278</td>
<td>657</td>
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<td>H - pay CDDs (kind/cash)</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I - TOT trained</td>
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</tr>
<tr>
<td>J - District/LGA staff trained</td>
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<td>146</td>
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<td>K - Health staff trained</td>
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<td>76</td>
<td>3521</td>
<td>1885</td>
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<td>L - CDDs trained</td>
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<td>314</td>
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<td>M - Trained CDDs/community (L/A)</td>
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<td>3</td>
<td>3</td>
<td>3</td>
</tr>
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<td>146 533</td>
<td>305 184</td>
<td>371 888</td>
<td>565 891</td>
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<tr>
<td>O Persons treated</td>
<td>146 887</td>
<td>267 265</td>
<td></td>
<td>446 418</td>
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<tr>
<td>P Communities treated</td>
<td>373</td>
<td>980</td>
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</tr>
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<td>Performance % (O/N) x 100</td>
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<tr>
<td>Geographical coverage % (P/A) x 100</td>
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<td>100.00</td>
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<td>Q Initial budget submitted US $</td>
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<td>102 000</td>
<td>184 140</td>
<td>141 162</td>
</tr>
<tr>
<td>R Current budget submitted US $</td>
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<td>111 522</td>
<td>114 623</td>
<td>109 321</td>
</tr>
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<td>314 645</td>
<td>383 416</td>
<td>581 781</td>
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<td>T Persons to be treated current proposal</td>
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<td>Cost/person US $(T/R)</td>
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<td>SSI &amp; GRBP</td>
<td>SSI, GTZ &amp; GRBP</td>
<td>GRBP &amp; CBM</td>
<td>SSI &amp; GRBP</td>
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# Table 15: Nigeria: summary of technical reports of CDTI projects and subsequent year’s budgets submitted

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<th>Borno</th>
<th>Jigawa</th>
<th>Bauchi</th>
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<td><strong>Report to</strong></td>
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<td>Nov-99</td>
<td>Nov-99</td>
<td>Dec-99</td>
<td>May-00</td>
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<td><strong>A Total Communities</strong></td>
<td>777</td>
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<td>626</td>
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<td>811 720</td>
<td>135 480</td>
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<tr>
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<td>1297</td>
<td>1737</td>
<td>3091</td>
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<td></td>
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<tr>
<td><strong>C - selected CDDS</strong></td>
<td>763</td>
<td>923</td>
<td>626</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td><strong>D - Collected drug</strong></td>
<td>500</td>
<td>923</td>
<td>626</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td><strong>E - Choose method of distribution</strong></td>
<td>923</td>
<td>626</td>
<td>78</td>
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<td></td>
</tr>
<tr>
<td><strong>F - decide month of treatment</strong></td>
<td>923</td>
<td>626</td>
<td>78</td>
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<tr>
<td><strong>G - with trained CDDs</strong></td>
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<td>923</td>
<td>626</td>
<td>78</td>
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<tr>
<td><strong>H - pay CDDs (kind/cash)</strong></td>
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<td>22</td>
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<tr>
<td><strong>Training:</strong></td>
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</tr>
<tr>
<td><strong>I - TOT trained</strong></td>
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<td><strong>J - District/LGA staff trained</strong></td>
<td>25</td>
<td>49</td>
<td>32</td>
<td>26</td>
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<tr>
<td><strong>K - Health staff trained</strong></td>
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<td><strong>L - CDDs trained</strong></td>
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<td>1</td>
<td>2</td>
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</tr>
<tr>
<td><strong>Treatment:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>N Objective</strong></td>
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<td>721 202</td>
<td>735 545</td>
<td>39 696</td>
<td>583 978</td>
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<td><strong>O Persons treated</strong></td>
<td>248 347</td>
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<td>88 823</td>
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<td><strong>P Communities treated</strong></td>
<td>354</td>
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<td>78</td>
<td></td>
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<tr>
<td><strong>Performance % (O/N) x 100</strong></td>
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<td><strong>Geographical coverage % (P/A)x100</strong></td>
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<td>100.00</td>
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<td>2</td>
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<td>151 858</td>
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<td>144 436</td>
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<td>169 291</td>
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<tr>
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<td>204 923</td>
<td>213 787</td>
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<td>128 370</td>
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<td>742 838</td>
<td>757 611</td>
<td>65 484</td>
<td>868 200</td>
</tr>
<tr>
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<td>868 200</td>
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<tr>
<td><strong>NGDO partner</strong></td>
<td>UNICEF</td>
<td>HKI</td>
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Table 16: **Nigeria:** summary of technical reports of CDTI projects and subsequent year’s budgets submitted

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<th>Edo &amp; Delta</th>
<th>Enugu</th>
<th>Ebonyi</th>
<th>Anambra</th>
<th>FCT</th>
<th>Gombe</th>
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<td>Mar-99</td>
<td>Mar-99</td>
<td>Sep-00</td>
<td>May-00</td>
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<tr>
<td>A Total Communities</td>
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<td>3466</td>
<td>530</td>
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<td>2032</td>
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<tr>
<td>Collected drug</td>
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<td>831</td>
<td>1779</td>
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<td>831</td>
<td>1869</td>
<td>513</td>
<td>438</td>
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<td>decide month of treatment</td>
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<td>831</td>
<td>1869</td>
<td>513</td>
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<td>trained CDDs</td>
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<td>pay CDDs (kind/cash)</td>
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<td>225</td>
<td>31</td>
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<td>469</td>
<td>130</td>
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<td>136 279</td>
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<td>7.71</td>
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<td>4.67</td>
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<td>Geographical coverage % (P/A) x 100</td>
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<td>57.88</td>
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<td>32 529</td>
<td>129 606</td>
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<tr>
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<td>101 180</td>
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<tr>
<td>Initial number of persons to be treated</td>
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<td>1 029 500</td>
<td>1 816 914</td>
<td>443 360</td>
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<td></td>
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<tr>
<td>Persons to be treated current proposal</td>
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<td>1 816 914</td>
<td>233 444</td>
<td>443 360</td>
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<td>Cost/person US $ (T/R)</td>
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<td>0.14</td>
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<td>GRBP</td>
<td>GRBP</td>
<td>CBM</td>
<td>UNICEF</td>
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Table 17: Nigeria: summary of technical reports of CDTI projects and subsequent year’s budgets submitted

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<th>Kebbi</th>
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<td>Jan-99</td>
<td>Jan-00</td>
<td>Sep-99</td>
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<td><strong>Report to</strong></td>
<td>Mar-99</td>
<td>Dec-99</td>
<td>May-00</td>
<td>Mar-00</td>
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<td><strong>Months reported</strong></td>
<td>6</td>
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<tr>
<td><strong>A Total Communities</strong></td>
<td>2210</td>
<td>2075</td>
<td>2433</td>
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<td>163</td>
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<td>439</td>
<td>1000</td>
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<td></td>
<td></td>
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<tr>
<td>C - selected CDDS</td>
<td>692</td>
<td>2075</td>
<td>99</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>D - Collected drug</td>
<td>692</td>
<td>2075</td>
<td>99</td>
<td>160</td>
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<td>2075</td>
<td>99</td>
<td>152</td>
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<td>F - decide month of treatment</td>
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<td>2075</td>
<td>99</td>
<td></td>
<td></td>
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<tr>
<td>G - with trained CDDs</td>
<td>692</td>
<td>2075</td>
<td>99</td>
<td>163</td>
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<td>H - pay CDDs (kind/cash)</td>
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<td>J - District/LGA staff trained</td>
<td>143</td>
<td>163</td>
<td>201</td>
<td>46</td>
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<td>K - Health staff trained</td>
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<td>201</td>
<td>373</td>
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<td>3012</td>
<td>3012</td>
<td>654</td>
<td>437</td>
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<td>M - Trained CDDs/community (L/A)</td>
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<td>1</td>
<td>7</td>
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<td><strong>Treatment</strong></td>
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<td>N - Objective</td>
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<td>555,122</td>
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<td>2075</td>
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<td>Performance % (O/N) x 100</td>
<td>23.78</td>
<td>134.43</td>
<td>107.03</td>
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<td>Therapeutic coverage % (O/B)x100</td>
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<td>100.00</td>
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<td>160,082</td>
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<td>52,726</td>
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<td>51,140</td>
<td>63,495</td>
<td>34,695</td>
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<td>665,442</td>
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<td>93,263</td>
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<td>665,442</td>
<td>665,442</td>
<td>325,000</td>
<td>93,263</td>
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<td>0.13</td>
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<td>SSI</td>
<td>SSI</td>
<td>CBM</td>
<td>SSI</td>
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Table 18: Nigeria: summary of technical reports of CDTI projects and subsequent year’s budgets submitted

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<th>Kogi</th>
<th>Kawara</th>
<th>Niger</th>
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<td><strong>Report from</strong></td>
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<td>Sep-99</td>
<td>Jan-00</td>
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<td><strong>Report to</strong></td>
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<td>8</td>
<td>4</td>
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<td><strong>Total Communities</strong></td>
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<td><strong>C - selected CDDS</strong></td>
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<td>630</td>
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<td><strong>G - with trained CDDS</strong></td>
<td>1489</td>
<td>633</td>
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<td><strong>H - pay CDDS (kind/cash)</strong></td>
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<td><strong>I - TOT trained</strong></td>
<td>179</td>
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<td><strong>J - District/LGA staff trained</strong></td>
<td>167</td>
<td>250</td>
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<td><strong>K - Health staff trained</strong></td>
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<td>250</td>
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<td><strong>L - CDDs trained</strong></td>
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<td><strong>Treatment</strong></td>
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<td><strong>N Objective</strong></td>
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<td>356 942</td>
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<td><strong>O Persons treated</strong></td>
<td>622 671</td>
<td>345 129</td>
<td>179 750</td>
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<td><strong>P Communities treated</strong></td>
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<td>580</td>
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<td><strong>Performance % (O/N) x 100</strong></td>
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<td><strong>Therapeutic coverage % (O/B)x100</strong></td>
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<td><strong>Geographical coverage % (P/A)x100</strong></td>
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<td>4</td>
<td></td>
<td></td>
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<td><strong>Q Initial budget submitted US $</strong></td>
<td>117 420</td>
<td>45 360</td>
<td>69 911</td>
<td>192 030</td>
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<td><strong>R Current budget submitted US $</strong></td>
<td>30 470</td>
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<td>503 300</td>
<td>562 000</td>
<td>640 196</td>
<td>490 548</td>
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<tr>
<td><strong>T Persons to be treated current proposal</strong></td>
<td>503 300</td>
<td>562 000</td>
<td>640 196</td>
<td>490 548</td>
</tr>
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<td><strong>Cost/person US $ (T/R)</strong></td>
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<td>0.30</td>
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<td>SSI</td>
<td>SSI</td>
<td>UNICEF</td>
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D. OVERVIEW OF BUDGETS SUBMITTED TO TCC & CSA IN 2000

Table 19: Budget per country

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<tr>
<th>Country</th>
<th>New Project Year 1 US $</th>
<th>Previously approved projects</th>
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</thead>
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<td>Cameroon</td>
<td>577,817</td>
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</tr>
<tr>
<td>CAR</td>
<td>301,139</td>
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</tr>
<tr>
<td>Chad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congo Brazza</td>
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<td></td>
</tr>
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<td>Eq. Guinea</td>
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<td>172,140</td>
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<td>Ethiopia</td>
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<td>Tanzania</td>
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<td>120,501</td>
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<td>Uganda</td>
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<td>111,552</td>
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<td>TOTAL US $</td>
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<td>919,362</td>
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Fig. 17: Budget per projects’ implementation year
Table 20: Breakdown per project and per country of the total budget (6 874 700 US $) submitted in 2000

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<tr>
<th>Country</th>
<th>Project</th>
<th>New Project</th>
<th>Previously approved projects</th>
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* budget approved by the CSA in 2000 with instructions for appropriate amendments by the NOTFs and APOC Management.