



School-based mass drug distribution in Ghana (Photo: Adriana Opong)

# FY20 Semi-Annual Report

Period covered: October 1, 2019–March 31, 2020

## USAID'S ACT TO END NTDS | WEST PROGRAM

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## TABLE OF CONTENTS

<b>INTRODUCTION .....</b>	<b>15</b>
<b>MAIN ACTIVITIES .....</b>	<b>15</b>
General Program .....	15
General Operations .....	17
FY2020 Country Work Plans.....	18
Collaboration and Coordination with USAID.....	18
Collaboration and Coordination with Other NTD Stakeholders.....	19
Environmental Monitoring and Mitigation Report.....	21
Deliverables.....	22
<b>IR1. INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—</b>	
<b>PROGRESS IMPLEMENTING ACTIVITIES .....</b>	<b>22</b>
Overview .....	22
Activity 1.1 Strengthen and Link to National Plans with Quality Data .....	23
Activity 1.2 Complete Trachoma Mapping for Remaining Act   West Countries .....	23
Activity 1.3 Strengthen Onchocerciasis Expert Committees (OECs) and Accelerate Implementation of OEC Guidance .....	24
Activity 1.4 Strengthen Community-level Participation in MDA .....	26
Activity 1.5 Deliver MDA in Endemic Areas, and Ensure That Hotspots, Conflict Areas and Hard-To-Reach Populations Have Adequate Coverage .....	27
Activity 1.6 Support Disease-Specific Assessments (DSAs) for Program Monitoring .....	28
Activity 1.7 Improve the Quality of NTD Interventions through QA/QI .....	29
Activity 1.8 Improve Cross-Border Collaboration, Focusing on Specific Districts with High Prevalence and Shared Borders .....	30
Activity 1.9 Ensure Use of the Integrated Database for Data Management, Tracking of Trends, Drug Applications, and Data Archiving.....	30
Activity 1.10 Support Countries to Prepare Dossiers on LF, Trachoma, and Onchocerciasis .....	31
MMDP .....	32
<b>IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL—PROGRESS IMPLEMENTING</b>	
<b>ACTIVITIES .....</b>	<b>34</b>
Activity 2.1: Pursue Collaboration with USAID to Promote the NTD Sustainability Framework and Strategy .....	36
Activity 2.2: Create Sustainability Plan in Partnership with Host Country Governments (IR2/IR3) ...	37
Activity 2.3: Operationalize the Finance Strategy for NTD Control and Elimination Interventions (IR2) 43	
<b>Activity 2.4: Explore Alternative In-Country Financing Mechanisms to Mobilize Domestic Resources,</b>	

<b>Diversify Sources of Funding, and Increase Resources for NTDS (IR2)</b>	<b>43</b>
Activity 2.5: Implement Advocacy Plan for the Integration of NTDS into National Policies, Financing Decisions, and Coordinating Mechanisms (IR2/IR3)	44
Activity 2.6: Review NTD indicators and Support the Integration of Recommended Indicators into the National HIMS (IR2)	44
Activity 2.7: Revise Job Descriptions to Fulfil Essential NTD Activities (IR2)	44
Activity 2.8: Improve Supply Chain Through Targeted Solutions and Approaches (IR2)	44
Activity 2.9: Support the Creation, Review and/or Update Of Actionable SCH, STH, and OV Transition Plans (IR3)	47
Activity 2.10: identify and Implement Sustainable NTD Delivery Platforms (IR3)	47
Activity 2.11: Deliver Integrated Or Stand-alone MDAs for SCH AND STH in High Endemic Areas (IR3)	47
Activity 2.12: Incorporate Integrated MDAS into Policy and Planning documents (IR3)	48
Activity 2.13: Provide TA to the MOH on Drug Applications and Drug Donations (IR3)	48
Activity 2.14: Conduct and/or Integrate Sustainable Surveillance Activities (IR3)	48
Activity 2.15: Establish and Institutionalize Multi-Sectoral Mechanisms to Coordinate NTD Programs (IR3)	48
Activity 2.16: Integrate NTD Prevention Messages as Part of Ongoing SBCC Interventions: Pilot WASHUP and NTD Materials in Ghana and Niger (IR3)	49
Activity 2.17: Review and Analysis of Existing Social Behavior Change Communication (SBCC) Materials and Messages across Multi Sectors for Integration of PC-NTD Content into Other Sectors (IR3)	50
Consultancies and Short-term Technical Assistance (STTA)	50
Challenges & Lessons Learned	52
<b>MONITORING, EVALUATION AND LEARNING—PROGRESS IMPLEMENTING ACTIVITIES</b>	<b>54</b>
Monitoring, Evaluation, and Learning Activities	54
MEL Activities Involving Direct Support to Countries	54
Promoting Use of WHO'S Supervisor Coverage Tool (SCT) to Improve Coverage During MDAS	54
Assisting with Coverage Evaluation Surveys (CES) to Evaluate Coverage after MDAS	54
Training on and Assisting with Data Quality Assessment (DQA) on MDA Indicators as a Means of Diagnosing and Correcting Issues With Systemic Data Quality and Flow	55
Promoting the use of Electronic Data Collection (EDC) for DSAS	55
Ensuring that Countries Have Secure and Up-to-date NTD Data in a Country-owned and Managed Integrated NTD Database (CIND) to Permit Sound, Data-driven NTDP Decision Making	56
Assisting Countries with Special Data Analysis Initiatives (Including Sub-District Level Analyses) to Strengthen Future Programming or as Part of Investigations into Past Poor Program Performance	56
Conducting a MEL coordination and collaboration workshop	57
MEL Cross-cutting Activities	58
Cooperating with TFGH / PHII as Part of the USAID NTD Database and Data System Transition Task Force	58
Continuing Strengthening Existing USAID NTD Data Input and Data Output Products in Support of	

Both Reporting to USAID And Decision Making for Program Implementation.....	60
Developing and Refining Indicators to Track and Monitor IR2/ IR3 Activities.....	61
Harnessing GIS as a Means of Data Visualization and Interpretation .....	61
Recruitment .....	62
Defining and Implementing a Learning Agenda for ACT   WEST .....	62
<b>COMMUNICATIONS AND KNOWLEDGE MANAGEMENT—PROGRESS IMPLEMENTING ACTIVITIES.....</b>	<b>62</b>
Activity 1: Documentation and Dissemination of Program Activities, Results, and Impact .....	63
Activity 2: Knowledge Sharing and External Engagement .....	65
Activity 3: Communication Support for IR1, IR/S, and Program Management Activities.....	71
Activity 4: Communication Management .....	75
<b>MAINSTREAMING THE GENDER ANALYSIS STUDY AND STRATEGIC PLAN INTO PROGRAM IMPLEMENTATION.....</b>	<b>77</b>
<b>BEST PRACTICES &amp; SUCCESS STORIES.....</b>	<b>79</b>
Treating Lymphatic Filariasis—Even In the Desert .....	79
<b>ACTIVITIES PLANNED FOR THE NEXT SIX MONTHS.....</b>	<b>81</b>
Management of the Cooperative Agreement.....	81
IR1: Increased MDA coverage among at-risk populations in Endemic countries .....	82
IR/S: Promote Sustainable NTDS Elimination and Control.....	84
Monitoring, Evaluation and Learning .....	86
Gender Action Plan and Strategy .....	87
Communications and Knowledge Management (KM).....	87
<b>ANNEX: Budget Execution as of 03.31.20.....</b>	<b>89</b>
<b>Country Semi-annual Reports.....</b>	<b>90</b>

# LIST OF TABLES AND FIGURES

## LIST OF TABLES

Table 1: CONSULTANCIES/STTA CONDUCTED IN THE FIRST HALF OF FY20.....	50
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## LIST OF FIGURES

Figure 1: Declining Disease burden in West   Act countries at end of FY19 .....	12
Figure 2: USAID’S FRAMEWORK AND STRATEGY FOR PROMOTING SUSTAINABLE NTD CONTROL AND ELIMINATION .....	35
Figure 3: PROGRESS TOWARDS IMPLEMENTING USAID’S FRAMEWORK FOR SUSTAINABLE NTDS ELIMINATION AND CONTROL.....	36
Figure 4: SUSTAINABILITY PLAN INPUTS.....	38
Figure 5: KEY COMPONENTS OF ACT   WEST SUSTAINABILITY MATURITY MODEL.....	39

## ACRONYMS AND ABBREVIATIONS

<b>AcceleraTE</b>	Accelerate Trachoma Elimination
<b>AOR</b>	Agreement Officer's Representative
<b>ALB</b>	Albendazole
<b>ASCEND</b>	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
<b>ASTMH</b>	American Society for Tropical Medicine and Hygiene
<b>B&amp;M</b>	Branding and marking
<b>BELF</b>	Blueprint for the elimination of lymphatic filariasis
<b>BETR</b>	Blueprint for the elimination of trachoma
<b>BMGF</b>	Bill & Melinda Gates Foundation
<b>CAMEG</b>	<i>Centrale d'Achat des Médicaments Essentiels Génériques</i> (Burkina Faso)
<b>CDC</b>	U.S. Centers for Disease Control and Prevention
<b>CDC/DPDM</b>	CDC Division of Parasitic Diseases and Malaria
<b>CDD</b>	Community drug distributor
<b>CDTI</b>	Community-directed treatment with ivermectin
<b>CES</b>	Coverage evaluation survey
<b>CHAI</b>	Clinton Health Access Initiative
<b>CIND</b>	Country integrated neglected tropical disease database
<b>COR-NTD</b>	Coalition for Operational Research on Neglected Tropical Diseases
<b>CWG</b>	Communication working group
<b>CY</b>	Calendar year
<b>DFID</b>	Department for International Development (United Kingdom)
<b>DGSP</b>	Director General of Public Health
<b>DHMT</b>	District health management team
<b>DBS</b>	Dried blood spots
<b>DHS</b>	Demographic and Health Survey
<b>DNSP</b>	<i>Direction Nationale de la Santé Publique</i> (National Public Health Directorate) (MOH) (Benin)
<b>DQA</b>	Data quality assessment
<b>DSA</b>	Disease-specific assessment
<b>EDC</b>	Electronic data capture
<b>ELISA</b>	Enzyme-linked immunosorbent assay
<b>EMMR</b>	Environmental Mitigation and Monitoring Report
<b>ESPEN</b>	Expanded Special Project for the Elimination of Neglected Tropical Diseases
<b>EU</b>	Evaluation unit
<b>FAA</b>	Fixed amount award
<b>FTS</b>	Filariasis test strip
<b>FY</b>	Fiscal year

<b>GHS</b>	Ghana Health Service
<b>GIS</b>	Geographic information system
<b>HD</b>	Health district
<b>HDI</b>	Health & Development International
<b>HMIS</b>	Health management information system
<b>HSS</b>	Health systems strengthening
<b>ICCC</b>	Intra Country Coordination Committee (Ghana)
<b>ICTC</b>	International Coalition for Trachoma Control
<b>IEC</b>	Information, education and communication
<b>IML</b>	Implementation Management Lead
<b>IP</b>	Implementing partner
<b>IR</b>	Intermediate result
<b>IRS</b>	Intermediate Result for NTDs sustainability
<b>IVM</b>	Ivermectin
<b>ITI</b>	International Trachoma Initiative
<b>JAP</b>	Joint application package
<b>JRSM</b>	Joint request for special medicines
<b>KM</b>	Knowledge management
<b>LF</b>	Lymphatic filariasis
<b>LSHTM</b>	London School of Hygiene and Tropical Medicine
<b>M&amp;E</b>	Monitoring and evaluation
<b>MANDE</b>	Monitoring and evaluation data error checker
<b>MDA</b>	Mass drug administration
<b>MDP</b>	Mectizan Donation Program
<b>MEL</b>	Monitoring, evaluation, and learning
<b>MMDP</b>	Morbidity Management and Disability Prevention
<b>MOE</b>	Ministry of Education
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MSAS</b>	Senegal Ministry of Health and Social Affairs
<b>MSI</b>	Methodology for sustaining impact of NTD programs
<b>MVP</b>	Minimally viable product
<b>NNN</b>	Neglected Tropical Disease Non-Governmental Organization Network
<b>NTD</b>	Neglected tropical disease
<b>NTDP</b>	National NTD Program
<b>OEC</b>	Onchocerciasis expert committee
<b>OEM</b>	Onchocerciasis elimination mapping
<b>OHS</b>	Office of Health Systems



<b>ONPPC</b>	<i>Office National des Produits Pharmaceutiques et Chimiques (National Office of Pharmaceutical and Chemical Products) (Niger)</i>
<b>OV</b>	Onchocerciasis
<b>PC</b>	Preventive chemotherapy
<b>PCT</b>	Preventive chemotherapy
<b>PFM</b>	Public Financial Management
<b>PHII</b>	Public Health Informatics Institute
<b>PHU</b>	Peripheral health unit
<b>PIRS</b>	Performance indicator reference sheets
<b>PNDO/EFL</b>	<i>Programme National de Dévolution de l'Onchocercose et d'Elimination de la Filariose Lymphatique (National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis)</i>
<b>PNF</b>	Partners Network Forum (Sierra Leone)
<b>PNLO</b>	<i>Programme National de Lutte contre l'Onchocercose (National Program for Onchocerciasis Control) (Cameroon)</i>
<b>PNLMT</b>	<i>(Programme National de Lutte contre les MTN in French)</i> National Program for Control of Neglected Tropical Diseases
<b>PNMTN</b>	<i>Programme National pour les Maladies Tropicales Négligées (National NTD Program)</i>
<b>PNSO</b>	<i>Programme National de Santé Oculaire (National Eye Health Program)</i>
<b>PPP</b>	Public-private partnership
<b>PTS</b>	Post treatment surveillance
<b>PZQ</b>	Praziquantel
<b>QA/QI</b>	Quality assurance/quality improvement
<b>QC</b>	Quality control
<b>RDT</b>	Rapid diagnostic test
<b>ROI</b>	Return on investment
<b>RPRG</b>	Regional program review group
<b>RSTMH</b>	Royal Society of Tropical Medicine and Hygiene
<b>SAC</b>	School-age children
<b>SAE</b>	Severe adverse event
<b>SAR</b>	Semi-annual report
<b>SC</b>	Supply chain
<b>SCF</b>	Supply chain forum
<b>SCH</b>	Schistosomiasis
<b>SCI</b>	Schistosomiasis Control Initiative
<b>SCM</b>	Supply chain management
<b>SCT</b>	Supervisor's coverage tool
<b>SMM</b>	Sustainability maturity model
<b>SMT</b>	Senior management team

<b>STAG</b>	Strategic and technical advisory group
<b>STH</b>	Soil-transmitted helminthiasis
<b>STTA</b>	Short-term technical assistance
<b>TA</b>	Technical assistance
<b>TAC</b>	Technical advisory committee
<b>TAS</b>	Transmission assessment survey
<b>TEC</b>	Trachoma Expert Committee
<b>TEMP</b>	Trachoma Elimination Monitoring Form
<b>TEO</b>	Tetracycline eye ointment
<b>TF</b>	Trachomatous follicular
<b>TFGH</b>	Task Force for Global Health
<b>TIPAC</b>	Tool for integrated planning and costing
<b>TIS</b>	Trachoma impact survey
<b>TSS</b>	Trachoma surveillance survey
<b>TT</b>	Trachoma trichiasis
<b>USAID</b>	United States Agency for International Development
<b>WAR</b>	Western Area Rural
<b>WHA</b>	World Health Assembly
<b>WASH</b>	Water, sanitation, and hygiene
<b>WHO</b>	World Health Organization
<b>WWD</b>	World Water Day

## EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) granted funding to FHI 360 for the implementation of *Act to End Neglected Tropical Disease West (Act | West) program*, which will be implemented from July 19, 2018–July 18, 2023. The program is part of the global effort to eliminate neglected tropical diseases (NTDs). It particularly aims to eliminate lymphatic filariasis (LF), trachoma, and onchocerciasis (OV) (in certain countries) and control schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) in 11 endemic West African countries—including Burkina Faso, Benin, Cameroon, Guinea, Ghana, Côte D'Ivoire, Mali, Niger, Senegal, Sierra Leone, and Togo. It also supports achievement of sustainable service delivery, with growing ownership of national governments in the elimination and/or control of NTDs. The program recognizes the pivotal role of mainstreaming NTD programs into national health systems through budget allocation, inclusion of NTD data in the national health data management system, and development of policies and guidelines to empower health care workers to implement sustainable NTD interventions. The program has allocated resources to achieve this aim. This report outlines the key achievements and challenges in the first six months of the second year of program implementation, spanning the period October 1, 2019–March 31, 2020. It is worth noting that the global COVID-19 pandemic affecting almost all countries in the world now seriously affects key activity implementation in all 11 countries—including training of health care workers and community drug distributors (CDDs), mass drug administrations (MDAs), and disease-specific assessments (DAS).

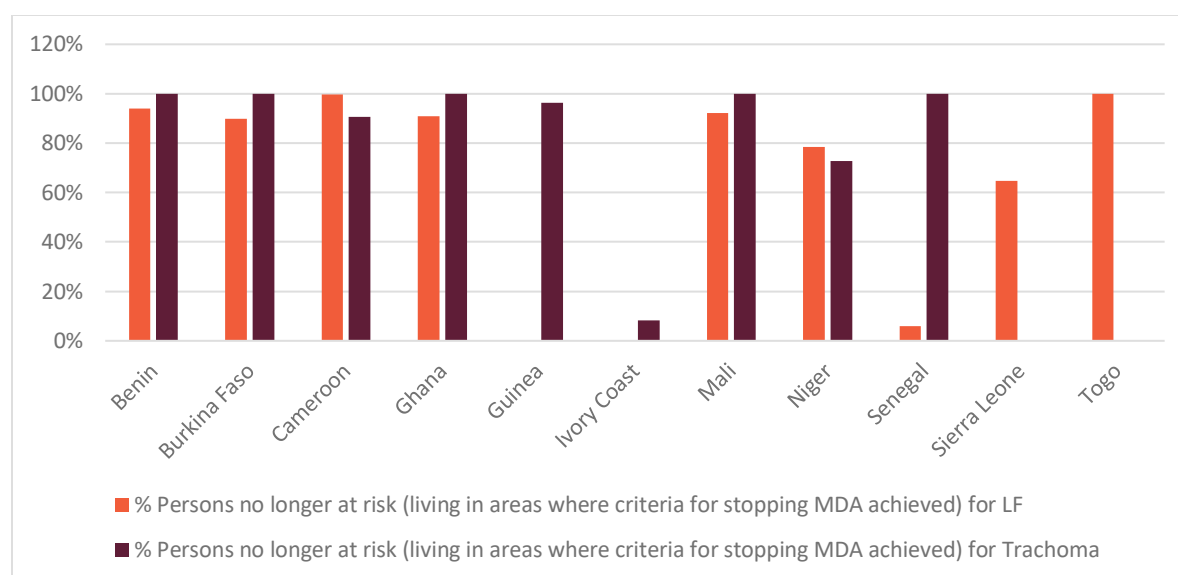
This report includes sections on MDA coverage among at-risk populations in endemic countries (IR1); promoting sustainable NTD elimination and control (IR/S); monitoring, evaluation, and learning (MEL); management of the cooperative agreement; communication and knowledge management; and gender mainstreaming.

### IR1. Increased MDA Coverage Among At-risk Populations in Endemic Countries

MDAs were carried out in Benin (OV), Cameroon/Niger (LF), Ghana (SCH/STH and OV), Togo (OV/SCH/STH), Senegal (LF/SCH/STH/OV), Mali (SCH), and Sierra Leone (LF/STH/OV) in the reporting period. As of April 4, 5,091,177 people had been treated during the reporting period. Due to the advent of COVID-19, the program achieved 7 percent of the targeted 71,153,169 persons. Most of the MDAs planned for March 2020 have been postponed to later months. USAID's long-term investment in West Africa since 2007 has, however, improved the quality of life of people living in the region. The burden of disease on individuals due to NTDs has significantly declined under Act | West.

*More than 115 million people across the Act | West portfolio have achieved the criteria to stop MDAs for at least one NTD, as of the end of FY19.*

*Across Act | West countries in FY19, 83 percent of those districts that received treatment with support from USAID funding had met the threshold for sufficient coverage.*

**Figure 1: Declining Disease burden in West | Act countries at end of FY19**

In FY20, DSAs were conducted for trachoma surveillance surveys (TSS) in Burkina Faso (TSS, TAS2, and TAS3 for LF) and Cameroon (TAS2 data collection). In Niger, 17 SCH/STH surveys originally approved in FY19 were conducted. Mali has developed a protocol for TAS3 in 14 health districts (HDs), which will take place when the restrictions due to COVID-19 are lifted. There were no DSAs in Togo, Benin, Côte d'Ivoire, Ghana, Guinea, or Senegal.

Act | West provided technical assistance (TA) in trachoma mapping in the reporting period. Training on pre-mapping desk reviews for Benin, Cameroon, and Senegal was conducted in March 2020. The Côte d'Ivoire National NTD Program (NTDP), with technical support from Act | West, carried out a review of mapping data to determine mapping needs.

The program also supported national OV expert committees (OECs) in Ghana, Togo, Niger, Guinea, and Benin. In Ghana, the OEC decided to conduct OV MDA twice a year and pushed the OV elimination target to 2030. The Guinea OEC decided to conduct annual cross-border meetings with Sierra Leone, Côte d'Ivoire, and Guinea Bissau and finalize the epidemiological survey to identify *simulium* (black fly) breeding sites. Togo hosted the international OEC meeting involving the World Health Organization (WHO), the Carter Center, and FHI 360. The committee analyzed existing data and provided recommendations for the Togo OV program.

A cross-border meeting between Ghana and Togo involving NTDP and district health managers of 22 districts was held November 2019 in Ghana. The

#### *Sub-district level data analysis in Western Area Rural, Sierra Leone*

Despite the district-level LF MDA coverage of 67.4 percent initially reported by the District Health Management Team, 35 peripheral health units (PHUs) had not reached 65 percent coverage.

This finding led to a mop-up exercise. As a result, **98,990** people were reached. The district-level epidemiological coverage increased from **67.4 percent to 86.1 percent**, while the number of those treated rose from **355,526 to 454,516**.

meeting enabled mapping of communities along the border and sharing of information about health care facilities, economic activities, and migration patterns. The participants, particularly district health managers, agreed to work together to treat all persons along the border during MDAs, irrespective of their origins. Participants also resolved to synchronize and jointly monitor MDAs.

### IR/S. Promote Sustainable NTD Control

Act | West builds the capacity of national NTD programs to sustain provision of NTD services to achieve elimination and control. The program supports countries to develop **sustainability plans**; **mainstreaming** of NTD priorities and functions into ministry of health (MOH) policy making, planning, financing, service delivery, monitoring, surveillance, and strengthening; and **cross-sector collaboration** to nurture multi-sector collaboration and partnerships to sustain gains in eliminating and controlling NTDS.

In the reporting period, Act | West supported nine countries in their paths to complete the five phases of the USAID Sustainability Framework and Strategy that will enhance their abilities to achieve sustainability. Côte d'Ivoire, Ghana, Senegal, Togo, Sierra Leone, Mali, Niger, and Benin completed landscape analyses. Burkina Faso and Benin completed the sensitization and buy-in phase. Five countries (Côte d'Ivoire, Ghana, Senegal, Togo, and Sierra Leone) have completed sustainability maturity model (SMM) self-assessments. Côte d'Ivoire also conducted a sustainability planning workshop.

The program has developed and revised key tools to facilitate NTD mainstreaming and cross-sector collaboration as pathways for sustainable NTD programming. Activities included the following:

- The SSM tool was refined to align it with the USAID Sustainability Framework and to include additional service delivery parameters. The tool has been updated to include NTD-specific details in service delivery, operational capacity, policy and planning, information systems and coordination.
- The cross-sector landscape analysis approach was refined to a single data collection process that serves both the mapping of stakeholders and the barrier analysis.
- A Sustainability Plan template was developed featuring the six outcomes of the USAID Sustainability Framework: coordination, policy, operational capacity, financing, information, and systems services.

Act | West supported supply chain management to ensure the timely availability drugs and testing kits and also to strengthen reverse logistics. In Burkina Faso, the program organized a three-day training on reverse logistics for 84 logistics managers in Western Africa region. In Niger, a three-day training was carried out to familiarize participants on new zithromax guidelines. In Guinea, a meeting was held to develop procedures to facilitate reverse logistics. Tetracycline eye ointment (TEO) was procured for Benin, Senegal, Côte d'Ivoire, Burkina Faso, Guinea, Mali, Niger, and Cameroon. Filariasis test strips (FTS) procurement was also facilitated for the eight countries. Drug donation application for albendazole

*As of March 2020, five countries were close to completing a Sustainability Plan.*

Ghana, Senegal, Togo, and Sierra Leone have completed phase 2. The NTDP in each of these countries is preparing a sustainability planning workshop as a last step of phase 3.

Côte d'Ivoire has completed phase 3. The MOH /NTDP is refining the draft of the Sustainability Plan with support from Act | West.

(ALB), mectizan, zithromax, and praziquantel (PZQ) were approved by WHO for FY20. The shipment of drugs to some countries is yet to be finalized.

### Monitoring, Evaluation and Learning

In the reporting period, the WHO supervisors' coverage tool (SCT) was used in four LF hotspot districts in Sierra Leone and two districts in Niger undergoing LF MDA. The Act | West MEL team also trained the Guinea team in anticipation of the MDA. The tool enabled supervisors to assess high and low coverage areas, which led to improved treatments during mop-up exercises in both Niger and Sierra Leone.

Act | West has been exploring numerous electronic data collection (EDC) platforms that can be used for DSAs, coverage evaluation surveys (CES), and other non-DNA surveys. It is piloting the use of ESPEN Collect—a database managed by the Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN) for AFRO—in Burkina Faso as EDC for pre-TAS surveys and in Côte d'Ivoire for pre-TAS. Benin aims to pilot the use of ESPEN Collect for TAS2 in FY20. Act | West is also documenting experiences using the ONA platform, which is currently in use in many of the program-supported countries. Comparison of ONA and ESPEN Collect using diverse parameters is currently underway. Act | West is also looking into use of computer tablets for EDC.

The Act | West MEL team conducted special data analysis to strengthen programming and review past performance in supported countries. In Sierra Leone, Act | West conducted sub-district level data analysis to uncover the reasons for pre-TAS failure in four districts. The sub-district level analysis of FY18 MDA revealed noticeable variation in coverage. This led to changes in practice in conducting MDAs, including mandatory sub-district level coverage reporting and switching to use of CDD census figures, which capture migratory populations better. Sub-district level analysis was carried out in Guinea based on lessons from Burkina Faso.

Strengthening NTD data inputs and outputs contributes to the program's accountability to USAID and, most importantly, enhances programmatic and technical decision making. The Act | West MEL team revised and updated disease and program workbooks for FY19 and FY20 (interim) for all 11 countries. These workbooks have been redistricted (for Ghana, Côte d'Ivoire, and Togo) to align with national changes in administrative geography. Inactive regions (due to redistricting) have been removed. Trachoma and LF trackers were updated with current and historical data in selected countries. Furthermore, a pre-TAS tracker has been developed to serve as an intermediate source of pre-TAS data until the new database is available.

### Challenges

The program has experienced various challenges in the reporting period:

#### *COVID-19:*

The global COVID-19 pandemic has affected activity implementation in all 11 countries. USAID advised national NTD programs to follow the WHO interim guidelines to suspend activities that will expose individuals to the virus. Consequently, all social mobilizations, trainings, DSAs, and MDAs have been suspended. FHI 360 is monitoring country-level COVID-19 situations, regularly updating activity plans, and discussing country decisions to resume activities on a case by case basis.

#### *Shipment of drugs*

Due to flight restrictions and limitations resulting from country efforts to reduce the impact of COVID-19, most of the drug and test kit shipments to countries have been delayed.

# MANAGEMENT OF THE COOPERATIVE AGREEMENT

## INTRODUCTION

The key principles that govern Act | West operations are in accord with the expected program results as defined in the Program Framework. The FY20 Work Plan was built on the accumulated experience and lessons learned from NTD programs in West Africa—directly by FHI 360 or in collaboration with partners. These principles include maximizing the utilization of existing government networks and well-established channels for implementation of NTD activities; partnering with MOHs and other NTD stakeholders to strengthen the MOHs and enhance sustainable local capacity in the countries; and promoting country ownership in every step of the process.

The FHI 360-led Act | West consortium includes the following partners: Helen Keller International, Health & Development International (HDI), Deloitte Consulting, World Vision, Inc., Americares, and AIM Initiative.

## MAIN ACTIVITIES

FHI 360 carried out the following key Act | West Program activities during the reporting period (October 2019–March 2020):

### General Program

- Finalized and submitted to USAID the Gender Analysis Study and Strategy (including the results of a separate internal quantitative data analysis on gender) on October 25, 2020. After integrating USAID feedback, FHI 360 will work with USAID and program countries in FY20 to promote a set of targeted recommendations for program modifications that aim to address barriers.
- The Act | West consortium partners (Helen Keller, Deloitte, and World Vision) submitted abstracts for the 2020 American Society of Tropical Medicine and Hygiene (ASTMH) symposium. Two abstracts have been developed in collaboration with external partners (Georgetown University and Sightsavers). Seven abstracts have been submitted.
- Met with Act | East MEL team and USAID to further discuss and refine IR2/3 indicators (October 1, 2020). Stakeholders will finalize the IR2/3 indicators through a series of future meetings; performance indicator reference sheets (PIRS) will be built for each indicator.
- Participated in a meeting with USAID and Act | East to review the trachoma indicators for the new database (October 14, 2019). On October 18, 2019, Act | West participated in a follow-up meeting with USAID and Act | East on this topic.
- Participated in numerous activities with the Public Health Informatics Institute (PHII) to define requirements for, and thus advance the development of, the new USAID NTD database.
- Consulted with implementing partners (IPs) and program managers to select SCH/STH young experts to be part of a group of TA providers for Act | West countries. Four health professionals from Ghana, Benin, Togo, and Guinea attended the SCH/STH workshop organized by ESPEN in Brazzaville,



Congo (October 22–25, 2019). They were coached and brought up to speed regarding upcoming new WHO SCH guidelines under development as well as the strategies for focalized and targeted treatments of SCH. The selected young experts worked with their respective country programs to collate the SCH data that they discussed during the Brazzaville workshop.

- Continued to promote USAID’s Sustainability Strategy and Framework at both national and global levels. This included participating in the Geneva Exploratory Meeting for Sustainability Framework Development in Geneva, Switzerland (October 28–29, 2019). The two-day meeting was part of the USAID/WHO pre-consultation process on the Sustainability Framework and additional instruments that will complement and support implementation of the 2030 NTD Roadmap. It also included facilitating country engagement for the World Health Assembly (WHA) Initiative on sustainability. Of note is the important gain in political commitment and engagement from governments in Ghana, Côte d’Ivoire, and Senegal.
  - Participated in the Supply Chain Forum (SCF) meetings in Decatur, Georgia, October 29–30, 2019, and Geneva, February 25–27, 2020.
  - Completed the Business Logic template (December 6, 2019) for the new database.
  - Participated in the WHO meeting on SCH morbidity and health system strengthening in Geneva, Switzerland, on December 9–13, 2019. The meeting was attended by SCH experts from Mali, Ghana, Uganda, Schistosomiasis Control Initiative (SCI)/ASCEND (Accelerating Sustainable Control and Elimination of NTDS), London School of Hygiene and Tropical Medicine (LSHTM), Brown University (USA), and the Universities of Copenhagen, Berlin, and Tokyo. WHO staff in attendance were Dr. Antonio Montresor, Dr. Garba Amadou, and Dr. Denise Mupfasoni.
- WHO convened the meeting as part of the NTD Roadmap 2030 and to align new SCH protocols under development. Participants reviewed and finalized a manual for SCH morbidity that will mirror the WHO LF guide from the Morbidity Management and Disability Prevention (MMDP) program. The manual provides SCH control managers with skills and resources to implement a case management component in close collaboration and involvement with existing health sectors. Expectations include:
    - Incorporate the information, education, and communication (IEC) component to promote behavior change in other programs (such as vaccination, reproductive health, school health, and nutrition).
    - Make PZQ available free for case treatment at all levels of the health system and as an alternative to MDA in specific endemic settings.
  - The meeting was an opportunity to brainstorm strategies for making PZQ available in health facilities for routine treatment (outside of MDAs) especially in areas where SCH is persistent.
  - It was recognized that important steps should be taken by endemic countries to ensure that national health policies include: 1) provision of PZQ in health facility drug packages as part of essential medicines in primary health care, and 2) utilization of PZQ free of charge for routine care and emergencies whenever needed. Participants suggested that SCH program implementers and partners advocate and persuade pharmaceutical companies to allow use of PZQ remaining from SCH mass campaigns for routine prevention and to treat SCH conditions in primary health facilities.



- The participants recommended that endemic countries, with support from WHO and ESPEN, make the necessary changes to incorporate SCH morbidity into the new national NTD master plans as part of a comprehensive health care package for NTDs.
- Hosted the French version of the WHO webinar on TAS Best Practices on December 13, 2019. The webinar was presented by Dr. Didier Bakajika, medical officer in charge of OV and LF at WHO/ESPEN. A total of 51 people participated.
- Coordinated with World NTD Day organizers to become a founding supporter of the annual events.
- Hosted a TAS Workshop in Abidjan, Côte d'Ivoire, on January 14–16, 2020. The purpose was to equip country NTD teams with knowledge and skills to implement quality DSA, respond appropriately to failed DSA, and share best practices across countries—while improving partner coordination for high quality surveys and follow-up actions. This was a joint workshop between USAID's Act | West and Act | East programs, with participation of 14 out of 15 USAID-supported countries in Africa. (Togo has eliminated LF as a public health problem so did not attend.)
- Participated as observer in a meeting on use of serology for trachoma surveillance from February 4–5, 2020, in Atlanta, Georgia. The meeting was organized at the Task Force for Global Health (TFGH) with participants from the U.S. Centers for Disease Control and Prevention (CDC), WHO, the International Trachoma Initiative (ITI), LSHTM, USAID, Institute Pasteur, and several other research institutes.
- Participated in a WHO-convened conference call on SCH protocol development on January 29, 2020. Participants discussed the status and progress of the protocol development. The modeling group working on use cases presented a refinement of the sampling methodology. Several options were proposed, including LQAS with 45 individuals sampled by site to yield 90 percent confidence interval. One alternative was to increase the sample size to 450 people per district with a minimum of 15 sites selected in each district. The call stressed community-based surveys and disaggregation of the adult population (divided into age groups).
- Helped amplify the reach of various USAID, NTD partner, and related sector communication efforts through the @ActNTDsWest Twitter account. Collaborated in promoting the Devex #FocusOnVision Twitter conversation, the International Coalition for Trachoma Control (ICTC) World Sight Day activities (focusing on trachoma), Global Handwashing Day activities of WHO AFRO Regional Office, the WHO WASH–NTD toolkit, Department for International Development/Queen Elizabeth Trust (DFID/QE) Trust trachoma activities, ICTC's World Report on Vision, and WHO's new preventive chemotherapy (PCT) field implementation manual.
- Launched Act | West Program Facebook page; coordinated with World NTD Day organizers to increase organizational support for the event.

### General Operations

- Continued routine monitoring and management of consortium partner subawards (to ensure compliance with USAID reporting, spending, and regulations) through in-person meetings and/or via phone calls and emails.

- Held regular conference calls and/or meetings between the USAID NTD team and the Act | West program team to exchange information, consult on various issues, and keep all stakeholders up to date on program implementation.
- Continued with the recruitment of both program and administrative staff at HQ and in the field. Positions filled/to be filled include (but not limited to):
  - ❑ Associate Director, Program (filled)
  - ❑ MEL Data Analyst and Manager (filled)
  - ❑ M&E Associate (filled)
  - ❑ MEL Epidemiologist and Learning Lead (still pending)
- Reviewed and approved second tier fixed amount awards (FAAs) on a rolling basis as received from the IPs (Helen Keller and HDI) for seven of the Act | West countries—Burkina, Cameroon, Mali, Niger, Sierra Leone, and Togo.
- Obtained USAID approval for various Act | West requests:
  - ❑ FY20 HQ and country workplans
  - ❑ Issuance of first tier FAAs for Côte d’Ivoire, Ghana, and Senegal
  - ❑ Procurement of restricted commodities—i.e., diagnostics (FTS), drugs (TEO), and equipment (vehicles)
  - ❑ Monthly international travel requests
- Made progress setting up Act | West program operations in Senegal and Benin. This included efforts to finalize and obtain approval for FHI 360’s Benin registration application. We hope to obtain approval in April 2020.
- Developed COVID-19 contingency plans for all program activities by country to ensure minimum disruption to implementation. We continue to deliver quality work against the approved FY20 workplan and overall award, including finding alternative mechanisms to implement program activities, while ensuring the safety of our personnel and the institutions we work with as top priorities. Key program activities (such as MDAs and DSAs) have been put on hold/rescheduled until it is safe to proceed. The contingency plans are updated regularly and take into consideration guidance from WHO, USAID, and the respective governments.

### **FY2020 Country Work Plans**

- Finalized and submitted Act | West FY20 country work plans and the overall HQ work plan to USAID for review, feedback, and approval. The process involved a series of necessary comments and clarifications that guided revision and updating of the respective work plan packages. All work plan approvals were received in a timely manner, facilitating timely kickoff of FY20 program activities.

### **Collaboration and Coordination with USAID**

- *Coordination with USAID*—The Act | West technical team has regular contact with USAID technical specialists for each NTD (LF, trachoma, OV, SCH, and STH).
- *Regular communication with key personnel*—This included both scheduled and ad hoc bi-weekly meetings between the Program Director, Technical Director, MEL Director, and Health System Strengthening (HSS) Lead, and the USAID/AOR to discuss progress and challenges and seek solutions

to problems. Ad hoc communication channels via email and phone are always open and available with the Program Director and other members of the team.

- *Bi-monthly review meetings*—An expanded stakeholders meeting is held bi-monthly to discuss progress towards objectives, facilitate collaboration, and troubleshoot issues.
- *USAID Annual NTD Partners Meeting*—Act | West supported USAID to successfully convene the 2020 USAID NTD Annual Partners Meeting, hosted at FHI 360 on March 3–4, 2020.

### Collaboration and Coordination with Other NTD Stakeholders

- *Coordination with The END Fund*—Act | West submitted a proposal to The END Fund for calendar year (CY)20 for MDA support in four regions in Senegal (Louga, Kedougou, Tambacounda, and Saint Louis). The proposal was awarded, covering the period of performance of November 15, 2019–May 31, 2020. This award supports MDA in 14 districts co-endemic for LF and SCH. Five districts are co-endemic for OV and seven others are also co-endemic for STH. As there is an overlap in disease endemicity, the Senegal Ministry of Health and Social Affairs (MSAS) conducted integrated MDAs for reasons of cost effectiveness. To reach coverage targets, FHI 360 supported MSAS in planning, supervision, monitoring, and reporting of MDAs.
- *Coordination with Sightsavers*—Act | West and Sightsavers held several meetings and phone calls to coordinate activities, avoid duplication of efforts, and ensure smooth implementation of programs in Act | West countries where the three programs overlap—Act | West, ASCEND, and Accelerate Trachoma Elimination (AccelerATE). Several meetings and phone calls were held to review disease-specific plans collaboratively, especially in the six countries of interest—Côte d'Ivoire, Benin, Sierra Leone, Guinea, Senegal, and Niger. FHI 360 and Sightsavers will hold regular coordination meetings and calls at HQ level. Likewise, the in-country teams will be meeting often to have smooth collaboration with the respective MOHs.
  - Held a meeting with Sightsavers–Ghana to discuss the HSS scope of both ASCEND and Act | West programs in that country. One major agreement was the mutual need by both Sightsavers and FHI 360 to establish a space where WHO and other in-country partners can communicate—i.e., a partners'/donors' coordination/collaboration meeting to provide opportunities to seek complementarity. Sightsavers recognized that the coordination mechanism around the Intra-Country Coordination Committee may help to coordinate with the government, but there is a need for partners to discuss some specific strategic issues—including how to best support the NTDP to leverage policy changes and in-country initiatives that may be beneficial for the NTDP and how best to leverage the commitment and potential of the NTD ambassador.
  - Participated in ASCEND's HSS prioritization Workshop for anglophone countries (Ghana, Liberia, Sierra Leone, Nigeria) held in Abuja, Nigeria (December 4–6) and for francophone countries (Benin, Chad, Guinea, Côte d'Ivoire, Niger, Democratic Republic of Congo, and Burkina Faso) organized in Abidjan, Côte d'Ivoire (December 10–12). Participants discussed existing gaps and challenges in order to improve the different components and HSS building blocks required for a sustainable NTD program in the future. The workshops provided opportunities for both the Act | West and ASCEND teams to discuss with country teams potential areas of complementarity and synergy.
- *Coordination ESPEN*—Act | West discussed a potential pilot of ESPEN Collect as an EDC platform for the upcoming pre-TAS and TAS DSAs in Benin (October 3, 2019). Also, with support from ESPEN, Act

| West-supported SCH endemic countries to continue to provide updates and to review SCH data, providing inputs for sub-district endemicity and for targeted treatments. The updates are captured in the ESPEN monthly SCH tracker. New updates for January on SCH data for targeted treatments will be available on the ESPEN SCH tracker.

- *Coordination with WHO*— Act | West coordinates its sustainability work with other NTD investors, such as WHO, as part of promoting USAID’s Sustainability Strategy and Framework at both national and global levels. At the global level, Act | West participated in the Sustainability Framework consultation process WHO launched in February 2020. Act | West participated in the expert interview and the online survey that aimed to gather insights from experts and country teams on key components for a global NTDs Sustainability Framework. At WHO’s request, Act | West participated in a working session with WHO Côte d’Ivoire and the Act | West Côte d’Ivoire team. The meeting was part of the consultation mechanism the Act | West team has established with WHO to regularly discuss issues and opportunities to better support the NTDP. The parties discussed MDA drug supply chain-related issues, the development process of the Sustainability Plan, and potential collaboration to update the Côte d’Ivoire NTD master plan.

Participation in other global meetings and conferences included:

- Attended the 62nd meeting of the Mectizan Donation Program’s (MDP’s) Mectizan Expert Committee in Lomé, Togo (October 16–18, 2019) and presented an overview of Act | West OV and LF activities in a joint presentation with USAID and Act | East.
- Attended ESPEN’s Onchocerciasis Elimination Mapping (OEM) meeting in Brazzaville, Congo (October 21–25, 2019). The meeting provided an overview of current WHO recommendations regarding OEM and provided an opportunity for invited countries to closely examine their own OV data and plan where OEM is needed. Two countries from Act | West were in attendance: Côte d’Ivoire and Senegal.
- Participated in the Trachoma Expert Committee (TEC) meeting in New York (November 5–7, 2019); both Act | West countries that submitted applications (Côte d’Ivoire and Cameroon) received approvals.
- Participated in the annual meetings of the Coalition for Operational Research on NTDs (COR-NTD) November 18–19, 2019, and ASTMH November 20–24, 2019, in Oxon Hills, MD. Act | West was well represented. Highlights from the meetings include:
  - Co-facilitated/co-chaired four symposia:
    - COR-NTD: “Trachoma surveillance: Are countries prepared to sustain elimination gains?” The symposium was co-facilitated with Act | East trachoma focal point.
    - ASTMH: “The challenges of implementing NTD assessments in conflict areas and fragile states.” This was a collaborative effort between Act | West and Act | East.
    - ASTMH: “Hookworm infections in West Africa and Haiti: Challenges in maintaining the gains of deworming in an evolving NTD landscape and implications of new guidelines for STH programs.” Act | West Technical Director organized and co-chaired the symposium with the SCH/STH focal person from WHO/ESPEN.
    - ASTMH: “Surveillance for lymphatic filariasis after validation of elimination: Country strategies in the absence of formal guidelines and recommendations for the future.”

- Led and presented at several meeting sessions:

- Implementing TAS in fragile and security-compromised districts in the north of Mali.
- Epidemiological and entomological approaches to post-MDA surveillance for LF in Ghana.
- Attended and participated in strategic side meetings such as:
  - WHO side meeting on SCH protocol development. Of note was review of progress made towards development of the new SCH mapping and impact survey protocols. WHO provided updates on use cases and participants discussed potential programmatic and epidemiological issues. The new protocols will be piloted in 2020 in Tanzania and in another country (to be determined).
  - Bill & Melinda Gates Foundation (BMGF) Meeting on the Test and Not Treat strategy in areas co-endemic for OV and loasis in Cameroon. The aim of the meeting was to discuss next steps for two districts that have been piloting the use of the loascope to identify individuals with high loa microfilarial loads who should not be treated during ivermectin (IVM) MDA. Provided substantive technical support to Togo in the analysis and presentation of data for Togo's OEC meeting.
  - Meeting on OV data visualization tool under development by the CDC.
  - Meetings with Sightsavers to discuss a way forward for better coordination and collaboration at country level across its programs (ASCEND and AcceleraTE) and Act | West countries: 1) participated in a meeting on operational research for trachoma on November 20, 2019, side meetings with Sightsavers to discuss better coordination, and side meetings with other partners for the Côte d'Ivoire program to discuss potential for operational research to understand anomalous mapping findings—high trachomatous follicular (TF) and no/very low trachoma trichiasis (TT); 2) shared status updates on approval/ implementation of FY20 country work plans across the three programs. Discussions included coordination for HSS work at country level and sharing results from ongoing and completed assessments. Act | West and Sightsavers agreed to share approved work plans to provide an overview of interventions for FY20 and validate results of the landscape analysis. FHI 360 and Sightsavers also agreed to organize a one-day meeting to further discuss complementarity among the three programs/projects for each country.
  - The supply chain forum meetings: Act | West program as member of the forum participated into its October 2019 and Feb 2020 meetings. This is a forum for supply chain specialists from WHO, implementing partners like Act| West program, donation programs, Pharma, and donors, to meet and discuss NTD supply chain challenges, exchange experiences and best practices and coordinate delivery of drugs in countries for integrated drug distributions. So far, the discussion emphasizes here on the first mile of the supply chain (see dug management section for details). The goal is to provide transparency into the system and allow recipient countries to have visibility on the first mile shipment stage.

### Environmental Monitoring and Mitigation Report

- Submitted the FY19 Environmental Mitigation and Monitoring Reports (EMMRs) to USAID for review and feedback. Each Act | West country summarized the mitigation measures implemented, including successes and failures of mitigation, if applicable. During the EMMR reporting period (FY19), there were no unforeseen environmental consequences requiring any modification or end to activities, and no additional activities were added that are not described in the approved EMMP.

- FHI 360 continued to monitor its sub-grantees' abilities to perform the mandatory environmental compliance requirements envisioned for Act | West program activities.

### **Deliverables**

The following deliverables were submitted to USAID during the reporting period as per the contractual terms of the award:

- Five monthly progress updates covering October 2019–February 2020
- FY19 EMMRs
- FY19 Annual Report (July 2018–September 2019)—The report covered 14 months
- Financial reports
  - Accruals
  - Pipeline analysis
  - SF-425

## **PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT**

### **IR1. INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES**

#### **Overview**

The Act | West program has executed most of the FY20 activities planned for the reporting period. Despite competing priorities and tight timelines in the Act | West-supported countries, certain MDAs planned for the fourth quarter of FY19 were carried over in the first quarter of FY20 in Mali (SCH), Sierra Leone (LF/OV/STH), Cameroon (OV), and Ghana (SCH/STH and OV). Several other countries completed FY20-planned MDAs during the reporting period: Benin (OV), Niger (LF), Togo (OV/SCH/STH), and Senegal (LF/SCH/STH/OV). A total of 606 districts were targeted for at least one MDA. Generally, MDAs in the Act | West-supported countries are organized during the second quarter of the fiscal year, and usually the campaigns happen around March–June. For the current reporting period, coverage data are available only for 32 HDs treated for at least one disease: 32 for LF, 20 for SCH, 9 for STH, and one for OV. The remaining data should be available in the next reporting period.

Due to the COVID-19 pandemic, most of the DSAs and MDAs planned for March 2020 were postponed. As of April 4, 2020, 5,091,177 people had been treated out of 71,153,169 targeted for FY20.

An official launch of the Act | West Program was held in Benin on November 8, 2019. It provided an opportunity for a formal country launch concomitant with the OV MDA start up and renewed interest and support from all stakeholders and partners in the country.



### **Activity 1.1 Strengthen and Link to National Plans with Quality Data**

In the period under review, the Act | West program worked with the supported countries to roll out activities as planned and also to explore opportunities to reinforce national plans with evidence-based decisions.

The technical leads of Act | West have stepped in to support countries, assisted in finding solutions, and explored ways to scale up NTD programming. In Côte d'Ivoire, the Act | West LF technical lead reviewed the LF program extensively and provided assistance to select sentinel sites and spot check sites for the pre-TAS surveys planned to take place in 46 districts. Also, based on proposal review and the analysis of data, FHI 360 and HDI supported Togo to finalize the protocol for OV MDA surveys. In February 2020, the Act West SCH/STH technical advisor and the lead epidemiologist provided support to develop a protocol for impact surveys for SCH and STH. The protocol was discussed with the USAID SCH focal person and USAID recommended it be revised when the new WHO SCH guidelines are issued. Meanwhile the country will continue/resume SCH MDA. In March, representatives from the NTD programs of Benin, Senegal, and Cameroon participated in a technical workshop facilitated by the trachoma technical advisor, who will help countries share experiences and propose plans for desk reviews that will provide a basis for conducting trachoma mapping (see Activity 1.2).

Niger and Sierra Leone programs developing capacity with support from Act | West to analyze programmatic issues related to inadequate drug coverage and/or failure of DSAs, where relevant. Substantial progress in terms of coverage for LF/STH and OV MDA have been reported in Sierra Leone, with a 16–20 percent increase in the number of people treated during the FY19 MDA (reported during this SAR 1 period) compared to FY18. These improvements are likely attributable to the increased scrutiny and detailed sub-district analysis (with corrective measures) implemented by the national program and use of the SCT (see Success Story and the MEL Section).

Finally, In October 2019, Act | West supported the ESPEN training of young experts for SCH programming. The training, which took place in Brazzaville, Congo, helped bring NTD health professionals from Togo, Benin, Ghana, and Guinea up to speed regarding focalized treatments of SCH in endemic countries. It is expected the trainees will support their respective countries in SCH programming and will be able to assist national SCH programs to adopt the new WHO guidelines as they become available.

### **Activity 1.2 Complete Trachoma Mapping for Remaining Act | West Countries**

In FY20, Act | West planned to support three activities to assist national programs in completing their baseline trachoma mapping.

First, Act | West planned a workshop March 5-6, 2020, on pre-mapping desk reviews in Dakar, Senegal. Representatives from the national programs of Benin, Cameroon, and Senegal participated. Attendees also included representatives from USAID Senegal, the NTDP of Senegal, the region of Tambacounda in Senegal, FHI 360–Senegal and Benin, HKI–Cameroon and Dakar Regional Office, and Sightsavers–Senegal. The Act | West Trachoma Technical Advisor facilitated the workshop with support from the Act | West quality assurance team (from FHI 360 and Helen Keller).

When the work plan was written, the intent of this workshop was to support these countries to develop a protocol for a trachoma pre-mapping desk review to ensure a common methodology and decision-making process on whether or not to move forward with mapping. In preparing for the workshop, FHI 360 realized that a more foundational approach was required. The workshop used participatory

techniques to walk participants through various aspects of a desk review, including different frameworks that can be used, methods to collect data and data sources, analysis of results, and decision making to move forward following the completion of the desk review. Ultimately, decisions made based on the desk reviews will be used in these countries' dossiers to bolster claims of elimination. Where mapping is conducted following the desk review, the country will include these data (and any interventions conducted based on the data); where the desk review indicates trachoma is not suspected, the findings can be used in the dossier to demonstrate why trachoma was not suspected in certain areas of a country.

Second, in FY20, Act | West planned to support the NTDP of Côte d'Ivoire to review mapping data and any other available data to determine if further mapping is needed. The NTDP presented its current mapping situation during the trachoma action plan update in Yamoussoukro, February 26–28, 2020. Out of the 113 districts in Côte d'Ivoire, 57 have been mapped for trachoma and 40 have been shown to be endemic. To support the NTDP to move forward and make a plan for mapping, Act | West suggested that a working group be formed consisting of the NTDP and representatives from both FHI 360 and Sightsavers to review all available data (from mapping and any other data collected) as well as data from the upcoming operational research (see below).

Finally, Act | West had noted that the epidemiology of trachoma in Côte d'Ivoire is somewhat distinct from neighboring countries in West Africa. While the prevalence of TF in endemic districts ranges from just over 5 percent to just under 30 percent, TT has been universally low: <0.2 percent in all but four districts at baseline. During ASTMH in November 2019, the Trachoma Technical Advisor convened a short side meeting with WHO AFRO and WHO Geneva, CDC, and Sightsavers. The group agreed that operational research was in order and Sightsavers agreed to cover the costs. CDC agreed to process the samples. Two evaluation units (EUs) that were mapped in FY19 (Bondoukou 1: TF=28.26 percent, TT=0.04 percent and Bangolo 2: TF=28.30, TT=0.0 percent) will be resurveyed in 2020. The protocol follows Tropical Data procedures and will also add collection of dried blood spot and eyelid swabs to test for serological markers and presence of ocular Chlamydia trachomatis infection, respectively. The grader training for the survey was planned for March 15–18. Initially, this training was also to include the laboratory technicians; however, due to the COVID-19 pandemic, CDC suspended all non-essential work travel. As an alternative, CDC will ship the laboratory materials to Côte d'Ivoire and will conduct the training via Skype or other video conference mechanism once the materials arrive. The dates of the survey have not yet been selected, although it is planned to take place prior to the FY20 MDA in those districts.

### **Activity 1.3 Strengthen Onchocerciasis Expert Committees (OECs) and Accelerate Implementation of OEC Guidance**

Act | West IPs (FHI 360, Helen Keller, and HDI) have provided technical support to the OEC in Ghana, Togo, Niger, Guinea, and Benin. The Act | West OV Technical Lead reviewed and analyzed survey data from Togo to assist the OECs in presenting specific and key information to help with decision making during OEC sessions. She assisted the Niger NTDP during in-country visits to review epidemiological data and plan for additional field assessments to fill data gaps in terms of epidemiology or entomology. In addition, she contributed to discussions related to stopping MDA surveys with the End Fund and ESPEN at the regional OV meeting held in December 2019 in Dakar, Senegal. She also discussed with OV program managers from Guinea, Mali, Senegal, and Sierra Leone how to strengthen OEC meetings. Helen Keller provided support to the OEC/Niger to review, analyze, and present OV data during the Last Mile Project meeting in Jordan in February 2020.



Act | West has focused its TA to the national OV committees to ensure countries have collated sufficient valuable information and historical data and have done high quality reviews of all available survey data. They have also helped countries analyze OV data and clearly present them, allowing fruitful discussions at OEC meetings:

**Ghana:** The fifth meeting of the Ghana Onchocerciasis Expert Committee (GOEC) was held in Accra March 3–5, 2020. Participants included national OV experts, representatives from the Ghana Health Service (GHS), WHO, development partners (FHI 360 and Sightsavers), and researchers. Based on the review of the program data, analysis of trends, and other epidemiological information, Ghana has revised its elimination target from 2025 to 2030. Post treatment surveillance (PTS) is expected to begin in 2025 for three years. By 2030, Ghana plans to submit its dossier to the WHO for verification of elimination of human OV. A key recommendation made by the GOEC is that all OV endemic communities in Ghana be treated twice a year, starting in 2020.

**Guinea:** Guinea’s OV elimination committee meeting was held January 21–23, 2020. The meeting was organized by the National Program for Control of Neglected Tropical Diseases (PNLMTN) with support from Act | West and Sightsavers and was attended by representatives from central-level entities (PNLMTN, DNGELM), the WHO–Guinea office, Helen Keller–Guinea, other NGOs (Sightsavers, Catholic Relief Services), and international and national LF/OV experts. The purpose was to provide guidance on how to conduct quality implementation of priority national OV elimination activities in Guinea: i.e., planning for finalization of the OV elimination plan 2020–2030 and OV elimination mapping. The major recommendations were to: 1) organize annual cross-border meetings with Sierra Leone, Côte d'Ivoire, and Guinea Bissau; 2) finalize the identification of potential *simulium* (black fly) breeding sites and epidemiological survey sites; and, 3) determine budgets, funding, and timelines for the priority elimination activities.

**Senegal:** The national committee for the elimination of OV and LF was formally established in July 2019, with its first meeting originally scheduled for March 2020. In light of the COVID-19 pandemic, on March 17 the MSAS declared all workshops and seminars postponed until further notice. This meeting will be rescheduled once permitted. Act | West will hire a consultant in Senegal to work on collecting and reviewing OV data to be used during OEC meetings.

**Togo:** Togo organized the international OEC meeting from October 14–15, 2019. The meeting gathered experts from WHO, The Carter Center, and FHI 360 and provided the committee with the opportunity to analyze available data and make recommendations for Togo’s OV program. Some of the OEC recommendations were to:

- Evaluate old and new breeding sites, update the OV entomologic map, and establish a monitoring system with periodic collection of black flies
- Complete remaining ELISA tests and compare epidemiologic and entomologic data, conduct statistical analysis, and evaluate other villages if necessary
- Update Togo’s list of villages that need to receive IVM MDA by including villages that were excluded from treatment due to their size
- Strengthen cross-border collaboration with Benin, Ghana, and Burkina Faso with regard to OV programs
- Ensure quality control of laboratory results and establish a system of external quality control

To strengthen the capacity of the national OV program and to ensure that OEC deliberations and recommendations are based on evidence, three lab technicians from Togo’s Institut National d’Hygiene (INH) laboratory were trained at University of South Florida (USF) (November 15–December 8, 2019) to run ELISAs on Togolese OV dried blood spots (DBS). The technicians ran the tests on 3,630 samples (476 from Maritime region and 3,154 from Savanes region), and all were negative for Ov16 antibody.

As part of the stop OV MDA survey, additional DBS were collected in April–March 2020 in seven of 12 districts in the region of Plateau. The field survey was interrupted due to the COVID-19 pandemic. As of March 21, 3,207 samples had been collected from 48 villages in the districts. Upon completion of the OV impact surveys, a total of 8,400 DBS will have been collected. The current focus is to process the DBS collected during field surveys, starting with the backlogs from the Savanes region. It was also recommended that entomological surveys be implemented in the Maritime region.

#### **Activity 1.4 Strengthen Community-level Participation in MDA**

During the first reporting period of FY20, eight of 11 countries conducted MDA for one or more diseases (Benin, Cameroon, Ghana, Mali, Niger, Senegal, Sierra Leone, and Togo). In certain countries, this was to complete an MDA planned in FY19, so social mobilization and advocacy activities had been conducted in FY19 (Cameroon, Ghana, Mali, and Sierra Leone). In Guinea, social mobilization activities were also conducted, although MDA did not start in the reporting period.

All countries in which Act | West supported FY20 MDA during the reporting period conducted social mobilization activities to ensure communities were aware of the timing of the MDA and why they should participate. These activities included radio jingles and programs; printing of posters, flipcharts, and/or banners CDDs and posting at health centers; meetings with community leaders such as village chiefs and religious leaders; use of community-level town criers; and in some cases, awareness-raising mobile ‘caravans’ (Senegal and Niger), TV commercials (Senegal, Niger Guinea, and Benin), and MDA launches to bring visibility (Senegal).

**In Niger**, LF MDA took place in two districts in December 2019. Act | West supported several activities to improve community participation. First, data collection tools were revised, which enabled coverage rates to be compiled by village. These were used in daily debrief meetings to plan corrective actions throughout the MDA (such as increasing social mobilization efforts where coverage was low). Second, during the training, pre- and post-tests were administered to the CDDs and supervisors to help improve trainees’ knowledge and help trainers emphasize different aspects to each training group. Third, a “mobile” distribution strategy was used to assist CDD teams to travel from place to place by vehicle or camel. These innovations were widely successful at increasing coverage during this MDA compared to previous years. The strategy will be replicated in other areas where there is difficult terrain, nomadic populations, and/or insecurity.

**In Guinea**, following a severe adverse event (SAE) in FY19 that led the NTDP to cancel MDA for that year, Act | West supported the NTDP with several social mobilization activities to help increase community trust and acceptance of MDA. First, a series of orientation workshops for community leaders in all 19 HDs that will undergo MDA were conducted in March 2020 for leaders to sensitize and mobilize their own communities. Second, Act | West supported a training of journalists on NTD control in January 2020, and the journalists committed to better informing the public about these diseases.

In Benin, two MDA campaigns were conducted. The first OV campaign (November–December 2019) was proceeded by social mobilization via the radio, television, and community-level town criers. Act | West

also supported enhanced LF MDA in four districts (March–April 2020)—one following a TAS1 failure. This included recruiting and training more CDDs compared to other districts and a special emphasis on social mobilization through village chiefs, town criers, and Red Cross volunteers. Additionally, supervision was strengthened, particularly to ensure CDDs performed well to reach coverage targets. Act | West also reimbursed CDDs for transport to ensure they reached all areas requiring treatment.

Finally, in Togo, the first FY20 OV/SCH/STH MDA took place in 17, 23, and seven districts, respectively, in January 2020. Act | West supported social mobilization through town criers, community sensitization with flip charts, and via religious and administrative authorities. The SCH MDA in Togo included school-age children (SAC) (the main target population) and adults at risk. Both required mobilization.

### **Activity 1.5 Deliver MDA in Endemic Areas, and Ensure That Hotspots, Conflict Areas and Hard-To-Reach Populations Have Adequate Coverage**

**Benin:** OV MDA was conducted in 51 HDs in November–December 2019. It was planned for February 2019 under ENVISION but was delayed and implemented with Act | West support.

**Ghana:** In November 2019, school-based SCH/STH MDA was conducted in 178 HDs. This MDA was approved under the FY19 work plan.

**Guinea:** MDA preparatory activities including training of health workers and CDDs and production of IEC materials to districts were completed in mid-March. However, the drug distribution phase was suspended—first due to elections in the country and later due to government restrictions on gatherings and movement due to the COVID-19 pandemic.

**Mali:** SCH MDA was conducted in October 2019 targeting 275,343 SAC in two HDs in Bamako. The MDA was approved in the FY19 work plan. This was the rainy season and schools were in recess, so an enhanced social mobilization and supervision strategy was implemented to achieve effective coverage. Drug distributors went door-to-door to households when children were most likely available—before they go to work in the fields and in the evening after they return from the fields. The strategy was successful and resulted in treating 282,211 SAC (achieving 102.5 percent program coverage). The SCH and STH MDA in 35 HDs planned for March has been postponed to June due to delayed delivery of drugs.

**Niger:** Act | West supported LF MDA in two districts (Arlit and Iférouane) in the Agadez region in December 2019. The MDA was conducted earlier than initially planned to avoid expiration of IVM. To achieve effective coverage in these challenging districts, Act | West supported enhanced social mobilization activities (see Activity 1.4 above). The program also supported cascade training for the MDA—integrating training on the SCT, which was implemented for the first time in Niger during this LF campaign (see also MEL Section). The MDA was supervised throughout by Helen Keller and Niger’s national NTD program (PNLMTN) staff. Thanks to the enhanced social mobilization efforts, an additional 13,000 eligible people who had not been initially accounted for were also targeted at a gold-mining site in Iférouane district. The MDA achieved an epidemiological coverage of 78.4 percent and 82.8 percent in Arlit and Iférouane, respectively (see also Success Story.)

**Senegal:** Integrated LF/OV/SCH/STH MDA was conducted in 44 HDs in December 2019. USAID funded 30 of the HDs and The End Fund funded in 14 HDs. USAID funding covered 30 LF endemic HDs, 20 SCH endemic HDs, 9 STH endemic districts, and one OV endemic HD.

**Sierra Leone:** The FY19 MDA in four LF endemic districts (Bombali, Kailahun, Kenema, Koinadugu) and eight OV endemic districts extended into FY20 (October 2019). All eight districts achieved effective epidemiological coverage, ranging from 70.5 to 83.8 percent for LF and 66.2 percent to 86.9 percent for the eight OV districts. Training of health workers and social mobilization for the SCH MDA planned for March took place in February and March, but further MDA activity has been postponed to June 2020 due to COVID-19.

**Togo:** Integrated OV/SCH/STH MDA was conducted on January 3–8 in 17 OV, 23 SCH, and seven STH endemic districts. The MDA was planned for FY19 but postponed to January 2020 due to late arrival of PZQ. The MDA achieved program coverage of 83.7 percent for OV, 96.6 percent for SCH, and 99.5 percent for STH.

### Activity 1.6 Support Disease-Specific Assessments (DSAs) for Program Monitoring

Act | West supported various DSAs in the reporting period. Due to national restrictions imposed in response to COVID 19, it was not possible to implement all planned DSAs for the reporting period.

**Burkina Faso:** TSS were conducted in eight health HDs (10 EUs) between October 2019–March 2020. These surveys were originally planned to take place in FY19 in 9 HDs (12 EUs). The last TSS in one district (2 EUs) scheduled for March 21–31 has been postponed due to the COVID-19 restrictions. Preliminary results indicate that all 10 EUs surveyed maintained the TF elimination criteria (<5 percent among children ages 1–9 years). The surveys followed a protocol reviewed by FHI 360 and approved by Tropical Data. None of the FY20 planned TSS in Burkina Faso have begun.

From January–March, transmission assessment surveys (TAS2 and TAS3) for LF were conducted in 15 HDs and all passed. TAS2 and TAS3 were conducted in ten HDs (5 EUs) and five HDs (2 EUs), respectively. All EUs surveyed conformed to the recommended EU population size of about 500,000 people. STH prevalence surveys were combined with TAS2 in all 10 HDs. TAS2 in the Po EU (Centre-Sud region) has been postponed due to inadequate FTS. The FTS for these surveys were procured in FY19 prior to the EU split and therefore were inadequate for the increased number of EUs. The FY20 FTS shipment was received in country on March 13, 2020. The survey in Po EU will be conducted in the second half of FY20 along with the other planned TAS1 and TAS2 surveys. The TAS surveys will resume once the COVID 19 situation is under control in Burkina Faso.

**Cameroon:** Act | West provided technical and financial support to the MOH to complete TAS2 data collection in the seven remaining clusters of the Kousseri HD in the Far North region in September and October. TAS2 data collection was suspended in the district, which was part of the Mada EU, due to flooding during the survey in FY19.

**Mali:** Preparations for TAS3 in 14 HDs started in the period. The country submitted its protocol to Helen Keller and FHI 360, who have both reviewed and made inputs for finalization. However, the surveys themselves have been postponed to June due to COVID-19 restrictions.

**Niger:** Act | West supported SCH/STH surveys in 17 sentinel sites in October, following three rounds of MDA after the last assessment in 2016. The survey used Kato-Katz and urine filtration methods to test children 7–14 years of age in selected schools in the 17 sentinel sites. Results show that SCH prevalence decreased by 1.6–8.3 percent in 12 sentinel sites and increased in five sentinel sites. These surveys were originally approved in the FY19 Niger work plan.

### Activity 1.7 Improve the Quality of NTD Interventions through QA/QI

In recognition of the low coverage and DSA failures in some countries, Act | West rolled out a program-wide quality assurance/quality improvement (QA/QI) approach. During the reporting period, the following activities were conducted:

#### *Improving the quality of NTD interventions through QI*

To operationalize the FHI 360 QI model to enhance NTD MDA and decrease the number of DSA failures, the Implementation Management Lead (IML) and the FHI 360 HSS–Program Director facilitated a workshop November 25–26, 2019, at the FHI 360 HQ office. All Act | West technical leads and HQ program managers and several Helen Keller staff participated. The workshop produced a template charter with a list of “ideas of change” to address low MDA coverage and DSA failures. The participants proposed actions to improve quality that will be implemented using the FHI 360 QI model in three countries: Benin, Sierra Leone, and Niger. The first step was to be a training of coaches from NTDPs in the three countries. However, the first training scheduled for the second week of March in Niger did not take place due to the COVID-19 situation.

#### *QA activities*

The IML assisted the trachoma and LF technical leads to carry out LF DSA and trachoma desk review workshops aimed at sharing and promoting best practices for quality DSA implementation. In collaboration with the LF technical lead, the IML facilitated the USAID LF Workshop, held January 14–16, 2020, in Abidjan, Côte d’Ivoire. More than 30 participants (MOH and IP) attended. In addition, a pre-TAS training was held March 11–13, 2020, in Yamoussoukro, Côte d’Ivoire, in coordination with the Act | West LF Technical Advisor, for the NTDP staff and laboratory technicians to roll out the planned pre-TAS survey for March 2020. Unfortunately, due to COVID-19, the field survey was postponed (See section 1.6). Likewise, from March 5–6, 2020, the IML supported a regional workshop on trachoma desk review in Dakar, Senegal, and ensured feedback was collected from participants to improve related activities in the future (See Section 1.2). Act | West has promoted the use of the SCT to improve MDA coverage as part of QA. The program also supported the use of EDC platforms (ONA or ESPEN Collect) for data collection during DSAs, mostly for LF (see MEL Section for more details on SCT and EDC).

#### *Development of MDA checklist for Guinea*

The Act | West program is undertaking a systematic review of all components of MDAs to ensure all inputs and key pre-MDA activities are lined up/implemented weeks prior to the campaign. The Helen Keller QA/QI Lead provided support to Guinea’s NTDP to develop an MDA checklist (drawn from existing checklists in other Helen Keller-supported countries) to standardize tools across NTDPs. Following its roll-out, and based on feedback from NTDPs, the checklist will be refined and improved for use by other NTDPs. In the same vein, FHI 360 and Helen Keller reviewed and commented on the Guinea’s MDA supportive supervision forms. Act | West will be assisting the NTDP to edit and improve the forms.

#### *Improved management of SAEs*

In countries where Act | West is supporting MDAs, SAE management and reporting is a standard component of the various cascade trainings. General awareness-raising on SAE resources and procedures within the Act | West project team, and with partner MOHs, have included the following:

- In September 2019, FHI 360/HQ completed a compilation of existing SAE-related tools and resources. In October 2019, the Act | West HQ and regional teams held an internal briefing, as part of a regular team meeting, on WHO’s guidance on managing and reporting SAEs.

- FHI 360 adapted the SAE tracker template originally developed under ENVISION, updating it for use by Act | West. This included updating column headings for clarity and precision, removing links that did not apply, and removing columns that were not in use. This task was completed in consultation with USAID in September 2019. Per discussion with USAID, the tracker is used to capture and report on information about SAEs associated with USAID-supported MDAs only. The tracker has been used since then to report to USAID six potential SAEs or groups of SAEs from four different countries. FHI 360/HQ maintains a working master version of the tool (incorporating new SAEs as these are reported) and submits this to USAID quarterly.

As a contractual obligation, Act | West has taken steps to ensure that SAEs are reported promptly. The January 2020 modifications of subawards to HDI and Helen Keller (consortium partners that directly support MDAs) require the grantee to immediately inform FHI 360 in writing of any potential SAEs, with all known information about the event and any follow-up actions or findings, and to file the SAE tracker template. In the MDA-related FAA packages for FY20 developed with certain countries (Guinea and Mali, so far), a requirement is included that information on AEs (or side-effects) must be provided in the district- or regional-level MDA reports submitted by the grantee, as a deliverable, in order to receive their milestone payments. Act | West has identified this as a good practice in FAA design, to be followed in the development of future MDA-related FAAs with other countries.

#### **Activity 1.8 Improve Cross-Border Collaboration, Focusing on Specific Districts with High Prevalence and Shared Borders**

A cross-border meeting between Ghana and Togo was held in Ghana in November 2019. The meeting was attended by NTDP and district health managers of the 22 OV/LF districts along the borders. It provided the opportunity to list communities and share information on communities along the borders, as well as information on health care structures, economic activities, and migration patterns along the borders. Acknowledging the importance of cross-border engagement in achieving OV elimination objectives, other partners are coming on board and sharing costs. The Ghana–Togo meeting was jointly funded by Act | West and Sightsavers. The district health managers agreed to work together at the district and community levels to ensure all persons along the border are treated irrespective of where they find themselves during an MDA. The strategy includes synchronization and joint monitoring of MDAs.

As part of Guinea’s Act | West Program work plan, a cross-border meeting is planned in Q4 of FY20 with Sierra Leone. Helen Keller–Guinea and Helen Keller–Sierra Leone have begun informal discussions about the scope of the meeting and will continue exploring ways to synchronize MDA. The meeting will involve the cross-border HDs involved and the agenda and participants will be reviewed and approved in advance to specifically ensure that: 1) reports from the meetings are shared with key stakeholders and partners shortly afterwards, and 2) clear outputs (action items, with specific responsibilities assigned and timelines for completion) are included.

#### **Activity 1.9 Ensure Use of the Integrated Database for Data Management, Tracking of Trends, Drug Applications, and Data Archiving**

Countries in the Act | West portfolio are using the Country Integrated NTD Database (CIND) or a DHIS2-NTD database to store historical and current MDA and DSA data. FHI 360 disease-specific technical leads and the IML have provided TA to ensure quality implementation of all scheduled FY20 MDA and DSAs (see MDA and DSA sections of IR1). The technical leads are working with countries to prepare dossiers for LF, trachoma, and OV and have started gathering all required data and information to document



program achievements. The database is a key source for the dossier data. The disease-specific technical leads and the IML have also worked with the MEL team to ensure validated data are entered into the in-country databases. The TA related to the database management and maintenance were provided by MEL team in Ghana (see MEL section).

Act | West provided TA to several country NTDPs to prepare for drug requests to WHO and drug donation programs. Technical support has been provided to NTDPs for drug forecasting and quantification, application forms, and submission to WHO and donation programs (see also IR/S Section).

### Activity 1.10 Support Countries to Prepare Dossiers on LF, Trachoma, and Onchocerciasis

#### *Trachoma dossiers*

**Benin:** The FY20 work plan includes support for the PNLMT to develop the first draft of its dossier, including assistance from a local consultant. However, because Sightsavers had also planned and budgeted for this support, the PNLMT determined that it would ask Sightsavers to fund the development of the trachoma dossier (with FHI 360 as a technical partner) and Act | West to fund the LF dossier. The meetings and local consultant re trachoma are therefore cancelled.

**Burkina Faso:** In Burkina Faso, Helen Keller (via Act | West) and Sightsavers are coordinating support to the NTPD for trachoma dossier development. During the reporting period, Act | West did not support any related activities; however, Helen Keller–Burkina Faso staff participated in a Sightsavers-supported meeting in October 2019 to discuss district-level transition planning.

**Cameroon:** A meeting to discuss progress on the trachoma dossier had tentatively been planned for March 2020; however, some staff from the PNLCé were deployed to hospitals as part of the response to the COVID-19 pandemic.

**Côte d'Ivoire:** A two-day workshop is planned with Act | West support to provide the NTDP with an orientation to the trachoma dossier. The original plan was to combine this with the Trachoma Action Plan workshop in February 2020, but this was not possible due to time constraints. Instead, this will be held in the second reporting period of FY20.

**Niger:** While no activities specific to dossier development were conducted in this reporting period, the National Eye Program (PNSO) held a meeting from September 30–October 2, 2019, to: 1) review all MDA and DSA data; 2) discuss potential reasons for TSS with TF  $\geq 5$  percent and discuss post-elimination surveillance. While this meeting was a preliminary discussion, participants agreed that planning a surveillance strategy can begin in districts where elimination criteria have been met and maintained during TSS. They also agreed that mobile health service delivery platforms may be a sustainable platform for surveillance. Once plans are finalized, they will be incorporated into Niger's trachoma dossier.

**Togo:** Over the course of the reporting period, the National Program of Togo held regular sessions to address the comments of the Dossier Review Group in collaboration with HDI and other partners. Additionally, the dossier drafts were regularly shared with Act | West's Trachoma Focal Point and Epidemiologist for review. From March 9–11, 2020, Medical Officers (Trachoma) from WHO Geneva and AFRO traveled to Togo to provide TA to the National Program to address these comments. The National

Program aims to ensure the dossier is ready to begin the in-country approval process prior to formal resubmission in early April 2020.

#### *LF dossiers*

**Benin:** The Act | West LF Focal Point was invited to Benin, December 17–28, 2019, to provide a training to the PNLMT on the LF dossier. The topics covered included: the content of the dossier, the information required in the narrative portion, and the data required in the Excel file. During the workshop, the PNLMT determined that it will set up a committee to oversee development of the dossier. A consultant will be recruited and supported by Act | West in the next reporting period to assist this process.

**Cameroon:** The Act | West LF Focal Point traveled to Cameroon to facilitate the first LF elimination dossier workshop from February 25–27, 2020. Staff from the MOH's PNLO, Helen Keller–Cameroon, researchers in filarial diseases, and other MOH partners participated in the meeting. The LF Focal Point presented on the different dossier templates and the data required for submission. Participants developed a timeline and agreed that all LF survey documents and data should be centralized at the MOH. The PNLO has planned a meeting for May 2020 to discuss progress made.

#### **MMDP**

##### *AIM Initiative*

Prior to USAID approval of AIM Initiative's proposed FY20 activities under Act | West, FHI 360 hosted a meeting on December 5, 2019, with representatives from USAID, FHI 360, and AIM Initiative to discuss the findings from the MMDP situation analyses conducted in Ghana and Côte d'Ivoire in FY19, as well as proposed activities for FY20. As a result of this meeting, USAID approved several activities for AIM Initiative to support in FY20: 1) MMDP situation analyses in Benin and Senegal; 2) the development of LF MMDP strategic plans in Ghana and Côte d'Ivoire; and 3) activities in Ghana and Côte d'Ivoire to understand the accuracy of burden data previously collected and improve burden data collection during MDA.

##### *Situation analyses*

**Senegal:** AIM Initiative held an orientation meeting on the MMDP situation analysis on February 10, 2020, in collaboration with the PNLMT of Senegal. The meeting was opened by the National NTD Coordinator; the 13 participants included representatives from the national NTD program, FHI 360, World Vision, and Sightsavers. AIM Initiative hired a consultant to support the data collection and analysis; the consultant has received data from the PNLMTN and completed the tables from the WHO MMDP Toolkit.

**Benin:** The orientation meeting with the PNLMT of Benin was proposed to take place at the end of March 2020; however, in view of conflicts with the PNLMT calendar and COVID-19-related travel restrictions to Benin, AIM Initiative decided to reschedule for the second reporting period of FY20.

##### *LF MMDP strategic plans*

**Ghana:** The Ghana Health Services (GHS) held its initial LF MMDP strategic plan development workshop in Accra, Ghana, from February 17–19, 2020. It was facilitated by AIM Initiative. The 15 participants included representatives from the GHS, FHI 360, AIM Initiative, Sightsavers, World Vision, WaterAid, and WHO. The AIM team presented findings from the Act | West-supported situation analysis and strategic planning process and suggested an outline for the strategic plan document. AIM Initiative is currently working on collating the information collected during LF MMDP burden assessment activities.

**Côte d'Ivoire:** AIM Initiative had planned to support the NTDP of Côte d'Ivoire to improve training for CDDs to collect information on LF MMDP during the LF/OV MDA. The MDA has been delayed until mid-May due to COVID-19. AIM Initiative sought technical support from the LSHTM and revised the



materials. They are awaiting feedback / approval from the Côte d'Ivoire NTDP before producing them.

### *Other (non-planned activities)*

Following a recommendation and feedback received during the situation analysis in Ghana in FY19, AIM Initiative connected with the Ghana Nursing and Midwifery Council to discuss contributing to the nursing curriculum update planned for 2020. The NTDP manager, Dr. Benjamin Marfo, presented the epidemiology, clinical signs and symptoms of lymphedema and hydrocele, and current interventions to the Council. He also discussed the need to include MMDP management in the revised nursing and midwifery curriculum. The Council asked for the NTDP to provide materials for inclusion in the curriculum.

### *Helen Keller International*

**Sierra Leone, Niger, Cameroon, and Burkina Faso:** Helen Keller began supporting the NTDPs of these respective countries to conduct LF and or LF/trachiasis situation analyses in FY19 and continued to compile data through this reporting period. In all of these countries, for LF, the data collection focused on the tables provided in the WHO MMDP Toolkit regarding hydrocele and lymphedema cases. For trachoma (in Niger, Cameroon, and Burkina Faso), FHI 360 provided a table with requested information, focusing on number of trachiasis cases by district. In Niger, Helen Keller is still waiting for some missing data from the PNLMTN to complete the analysis before sharing the report with FHI 360. Helen Keller has submitted draft reports to FHI 360 for review for Sierra Leone, Cameroon, and Burkina Faso. Results will be shared with USAID once the report has been reviewed in detail.

## **IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL— PROGRESS IMPLEMENTING ACTIVITIES**

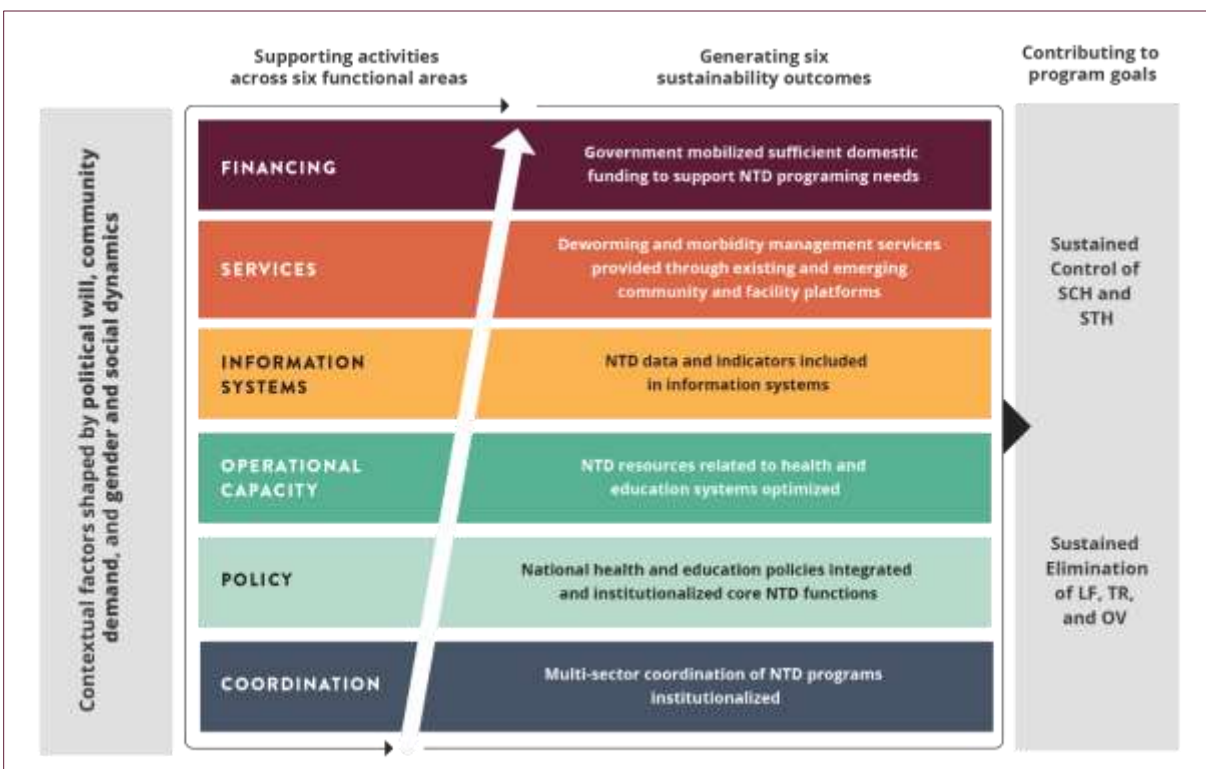
The Act | West Intermediate Results for sustainable NTD programming (IR/S) aim to ensure that national health systems have the needed capacity and commitment to maintain NTD interventions/services at levels that will continue progression toward control or elimination of diseases in accordance with national NTD goals. Act | West continued focusing its efforts on supporting host countries to take the necessary steps to develop Sustainability Plans, prioritize interventions, and define approaches to implement two interrelated strategies:

**Mainstreaming:** The incorporation of NTD priorities into MOH policy making, routine planning, financing, services delivery, monitoring, and surveillance

**Cross-sector Coordination:** A critical success factor for effectively engaging national counterparts in fostering multi-sector partnership and collaboration to sustain NTDs gains and long-term control objectives

Act | West's approach is guided by the USAID Framework and Strategy for Promoting Sustainable NTD Control and Elimination (Figure 2).

**Figure 2: USAID’S FRAMEWORK AND STRATEGY FOR PROMOTING SUSTAINABLE NTD CONTROL AND ELIMINATION**



The following sections detail the progress made by Act | West over the reporting period against the specific activities outlined in the Act | West FY20 work plan. During the first half of FY20, Act | West made substantial progress towards supporting countries’ movement in the five phases of the implementation of USAID’s Framework and Strategy for Promoting Sustainable NTD Control and Elimination (Figure 2) and other sustainability-related interventions. During the review period:

- **Côte d’Ivoire** completed the landscape and barriers analyses, implemented the SMM, and conducted the sustainability planning workshop. In March, the country team started refining the draft Sustainability Plan.
- **Ghana, Senegal, Sierra Leone, and Togo** completed the landscape and barrier analyses and implemented SMM to prioritize goals for sustainability planning.
- **Mali and Niger** completed the landscape and barrier analyses.
- **Benin and Burkina Faso** completed the sensitization meeting. Benin also completed landscape and barriers analyses.

**Figure 3: PROGRESS TOWARDS IMPLEMENTING USAID’S FRAMEWORK FOR SUSTAINABLE NTDS ELIMINATION AND CONTROL**



### Activity 2.1: Pursue Collaboration with USAID to Promote the NTD Sustainability Framework and Strategy

Act | West continued supporting USAID’s role in the development of the WHO 2030 Roadmap and its accompanying documents and other efforts to mobilize NTD communities to include sustainability in their approaches. Act | West implemented initiatives at global, regional, and country levels.

#### WHO Sustainability Framework

Act | West participated in two consultations:

- *Exploratory Meeting for Sustainability Framework Development (Geneva, October, 28–29):* The meeting was part of the USAID /WHO pre-consultation process on the Sustainability Framework and additional instruments to support implementation of the 2030 NTD Roadmap. It brought together partners to think through the process for Sustainability Framework development over the next six months, for publication alongside the 2030 NTD Roadmap. Representatives of WHO, the Task Force for Global Health/NTDs Support Center, USAID, DFID, BMGF, AIM initiative, Merck, FHI 360, RTI, and Sightsavers participated.
- *WHO Sustainability Framework consultation process launched in February:* Act | West participated in the expert interview and the online survey, which aimed to gather insights from experts and country teams on key components for a global NTDS Sustainability Framework.

### *WHA side event on NTDs sustainability*

In January, Act | West continued to facilitate country engagement for the WHA initiative on sustainability. It organized consultations with MOHs in Côte d'Ivoire (January 20–24) and Senegal (January 27–28) to discuss the initiative with country teams. The discussion in Côte d'Ivoire was held with the NTDP, the General Direction of Health and its team, and WHO Disease Focal Point. In Senegal the consultations took place with the NTDP Coordinator, Disease Control Director, General Director of Health, Directorate in charge of planning, research, and statistics (DPRS) and WHO Disease Focal Points. The NTDP coordinators and MOH leadership in Côte d'Ivoire and Senegal expressed willingness to co-sponsor the NTD sustainability side event and highlight their commitment to the sustainability process.

### *Coordination of sustainability work with other partners/NTDs investors (regional level)*

In December, Act | West participated in ASCEND's HSS country prioritization regional workshops. Participants discussed areas of support that should be prioritized to improve the different components and HSS building blocks required for a sustainable NTD program. Participants also discussed gaps and challenges to sustainability. The workshops provided opportunities for both Act | West and ASCEND teams to discuss potential areas of complementarity and synergies with country teams.

**Anglophone countries:** World Vision represented Act | West at the HSS regional workshop for anglophone countries (Ghana, Liberia, Sierra Leone, Nigeria) held in Abuja, Nigeria (December 4–6).

**Francophone countries:** FHI 360 represented Act | West at the regional workshop for francophone countries (Benin, Chad, Guinea, Côte d'Ivoire, Niger, Democratic Republic of Congo, and Burkina Faso) organized in Abidjan, Côte d'Ivoire (December 10–12).

### *Sustainability sensitization meetings at country level (Phase1)*

In November, Act | West supported the Benin and Burkina Faso NTD programs to conduct sustainability sensitization meetings with national stakeholders whose work is relevant to NTDs. The meetings convened stakeholders from various government and non-government sectors and facilitated discussion about how sustainability is/can be reflected in countries' national plans. Participants discussed expectations for collaboration with the NTD programs and other counterparts and identified next steps for the rest of FY20.

**Benin:** The General Director for Public Health (DNSP) chaired the meeting on November 5. The more than 50 participants included representatives from various MOH programs, other ministries, Coalition for Nutrition, public health research institutes, WHO, USAID, Sightsavers, and Act | West.

**Burkina Faso:** The General Director of Public Health (DGSP) chaired the meeting on November 12. Representatives attended from the MOH, Ministry of Economy, Ministry of Environment, Ministry of Agriculture and Animal Resources, Ministry of National Security, Association of Mayors in Burkina Faso, and technical and financial partners.

The NTDP and MOH authorities in both Burkina Faso and Benin reiterated their interest in developing Sustainability Plans and requested Act | West support.

### **Activity 2.2: Create Sustainability Plan in Partnership with Host Country Governments (IR2/IR3)**

As a key Act | West deliverable, the Sustainability Plan builds on the USAID Sustainability Framework, findings from landscape analyses and financial analyses, the results of the Guided Self-Assessment using the SMM, and the cross-sector barriers analysis (Figure 5). The NTD Sustainability Plan is envisioned as a comprehensive, country-owned, actionable plan for long-term performance (financial, operational, service

delivery) by mainstreaming NTD programs via cross-sector coordination. The plans are meant to serve as anchors for further project activities.

**Figure 4: SUSTAINABILITY PLAN INPUTS**

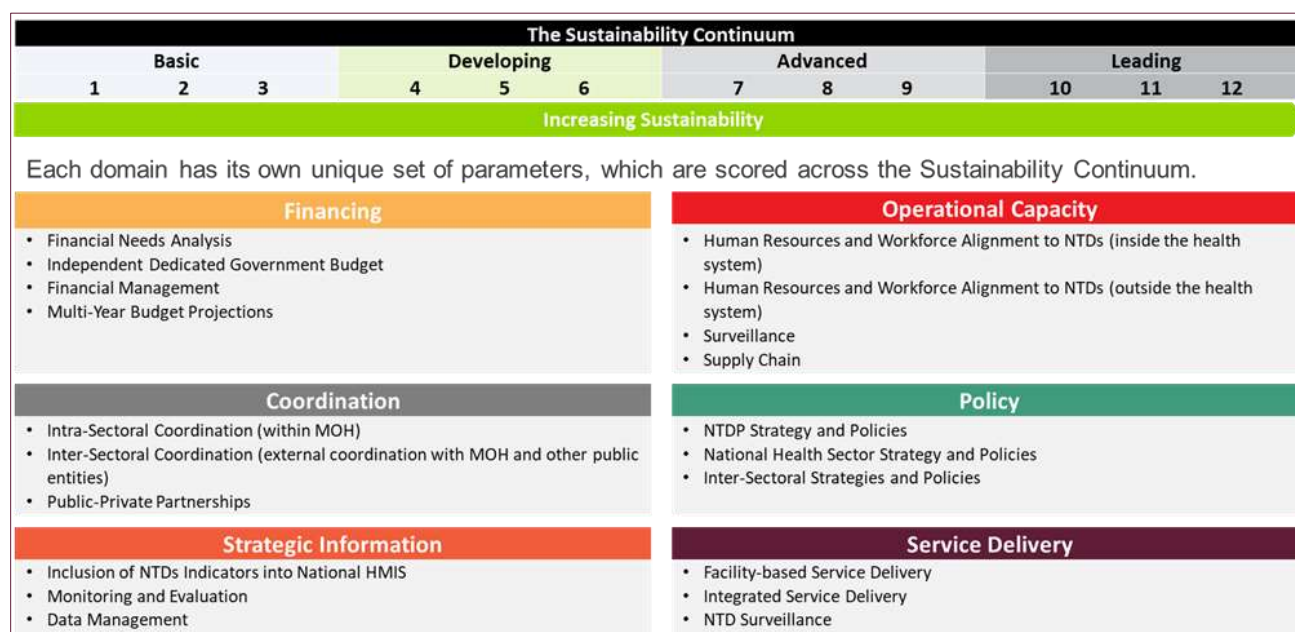


*Tools development and refinement of approach (program level)*

**Refinement of SMM:** The first version of the SMM was developed in FY19. Over the first few months of FY20, Act | West further refined the SMM to adapt it to the structure of a working paper. The cross-sector component and additional service delivery parameters were included through consultations among Deloitte, World Vision, FHI 360, and Helen Keller—whose disease leads provided inputs and more contextualized details to the descriptions of parameters in the six domains across the four levels of maturity (figure 4). This refined version of the SMM contains more NTD-specific details in the service delivery, operational capacity, policy and planning, information system, and coordination domains.

**Refinement of the approach for cross-sector landscape analysis:** As understood during the FY20 work plan preparation, the cross-sector landscape analysis included a stakeholder mapping and a barrier analysis to illuminate contextual factors that can limit intra-sector and cross-sector collaboration for NTD programming at the country level. The refined approach, which used one single data collection process for both kinds of analysis, helped optimize the technical and financial resources and time requested of national stakeholders.

**Standardized template for Sustainability Plan:** In January and February, World Vision, Deloitte, and FHI 360 organized weekly meetings to prepare for the upcoming Sustainability Plan development workshops in Côte d'Ivoire, Ghana, Senegal, and Togo. For each country, findings from the respective landscape analysis, the SMM workshops, and the cross-sector dissemination workshop were combined and shared with the NTDP, MOH, and other stakeholders as the basis for developing the country plan. A draft Sustainability Plan template was developed in line with the six outcomes of USAID's Sustainability Framework.

**Figure 5: KEY COMPONENTS OF ACT | WEST SUSTAINABILITY MATURITY MODEL**

*Implementation activities at country level (Phases 2 and 3 of USAID Framework and Strategy)*

During the reporting period, Act | West countries implemented the following activities to move into phases 2 and 3 of the sustainability process.

**Landscape analysis (Phase 2):** Act | West completed landscape analyses in Togo, Ghana, Sierra Leone, Benin, Côte d'Ivoire, Senegal, Mali, and Niger from October 2019 to March 2020. For each country, the process included: 1) a desk review of existing literature and policy documents to gather data and information for an overview of country context in the six outcome areas and to identify gaps that can be filled through in-country interviews; 2) key informant interviews for the HSS and the cross-sector components of the landscape analysis. The HSS component covered four domains: policies, operational capacities, health management information system (HMIS), and financing. The cross-sector component covered the coordination and services delivery domains. The cross-sector interviews explored and elucidated the stakeholder landscape, existing platforms for cross-sector collaboration, barriers and opportunities for cross-sector collaboration and sustainability, and potential service delivery platforms for integrated interventions.

- **Côte d'Ivoire, Ghana, Senegal, Mali, Sierra Leone, Niger, Benin, Togo:** Key informant interviews included a variety of stakeholders from MOH departments and health programs, other ministries, local authorities, regional and districts representatives, UN partners, NGOs and IPs, coordinating bodies, and so forth. Total interviews varied: Senegal (32), Mali (45), Sierra Leone (42), Ghana (41), Niger (44), Benin (33), Togo (21), and Côte d'Ivoire (18).
- **Burkina Faso:** The landscape analysis is postponed to Q3. The process will involve a series of interrelated activities similar to other countries.

To date, landscape analysis reports have been drafted for Togo, Ghana, Sierra Leone, Benin, Côte d'Ivoire, Senegal, and Mali. Drafting of the Niger report is progressing. The key highlights of the



landscape analyses will be captured in the country-specific joint landscape analysis documents being developed by the Act | West team.

**Dissemination of Cross-sector Landscape Analysis Findings and Validation Workshop (Phase2):** In February, Act | West facilitated the landscape and barrier analysis dissemination workshops in Ghana (February 3–4), Senegal (February 12), Sierra Leone (February 17–18), Côte d’Ivoire (March 3–4) and Mali (February 24–25) to discuss results with national stakeholders and identify priority cross-sector interventions for the respective Sustainability Plans. Workshop details follow.

- **Ghana:** The NTD Ambassador attended the workshop. Fifty participants discussed ways to overcome the barriers identified to facilitate integration with other service delivery platforms in nutrition, malaria, immunization, and WASH. The Ghana NTDP can leverage sector-coordination mechanisms and integration platforms for service delivery with the Water and Sanitation Sector Working Group, Women in WASH, MOLE Conference, Annual Review Conferences, CONIWAS, National Stock Taking Forum, the National Level Learning Alliance Platform, and the Ghana National Malaria Control Program.
- **Mali:** The meeting was chaired by one of the Technical Advisors at MOH on behalf of the Minister of Health and Social Affairs. Participants (38) discussed integrating NTD activities with nutrition, education, malaria, WASH, and reproductive health platforms. Integration of Sustainable Approaches to Nutrition in Africa (SANA) activities—an approach that already integrates health education, agriculture, and WASH—was presented as an example.
- **Senegal:** The Ministry of Health and Social Action (MSAS) WASH Program Manager chaired the workshop. Participants (23) from different departments and programs of MSAS discussed the possibilities of integrating MDA activities into the regional annual workplan. They explored opportunities for integrating NTDs with the Reproductive, Maternal, Neonatal, Infant, and Adolescent Health (SRMNIA) Platform.
- **Sierra Leone:** The Director of Disease Control and Prevention (DCP) chaired the workshop. Participants (36) from diverse sectors, ministries, and local organizations (including the Traditional Healers Association) discussed integrating NTDs into CHW training modules and pre-service training curricula. Participants proposed integrating the sustainability approach into the NTD master plan.
- **Côte d’Ivoire:** The Deputy General Director of Health chaired the two days’ workshop to disseminate and validate the results of the landscape and barriers analyses. Representatives (40) attended from the Prime Minister’s office, MOH programs, additional ministries (in charge education, water, economy and finance, agriculture, decentralization, hygiene and sanitation, rural hydraulic), Sightsavers, Helen Keller, and FHI 360 and discussed priority interventions to strengthen cross-sector collaboration and coordination of NTD programming.
- **Niger:** Dissemination workshop has been postponed due to the COVID-19 response measures.

**Guided Self-Assessment workshops using the SMM (Phase 2):** Act | West facilitated Guided Self-Assessment workshops in five countries employing the updated version of the SMM. NTD Program staff were engaged and were receptive to the model and facilitation approach.

- **Côte d’Ivoire, Ghana, Senegal, Sierra Leone, and Togo:** Participants scored their programs’ current maturity levels across the six sustainability outcomes, identified their desired target maturity levels over the next three to five years, specified milestones to move from the current to desired maturity



level, and prioritized parameters within each domain. Discussions were informed by findings from the respective landscape analyses, which fostered stakeholder alignment and demonstrated deeper understanding of the country context. The Act | West team will use the results of the SMMs<sup>1</sup> and the barrier analysis workshops to produce the first draft of the Sustainability Plans, which will be shared with the respective NTDPs prior to the sustainability planning workshops.

- **Benin, Niger, Mali, and Burkina Faso:** the SMMs have not been completed due to unavailability of the NTDP, bureaucratic procedures to validate data collection tools, and restrictions imposed to curb the impact of COVID-19.

### *Key Phase 2 country findings and highlights*

#### **Financing:**

- Most NTD Programs do not have an independent government budget line for programmatic costs. This is still a significant gap to be addressed.
- NTD Programs in Togo and Côte d'Ivoire were able to mobilize resources from the MOH budgets, which cover operational costs for some interventions. However, in Togo, this is due primarily to the influence of current MOH Secretary General who is the former NTD Program Director. It may not be sustainable over the long term. In Côte d'Ivoire, the NTDP Coordinator advocated strongly to obtain resources from MOH to fill gaps for field activities that emerged after micro planning.

#### **Service Delivery:**

- For all five countries, the average current state score across service delivery parameters is lower than those of many other domains, including financing, policy, and strategic information.
- There are significant gaps in management, training, and cross-sector collaboration in all five countries that participated, which may contribute to the relatively low level of service integration.
- As was highlighted in the discussion in Ghana, integrating NTD data into the HMIS is the cornerstone of success for surveillance. The NTD Program in Ghana firmly believes that the service delivery parameters will be difficult to achieve until NTD surveillance feeds into the HMIS (see below).

#### **Health Information Systems:**

- In Ghana, the NTD Program has received the green light to integrate NTD data into the national HMIS. The Ghana NTD Program plans to train health workers to ensure that the data reporting is accurately accomplished.
- In Sierra Leone, the NTD Program is in the process of reviewing and finalizing indicators reviewed to be included in the national HMIS. The NTD Program identified needs for training health care workers to collect and share NTD data, as well as creating the processes for data collection and information flow.
- In Côte d'Ivoire, the NTD Program identified a gap in training for Epidemiological Surveillance Officers (CSEs). The CSEs are responsible for entering data into DHIS2 at decentralized level. They already know how to use the platform. The training needs are related to use and exploitation of NTDs specific data forms in order to input the data related to the selected indicators into DHIS2. However, the NTD program will strive to enter the data by 2021.

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<sup>1</sup> Sample of SMM results are included in Deloitte SAR

- In Senegal, NTD indicators are not yet integrated into DHIS2, and certain posts are unable to rely on the Internet connection to enter their data. The NTD Program noted that there are data collection tools available and the HMIS team has shown willingness to support the NTD data mainstreaming process into the platform.
- In Togo, the main NTD indicators are integrated into DHIS2, and the basic training for DHIS2 has already been completed. However, the NTDP noted that there is still a need to integrate NTD data retroactively into DHIS2.

#### **Operational Capacity:**

- In Ghana, as in many other countries, training will be critical for getting NTDs integrated into the post-elimination surveillance system, which resides within the GHS.
- In Togo, while the NTD Program's medical procurement and supply chain are already well integrated at the national level, there is a disconnect between national and district-level supply chains that causes inaccuracies in data and procurement planning.
- In Senegal, the NTD Program is not a stand-alone entity, but rather a set of disease-specific pillars within the Disease Division of the Health Ministry, with one disease lead also serving as an NTD coordinator. Because of this structure, the coordinator is more of a peer than an authoritative lead, which has caused some gaps in coordination, leading to siloed operations.

#### **Policy & Planning:**

- Across all five countries where the SMM workshops were conducted, every program noted that the NTD Master Plan was in the process of being updated but that current plans did not incorporate any post-elimination needs. The new Master Plans will consider or include elimination timelines and post-elimination needs.
- The NTD Programs also said that they maintained informal relationships with other sectors, but that there were no policies formalizing their relationships. The NTD Programs in Ghana and Sierra Leone noted that the cross-sector coordination committees that Act | West is supporting will be an opportunity to address the lack of formal relationships and collaboration.
- Togo's NTD Program noted that the former Program Coordinator is currently the Secretary General of Health and is playing a key role in allowing the NTD Program to form better relationship within the MOH and advocating for the integration of the NTD policy into national policies.

#### **Coordination:**

- Four out of the five NTD Programs have a weak but working relationship with other programs within the MOH (e.g., Malaria).
- The level of coordination and collaboration between the NTD Programs and partners outside of the MOH is largely non-existent across the countries, except with the Ministry of Education in Senegal and Benin, the WASH program in Sierra Leone, and the Ghana Education Services.
- In Senegal, the NTD Program is motivated to use existing agreements between the Ministries of Education and Health to establish regular processes for the distribution of drugs in schools. The Côte d'Ivoire NTDP agreed to develop a joint policy between MOH and Ministry of Education to leverage the education platform.

- In Senegal, the NTD Program is motivated to institutionalize an NTD coordination mechanism and group the various working groups and NTD coalition under one umbrella to reduce fragmentation; the intention is to develop and submit a ministerial circular to the MOH for signature.
- While the Ghana NTD Program does not currently have strong working relationships with national partners outside the GHS, the Ghana Beyond Aid agenda is an opportunity for the program to garner cross-sector support for its Sustainability Plan.

### **Sustainability Plan development (Phase 3):**

- **Côte d'Ivoire:** A Sustainability Plan Workshop took place in Côte d'Ivoire March 5–7, 2020. Also, Act | West supported Côte d'Ivoire to complete a draft of its NTD Sustainability Plan. It includes background on the state of NTDs in the country; key highlights from the landscape analysis; NTD Program milestones for achieving targeted maturity for each sustainability outcome; a plan of activities, timelines, resources; and a section focusing on monitoring, implementation, and accountability mechanisms identified by program staff and cross-sector stakeholders. Act | West continues to support follow-up efforts of the NTD Program to refine the Sustainability Plan in preparation for senior political validation.
- **Ghana:** A Sustainability Plan Workshop and high-level stakeholders' engagement were planned for March 17–19, 2020, but postponed until further notice due to the COVID-19 pandemic.
- **Senegal and Togo:** Initial draft Sustainability Plans were developed in both countries based on results of SMM and shared for feedback with NTD Programs. However, workshops were postponed due to the COVID-19 pandemic and associated country restrictions.

### **Activity 2.3: Operationalize the Finance Strategy for NTD Control and Elimination Interventions (IR2)**

In FY19 Deloitte piloted the Public Financial Management (PFM) toolkit in Ghana and Togo. The PEM facilitated the completion of budget reports and improved understanding of the national budgeting cycle for the NTD Programs. Activities conducted during the reporting period are described below.

- **TIPAC Data Entry & Analysis:** Act | West conducted a Tool for Integrated Planning and Costing (TIPAC) data entry workshop in Benin and TIPAC data analysis workshops in Senegal and Togo in FY20 (in addition to exercises conducted in FY19). TIPAC refresher training was completed remotely with the Sierra Leone NTD Program. These sessions included analyses to better understand each country's confirmed funding sources and gaps. Once the gaps were identified, Act | West supported the NTD Programs in Togo and Senegal to translate the findings into clear advocacy messages for future resource mobilization through the MOH budgeting process.
- **Public Financial Management (PFM) Toolkit:** Deloitte introduced the PFM toolkit in Togo (building on work done in FY19), facilitating the completion of budget reports and improved understanding of the NTD program budgeting cycle.

### **Activity 2.4: Explore Alternative In-Country Financing Mechanisms to Mobilize Domestic Resources, Diversify Sources of Funding, and Increase Resources for NTDs (IR2)**

In FY19, Act | West identified financial planning gaps among the NTD Programs and conceptualized financial tools, along with the TIPAC, to address these gaps. Activities conducted during the reporting period are described below.

- **Forecast future funding needs:** Deloitte began developing a post-elimination cost model to project costs for surveillance and mainstreaming activities. The model will consider macroeconomic factors, disease incidence, and other variables that may drive costs in scenarios where certain diseases (i.e., trachoma, LF) have reached elimination/control states, while others have not. The model will eventually be owned and utilized by the NTD Programs. The costing model will build on inputs from TIPAC analysis to estimate future programmatic costs and facilitate informed decisions on how to prepare financially in light of different programmatic scenarios. The initial prototype of the post-elimination cost model has been completed in Excel, with an accompanying user guide that includes a detailed list of assumptions and sources. The team will facilitate another round of refinement based on feedback from specialists among Act | West consortium members before the beta version is shared more broadly with partners and tested in a country pilot.
- **Support calculation of the return on investment (ROI) of reducing NTD prevalence:** A coordination effort was established with the U.S. CDC Division of Parasitic Diseases and Malaria (CDC/DPDM) to develop an economic impact model to calculate the ROI of reducing NTD prevalence. The model aims to estimate the economic impact of NTD interventions and provide evidence to decision makers to support domestic funding for NTD activities. Deloitte is collaborating with the CDC/DDPM, Helen Keller, and Sierra Leone's NTD Program to develop and pilot the tools based on extensive literature that already exists on the economic impact of NTDS. The model will consist of a series of disease-specific Excel-based tools for each of the Act | West countries. The proposed tools will be piloted in Sierra Leone to estimate how the NTD interventions, such as MDAs and morbidity management, will positively impact the population and efficiencies in the health and collaborating sectors.

The goal for the remainder of FY20 is to review and refine both of these models so they are ready to pilot in country. Ultimately both costing models should yield data that the NTD Programs can use to further their advocacy efforts for resource mobilization.

#### **Activity 2.5: Implement Advocacy Plan for the Integration of NTDS into National Policies, Financing Decisions, and Coordinating Mechanisms (IR2/IR3)**

This activity was not a focus area during the reporting period.

#### **Activity 2.6: Review NTD indicators and Support the Integration of Recommended Indicators into the National HIMS (IR2)**

This activity was not a focus area during the reporting period.

#### **Activity 2.7: Revise Job Descriptions to Fulfill Essential NTD Activities (IR2)**

This activity was not a focus area during the reporting period.

#### **Activity 2.8: Improve Supply Chain Through Targeted Solutions and Approaches (IR2)**

The Act | West supply chain strategy component in support to NTDPs has two interconnected goals: 1) increase MDA coverage among the population at risk, and 2) provide solutions and approaches to improve country supply chain systems where needed. To achieve these goals, the program must support NTDPs to implement and sustain supply chain operations for MDAs. It is important to mainstream NTD supply chain into the MOH supply chain system to ensure timely delivery of MDA drugs. Many country programs' mechanisms for reverse logistics need to be improved to avoid drug wastage, drug expiration, and mishandling of unused drugs following MDAs. The NTD Programs usually create parallel supply

chain systems to deliver MDA drugs. These systems are often not viable or sustainable. In several countries, sustainability assessments conducted by Act | West found bottlenecks related to suboptimal supply chain operations.

Act | West is supporting countries in supply chain management (SCM) to address problems in drug applications, inventory, warehousing, and distribution. Act | West continues to collaborate closely with all 11 country NTD Programs to improve supply chain processes, including strengthening reverse logistics and inventory management. One of the requirements implemented is to incorporate SCM deliverables into MDA-related FAAs. All the countries have provisions for NTD drugs distribution and reverse logistics.

Activities conducted during the reporting period are described below.

### **Trainings on medicines and health commodities management and reverse logistics procedure**

**development:** Act | West supported trainings on SCM in several countries during the reporting period.

- **In Burkina Faso,** Act | West supported two three-day trainings on reverse logistics in October and November 2019, respectively. The trainings were facilitated with the *Centrale d'Achat des Médicaments Essentiels Génériques* (CAMEG); 84 logistics managers responsible for NTD drugs in the regions and districts were trained. Participants identified obstacles and mitigation actions related to reverse logistics and proposed an effective strategy for NTD drugs management and inventory.
- **In Niger,** Act | West supported a three-day training in March 2020 on the new directives on drug packaging and storage in preparation for the trachoma, SCH, and STH campaigns. The 19 participants included the newly appointed (January 2020) PNLMTN logistician, agents for the National Office of Pharmaceutical and Chemical Products (ONPPC), and district drug managers. ITI provided complementary funds for the training to bring additional participants from district level and familiarize them with the new zithromax guidelines.
- **In Guinea,** Act | West organized a meeting to develop procedures for reverse logistics—with a focus on the inventory of a completed MDA and drug destruction procedures. The meeting was held on November 13, 2019, by the Central Pharmacy of Guinea, the National Directorate of Major Endemic and Disease Control, the NTD Program, and Helen Keller to develop procedures, roles, and responsibilities for FY20 reverse logistics following MDA. One outcome was to incorporate SCM deliverables and reverse logistics roles and responsibilities into MDA-related FAAs.

**Tetracycline eye ointment procurement:** Act | West procured TEO for the trachoma MDA and for surveys (mapping and impact assessment) for all the countries in need. Application forms with quantified projections for TEO were compiled and submitted to USAID for approval.

- **Benin, Senegal, and Côte d'Ivoire:** FHI 360 finalized the procurement of TEO for the countries it directly supports. IDA Foundations processes TEO shipments for these countries.
- **Burkina Faso, Guinea, Mali, Niger, and Cameroon:** Helen Keller processed the procurement for the countries it supports.

Due to the COVID-19 situation, most of the TEO shipments will be delayed because of travel restrictions to these countries.

Act | West assessed the availability of storage space for TEO and other drugs while MDA and DSA activities are postponed due to COVID-19.

**FTS procurement:** Through the same process of quantifying/projecting needs, Act | West submitted the application for FTS procurement to USAID and obtained approval. Purchase order was submitted for all countries in need except Guinea. The status of shipments is as follows:

- Burkina Faso, Mali, Cameroon, Niger, Côte d'Ivoire, Ghana: shipments of FTS were made.
- Benin: Shipping is ongoing.
- Senegal: Procurement is ongoing, and shipping will follow in the next weeks.

Due to postponement of DSA activities, Act | West is monitoring expiry dates. At this date, none of the FTS in country stocks are due to expire in the next six months. Act | West is also advocating for NTDPs to order positive control from WHO HQ Geneva and has sent the related protocols to countries for warehousing and testing with the positive control.

**Drug donated procurement (ALB, mectizan, zithromax, PZQ):** The NTDP drug applications for ALB and PZQ for the FY20 MDA were approved by WHO but not all approved drugs have been shipped to countries. Act | West continues to work with NTDPs to track the inventories of donated drugs. In most countries, delay in bringing back these medicines after MDA and repackaging the boxes that have been opened remains a problem. An inventory survey of all NTD drugs in all 11 countries is ongoing. A tracker has been developed for Act | West for close follow up.

The Mectizan Expert Committee has already approved the FY20 MDA application for that drug, and approval letters were sent to country NTDPs by the Mectizan Donation Program (MDP). The MDP had requested all NTDP to obtain exemption paperwork before packing the batches and, as a new policy, decided to put the real cost of the drugs on the donations.

Applications for trachoma drugs are submitted via the Trachoma Elimination Monitoring Form (TEMF) to WHO and ITI. Applications for zithromax are reviewed and approved by the TEC. The TEC reviewed applications from Cameroon and Côte d'Ivoire at the November 2019 meeting. (These applications were submitted as mid-year requests, because the countries were both finalizing surveys at the time of the June 2019 meeting.)

WHO has announced the deadlines for 2021 applications are in April and August. A reminder was sent to IP offices in countries that applications for donated drugs should be submitted by mid-April for timely delivery according to the MDA schedule. Preparations started during the reporting period, with most of the countries to complete their applications.

The TEMFs to request zithromax needed in 2021 were due to WHO in March 2020 (with 2019 data). All Act | West-supported countries submitted their applications on time; these will be reviewed at the August 2020 TEC meeting.

**Regular meetings held in October and December 2019, February 2020, with the USAID Supply Chain (SC) Focal Point:** Regular meetings were held with USAID to discuss expectations regarding Act | West's supply chain of medicines and diagnostics (e.g., procurement and shipment of medicines such as TEO and diagnostics like FTS and other reagents and laboratory supplies for OV ELISA).

**Sierra Leone warehouse and drug inventory assessment:** In September–October 2019, Americares conducted an assessment of warehouse operations at facilities that support the Act | West partnership to define training programs for local staff and determine capital improvement projects. The findings



were shared with partners including Helen Keller, Sightsavers, and the Liverpool School of Tropical Medicine. Recommendations for capital improvements based on the Sierra Leone assessment were presented to FHI 360 's contract department to determine if they would be in accordance with USAID rules and regulations. Americares held further discussion about coordinating training needs and implementation plans with Clinton Health Access Initiative (CHAI), Crown Agents, Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (ASCEND), Deloitte, and UNICEF to avoid duplication of efforts and collect additional information on MOH supply chain systems and activities.

In December 2019, the program discussed the Sierra Leone assessment findings with USAID. During the meeting, parameters for gifts in kind were also discussed. USAID's view is that for AE/SAE and MMDP management, gifts in kind are not aligned with sustainability and therefore cannot count as cost share. Act | West will develop training modules and standards of procedure on warehouse and drug inventory management. Americares will lead the development of these materials.

**Niger NTD supply chain desk review:** The desk review was finalized with documentation of Niger's previous SC assessment and recommendations from FHI 360, Helen Keller, and RTI.

**Collaboration with Supply Chain Forum partners:** The SC Forum is an opportunity for the main players in NTD drug donation programs and Pharma to discuss challenges, exchange experiences, and best practices. In October 2019 and February 2020, Act | West participated in SC Forum meetings and discussed ways the NTDeliver platform could be made more useful. While all NTD Programs have access to information on the dashboard, this does not include estimated delivery dates of approved drug shipments. Participants also discussed the need to define the terms and steps of the donated drug shipping process. Act | West shared challenges related to clearing drug shipments on arrival in country—particularly in Benin and Côte d'Ivoire, due to changes in customs policies. A change in the date of PZQ shipment to Cameroon may be needed to address concerns of the Merck manufacturing team. PZQ is produced year long and is not stored but shipped as soon as manufactured . Subsequently, shipments cannot meet staggering orders. In March, the forum members also discussed the impact of COVID-19 pandemic on the supply chain. Shipments by air will be affected, but scheduled drug shipments will go as planned. The WHO recommendation to postpone all community-based interventions (like MDA and DSA) was announced.

#### **Activity 2.9: Support the Creation, Review and/or Update Of Actionable SCH, STH, and OV Transition Plans (IR3)**

This activity was not a focus area during the reporting period.

#### **Activity 2.10: identify and Implement Sustainable NTD Delivery Platforms (IR3)**

This activity was not a focus area during the reporting period.

Phase 2 activities include identifying opportunities to integrate NTD program service delivery in other facility- and community-level platforms. Strategies to achieve this goal will be included in country NTD Sustainability Plans for implementation starting in FY21.

#### **Activity 2.11: Deliver Integrated Or Stand-alone MDAs for SCH AND STH in High Endemic Areas (IR3)**

This activity was not a focus area during the reporting period.



### **Activity 2.12: Incorporate Integrated MDAS into Policy and Planning documents (IR3)**

This activity was not a focus area during the reporting period.

### **Activity 2.13: Provide TA to the MOH on Drug Applications and Drug Donations (IR3)**

Act | West provided TA to NTDPs to conduct data gathering and validation, drug forecasting, quantification, and filling of application forms for the WHO and donation programs in Benin, Côte d'Ivoire, Togo, Burkina Faso, Mali, and Niger (see Activity 2.8)

Act | West provided TA to all NTDPs to project needs for TEO and FTS for their FY20 interventions (see Activity 2.8 for details).

### **Activity 2.14: Conduct and/or Integrate Sustainable Surveillance Activities (IR3)**

See IR1 section for surveillance activities. Approaches and long-term strategies for integrated surveillance will be defined in country Sustainability Plans.

### **Activity 2.15: Establish and Institutionalize Multi-Sectoral Mechanisms to Coordinate NTD Programs (IR3)**

During the reporting period, Act | West facilitated Roadmap development workshops to revitalize or establish multisector coordination platforms for NTD programming. The workshops were held in Ghana (February 5–7), Senegal (February 13–14), and Sierra Leone (February 19–21). The Mali workshop was initiated on February 26 but was postponed due to COVID-19.

- **Ghana:** Working group members deliberated in group and plenary sessions on the revamp of the Intra Country Coordination Committee (ICCC) structure. It was agreed that the ICCC will be housed under the MOH and GHS with the NTDP serving as secretariat. The ICCC functions will be replicated sub-nationally through the regional, district, and sub-district health directorates and management teams. The meeting resulted in a shared vision, membership structure, key mandates and priorities, and a work plan with funding sources pre-identified. Follow-up activities include a concept note to brief the Minister of Health and GHS Director General and reviewing and finalizing the ICCC TOR for approval by relevant sector ministries.
- **Senegal:** The Senegal NTDP has started reorganizing the various technical working groups, the advocacy alliance, and the MDA coordination technical group under one cross-sector coordination mechanism with six commissions.<sup>2</sup> Act | West supported the ongoing process through a three days' workshop to help stakeholders discuss the most effective structure. Through small group work sessions, the participants elaborated the identified commissions and discussed priorities, missions, activities, and relevant stakeholders and roles. Recommendations included integrating other key sectors (private sector, ANJ-Sr-pf, ECOS, HACL),<sup>3</sup> advocating for the participation of decision makers in the next meeting, establishing routines and strategies around NTD drugs, and finalizing the WASH situational analysis by Sightsavers. Identified next steps include finalizing the TOR of the various

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<sup>2</sup> Scientific Commission (for operational research, parasitic and entomological aspects, and vector control); Training Commission (clinical and therapeutic aspects); a commission responsible for community-based interventions, prevention, and IEC; a commission responsible for coordination and monitoring and evaluation; Advocacy and Resource Mobilization Commission; and a commission responsible for WASH interventions.

<sup>3</sup> Alliance Nationale des jeunes pour la sante de la reproduction; Environment, Communautés, Sante et Sécurité; Hope for African children Initiative.

commissions, signing of the ministerial decree to create the multisectoral platform, and launching the platform.

- **Sierra Leone:** Through facilitated discussion, participants elaborated a roadmap to establish a multisector coordination mechanism called the Partners Network Forum (PNF). Post workshop activities included debriefing the Director of Disease Control and Prevention, developing a technical concept note for the PNF objectives and priorities, and drafting a TOR for the PNF. The TOR will receive inputs from members of the sub-working groups before it is presented to the MOH Leadership team and eventually endorsed by other key sector ministries.
- **Mali:** There was high-level representation at the roadmap development workshop, including the Deputy Director of the Directorate of Disease Control. The working group developed a shared vision based on the NTD Strategic Plan. The group discussed the membership and mission of the committee, as well as establishing a technical commission.

### **Activity 2.16: Integrate NTD Prevention Messages as Part of Ongoing SBCC Interventions: Pilot WASHUP and NTD Materials in Ghana and Niger (IR3)**

#### *NTD WASH UP! Training of Trainers*

- **Niger:** A training of trainers' workshop was held from October 29–31, 2019, in Maradi, Niger, with 64 participants including teachers and heads of school from 25 schools. Government participants included a representative from the National Ministry of Education (MOE), the Regional MOE, and school inspectors. The training introduced the focal diseases (SCH and STH), their etiology, and how to prevent them and provided hands-on practice with the curriculum and new learning materials.
- **Ghana:** The World Vision team collaborated with the Sesame WASH Up! team, Ghana Sesame Focal Officers, and WASH Technical Program Manager to plan and organize a training workshop on November 6–8, 2019, in Tamale, Ghana, on the Sesame WASH UP!–NTD integrated materials. A team from Sesame–Nigeria facilitated the training for 33 participants. These included four World Vision staff and 29 teachers from 25 schools across three World Vision programs.

#### *NTD WASH UP! Pilot Implementation and Formative Research*

- November 19, 2019: The World Vision–Niger ACT | West team and the World Vision–Niger WASH team followed up with the WASH UP!–NTD pilot schools in Maradi. The World Vision team visited the Regional Director of Primary Education in Maradi to debrief him on the school monitoring and formative research activities.
- November 26–28, 2019: The World Vision–Niger team conducted formative research for the NTD–WASH UP! program in four schools. The formative research aimed to ensure that the NTD–WASH UP! material and content was engaging, relevant, and useful to educators and children. Researchers observed sessions and interviewed 23 children and the WASH Club teachers after the sessions. Participants recommended adding more detail to the storybook and other didactic materials about how the NTDS are contracted and the symptoms for both Bilharzia and Hookworm. Another recommendation was to make sure adequate discussion allowed before and after the video to engage the children with the content. Details in the video about whether or not Bilharzia could be transmitted was not understood by the children after one viewing, so it was recommended to show the video twice (both before and after posing questions to children). A post-mortem meeting was scheduled to discuss formative research results with stakeholders and incorporate recommendations.

### Activity 2.17: Review and Analysis of Existing Social Behavior Change Communication (SBCC) Materials and Messages across Multi Sectors for Integration of PC-NTD Content into Other Sectors (IR3)

This activity was not a focus area during the reporting period.

### Consultancies and Short-term Technical Assistance (STTA)

Table 1 provides information about consultancies/STTA conducted in the reporting period.

Table 1: CONSULTANCIES/STTA CONDUCTED IN THE FIRST HALF OF FY20					
Name of consultant/s	Location consultancy /STTA provided	Scope of work	Period of consultancy	Outcome/output of the consultancy	Status (completed, in-progress)
Clear Outcomes LLC team (World Vision)	Ghana, Senegal, Mali, Sierra Leone & Niger	Conduct landscape key informative interviews	October 2019–February 2020	Draft landscape analysis report	Completed
Tchi Sogoyou Bekeyi & Caroline Guiot (Deloitte), Stephen Omuonyidde (World Vision), David Glohi (FHI 360)	Benin	Sensitization Meeting & Landscape Analysis	November 2019	Trip reports, sensitization meeting report, landscape analysis interview notes	Completed
Justin Tine, (FHI 360), Stephen Omuonyidde (World Vision)	Burkina Faso	Sensitization Meeting	November 2019	Trip Reports, sensitization meeting report	Completed
Caroline Guiot (Deloitte)	Senegal	TIPAC	November 2019	Trip Report, TIPAC Data Analysis	Completed
Denise N'Dabian-Bogro & Glohi David (FHI 360)	Togo	Landscape and barrier analysis key informative interviews	December 8–14, 2019	Trip report, draft landscape analysis report	Completed
Vera Zlidar & Stephen Nabinger (Deloitte)	Ghana	Guided Self-Assessment Workshop	December 2019	Trip report, SMM Results	Completed
Jimmy Rollins & Berthine Njiemoun (Deloitte)	Côte d'Ivoire	Guided Self-Assessment Workshop	December 2019	Trip report, SMM results	Completed

Denise N'Dabian-Bogro & Glohi David (FHI 360)	Benin	landscape and barrier analysis key informative interviews	January 2020	Trip report, draft landscape analysis report	Complete
Jonathon Pearson & Anna Maria Shaker (Deloitte)	Sierra Leone	Guided Self-Assessment Workshop	January 2020	Trip report, SMM Results	Complete
Tchi Sogoyou Bekeyi & Roudy Boursiquot (Deloitte), David Glohi (FHI 360)	Togo	TIPAC & Guided Self-Assessment Workshop	January 2020	Trip report, SMM Results, TIPAC Data Analysis	Complete
Tchi Sogoyou Bekeyi & Roudy Boursiquot (Deloitte)	Benin	TIPAC	February 2020	Trip report, TIPAC Data Analysis	Complete
Tchi Sogoyou Bekeyi & Jimmy Rollins (Deloitte), David Glohi (FHI 360)	Senegal	Guided Self-Assessment Workshop	February 2020	Trip report, SMM results	Complete
Justin Tine, David Glohi	Niger	Key informant interviews for HSS component of Landscape Analysis	February 2020	Trip report, landscape analysis interview notes	Complete
Stephen Omunyidde & Arielle Dolegui (World Vision)	Ghana	Dissemination workshop and Roadmap for multi-sector coordination mechanism	February 2–7, 2020	Trip report	Completed
Stephen Omunyidde and Arielle Dolegui (World Vision)	Senegal	Dissemination workshop and Roadmap for multi-sector coordination mechanism	February 2020	Trip report	Completed
Stephen Omunyidde and Arielle Dolegui (World Vision), Denise N'Dabian-Bogro (FHI 360)	Sierra Leone	Dissemination workshop and Roadmap for multi-sector coordination mechanism	February 2020	Trip report	Completed

Stephen Omunyidde and Arielle Dolegui (World Vision), Justin TINE and David Glohi (FHI 360)	Mali	Dissemination workshop, and Key informant interviews for HSS landscape	February 2020	Trip report HSS Interview notes	Completed
Vera Zlidar (Deloitte), Stephen Omunyidde and Arielle Dolegui (World Vision)	Ghana	Sustainability planning	March 2020	Trip report	Cancelled while team in Ghana - COVID-19
Jimmy Rollins & Berthine Njiemoun (Deloitte)	Côte d'Ivoire	Sustainability Planning	March 2020	Trip report, draft NTD Sustainability Plan	Complete

## Challenges & Lessons Learned

### *Government Responses to the COVID-19 Pandemic*

Covid-19 will impact program activities and country-level engagements for the near future.

- **Ghana, Senegal, and Togo:** Sustainability planning workshops were postponed.
- **Mali, Niger and Sierra Leone:** The cross-sector road map workshop and dissemination of landscape analysis results were postponed.

### *A shift in approach to TIPAC*

To make TIPAC more useful to the NTD Program, Act | West acknowledged that there needs to be a shift in the NTD Program's use of TIPAC from retrospective to prospective—to strengthen advocacy and enable multi-year budget projections. This approach was tested in Benin. The NTD Program there entered forward-looking data for five years (2021–2024), instead of the usual one year of retrospective data. While it was more time consuming, the NTD Program staff involved were enthusiastic to have data throughout the year that might be more useful to them. This approach was also proposed for Sierra Leone. The NTDP was enthusiastic and supportive and also thought it would be far more useful for the program.

Deloitte will continue to make TIPAC data entry and analysis activities more practical for NTD programs. This will include encouraging programs to update TIPAC analysis in sync with the national budget cycle, using results for budget requests, and promoting the use of forward-looking, multi-year projections. Routine TIPAC analysis can also encourage NTD Program staff to share data across the M&E, Finance, and Program teams.

### *Integration of cross-sector and mainstreaming efforts into Sustainability Planning*

One of the prime purposes of the Sustainability Plan is to serve as a 'one stop shop' for all key insights, recommendations, and activities related to NTD sustainability resulting from the various program analyses and assessments. A significant level of coordination was needed among Act | West partners (Deloitte, FHI 360, World Vision, and Helen Keller) to integrate all IR/2 and IR/3 inputs smoothly. For

Ghana, this entailed weekly coordination meetings. Lack of sufficient coordination can result in gaps or redundancies. In Côte d'Ivoire, for example, a Cross-Sector Dissemination Workshop and Sustainability Planning Workshop were held the same week, placing a high demand on NTD Program staff and relevant stakeholders' time to discuss some of the same content.

Moving forwards, Act | West will continue using weekly standing meetings among partners (FHI 360, Deloitte, and World Vision, Helen Keller) to coordinate schedules, share content, and reduce any gaps or redundancy in activities.

#### *Planning and facilitating best practices for Sustainability Planning Workshops*

Several strategic and tactical lessons emerged from the planning and facilitation of the first Sustainability Planning Workshop in Côte d'Ivoire: 1) It was important to spend the first half day on NTD Program, Act | West, and SMM recaps. In particular, the SMM presentation was needed to orient the participants to the structure of the domains/parameters that would guide the plan; 2) Activities were duplicated across parameters and domains. For example, document creation, sensitization activities, and advocacy seemed to be repeated throughout; 3) Participants were tempted to frontload all activities into Year 1 of the plan, which is meant to be for 3–5 years; 4) There was not enough time allocated to complete the M&E section in the Sustainability Plan; 5) Overall, more time was needed to get through all sections of the agenda.

Given these lessons, Act | West will implement the following in future Sustainability Planning Workshops:

- Allocate the appropriate time on NTDs and SMM recaps as some participants will be less familiar with them. If possible, have working sessions with the program (in-country or remotely) to review SMM results and the draft of the Plan. This may help increase ownership and facilitate program participation and even co-facilitation during the workshop.
- On the final day, discuss where activities are duplicated and schedule time during or after the workshop to complete final reconciliation and consolidation of overlapping activities.
- Advise participants that while all activities are important, it is not necessary to start them all in Year 1. Participants should consider the prioritization level attributed to activities. For example, a lower priority activity will likely take place in Year 3.
- Consider developing the M&E section of the Sustainability Plans as a follow-up activity, soliciting feedback from the Act | West MEL team to ensure there are causal links between indicators at the domain, parameter, milestone, and activity levels. Such a consultation process will include a step to solicit buy-in from the NTD program and other stakeholders and to avoid having a disjointed annex that does not reflect the program's monitoring needs and capacity.
- If possible, allocate four to five days per workshop rather than three days.

## MONITORING, EVALUATION AND LEARNING—PROGRESS IMPLEMENTING ACTIVITIES

### Monitoring, Evaluation, and Learning Activities

The Act | West Monitoring, Evaluation, and Learning (MEL) Team aims to improve NTD programming by providing high quality NTD data as a basis for evidence-based decision making and as a basis of accountability for USAID’s investment in NTDs. The key aims of M&E are to foster learning and accountability throughout the program cycle. M&E is an integral part of program development, implementation, and success. Act | West’s MEL approach employs existing tools and structures, where possible, and supports countries to build M&E capacity and integrate M&E for NTDs more broadly in the activities and platforms of the relevant MOHs.

### MEL Activities Involving Direct Support to Countries

In the first half of FY20, the MEL Team continued to offer STTA using a broad range of data quality improvement tools, as described below.

### Promoting Use of WHO’S Supervisor Coverage Tool (SCT) to Improve Coverage During MDAS

The SCT was used in fall of 2019 in **Sierra Leone** in the four LF hotspot districts undergoing MDA (i.e., Kenema, Koinadugu, Bombali, and Kailahun). The use of the SCT in Sierra Leone was a departure from prior practices (in recognition of USAID’s preference for the tool). More typically, Helen Keller’s Independent Monitoring Tool had been used. For this SCT exercise, the Helen Keller M&E Coordinator based in Freetown (Habib Kamara) provided TA during field work after participating in a TOT on SCT from the Helen Keller M&E Advisor based in Dakar (Benoit Dembele) earlier in FY19. Use of the tool led to initiation of a mop-up exercise, resulting in a substantial number of additional treatments. It is estimated that using SCT and initiating mop-up improved overall coverage notably.

In **Niger**, SCT was used in December 2019 in two districts undergoing LF MDA (i.e., Arlit and Iférouane). The SCT highlighted to supervisors the areas of high and low coverage. Mop-up was initiated and coverage was substantially improved in the low coverage areas. Using SCT made the program and health district more confident about their MDA data. The MOH was very pleased with the results and plan to use SCT in all districts in the future, budget permitting. Act | West in-country M&E Officers or Regional M&E Advisors were available to provide training and oversight of the process during the MDA. The Helen Keller M&E Advisor based in Dakar (Benoit Dembele) provided training to Niger both remotely and in country in December 2019 and March 2020, respectively.

Finally, **Guinea** had plans to use the SCT alongside its MDA in late March in four HDs (although this was postponed due to the COVID-19 situation); in preparation, the Helen Keller M&E Advisor based in Dakar (Benoit Dembele) provided remote training to the Guinea team in March 2020.

### Assisting with Coverage Evaluation Surveys (CES) to Evaluate Coverage after MDAS

In FY20, USAID requested that the implementation of CES be limited to cases where there is a planned MDA so that the CES can inform the implementation of the upcoming MDA—and that conducting CES in instances where the last MDA prior to a pre-TAS, pre-re-TAS or TIS has already taken place should be avoided. Therefore, in the first two quarters of FY20, only **Burkina Faso** (March 2020) and **Niger** (October 2019) conducted CES. In both countries, Act | West regional and HQ MEL staff supported protocol review, training prior to fieldwork, and supervision of the CES to ensure the protocol was adhered to during field work. For Niger, the Helen Keller M&E Advisor based in Dakar (Benoit Dembele)



provided training prior to the field work; for Burkina Faso, the Helen Keller M&E Advisor based in Washington, DC (Brian Fuller) provided the training. A CES is planned in **Ghana** in the second half of FY20.

### **Training on and Assisting with Data Quality Assessment (DQA) on MDA Indicators as a Means of Diagnosing and Correcting Issues With Systemic Data Quality and Flow**

At the end of FY19 and beginning of FY20, a DQA was performed in **Côte d’Ivoire** on trachoma MDA indicators in two health regions: Tonkpi and Kabadougou-Affing-Folon. The DQA focused on validating three MDA indicators: “Number of lost zithromax tablets,” “Number of zithromax (Flacons) used,” and “Number of people treated.” The Act | West MEL Director (Diana Stukel) and the Accra-based regional M&E Advisor (Egide Ndayishimye) participated in the fieldwork in Man (September 23–27) and assisted in ensuring quality implementation of the DQA. A report with recommendations was produced in early FY20 for use by the MOH. In the remainder of FY20, DQAs will be conducted in **Burkina Faso** and **Sierra Leone**. Act | West regional MEL staff will actively participate in the DQA training and actual implementation of the DQA in all countries to ensure WHO guidelines are followed and the assessments provide accurate snapshots of the systems’ data flow—highlighting strengths and weaknesses. In all three countries, the MEL team will follow up several months after the DQA to ensure remedial measures or recommendations are integrated into future MDA rounds.

### **Promoting the use of Electronic Data Collection (EDC) for DSAs**

Act | West has been investigating a number of EDC platforms for DSAs for use with four of the five NTD diseases (and for CES and other non-DSA surveys).<sup>4</sup> ESPEN Collect, developed and managed by ESPEN for AFRO region countries, is one that has not been used extensively by Act | West countries. In FY20, the MEL team is undertaking a pilot of ESPEN Collect in a few countries to determine if it can meet the program requirements to support EDC for surveys. Several Helen Keller countries have used the ONA platform for DSAs across different diseases. Act | West/ Helen Keller countries have more experience with ONA, so there is no need to pilot the usage in those countries, but the experiences will be documented and compared to those with ESPEN Collect.

The two systems are being evaluated based on their ability to provide appropriate data security systems and data sharing agreements, as well as their ability to provide quality services such as:

Real-time daily remote data upload monitoring, remote troubleshooting with data errors and uploads, and basic data cleaning support regarding duplicates and/or omission of records

Secure and continuous access for MOHs and ministry-approved partners to real-time data, dashboards, and summary results

Beyond these essential components, the Act | West MEL team is determining if the systems can adapt to different survey and country contexts, respond to a surge in demand for services, and strengthen country capacity and MOH ownership for all stages of the survey process. Finally, Act | West must have access to the datasets from DSAs supported by USAID to facilitate analysis. After piloting ESPEN Collect, a brief document will be drafted outlining the pros and cons of both ESPEN Collect and ONA, with recommendations on the circumstances under which each platform is most appropriate.

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<sup>4</sup> Note that all surveys in FY19 for trachoma were conducted using EDC with support from Tropical Data and all will continue to do so for FY20 as well.

In FY19, **Burkina Faso** piloted ESPEN Collect using EDC for pre-TAS surveys. In March 2020, Burkina Faso used ESPEN Collect again for a CES. The Helen Keller M&E Advisor based in Washington, DC (Brian Fuller) conducted the EDC training in the capital city and NTDP staff supervised fieldwork to ensure survey teams followed the established protocol and quality control measures. Burkina Faso also intends to use ESPEN Collect for a pre-TAS and TAS using Android devices later in FY20.

In FY19, **Benin** used an EDC system for TAS1 in 12 districts and TIS in four districts (the latter through Tropical Data). Benin plans to pilot ESPEN Collect for its upcoming TAS2 in April 2020. The Act | West HQ MEL Team (Diana Stukel and Brian Fuller) facilitated a relationship between ESPEN staff and the Benin MOH staff. They will monitor performance of the ESPEN team during field work and will assess ESPEN Collect suitability for other countries.

Finally, in March 2020, **Côte d’Ivoire** engaged the services of ESPEN Collect for its pre-TAS. Once again, the MEL HQ Team (Diana Stukel and Brian Fuller) brokered an introduction between ESPEN and the Côte d’Ivoire MOH. The Act | West Implementation Management Lead (Kisito Ogooussan) provided EDC training for the pre-TAS just prior to field work, but the pre-TAS was postponed at the last minute due to COVID-19 restrictions. In January of 2020, the Helen Keller M&E Advisor based in Dakar (Benoit Dembele) gave a webinar for the six Helen Keller countries to share recent ONA experience in Cameroon and encourage all of the countries to use EDC during upcoming surveys.

### **Ensuring that Countries Have Secure and Up-to-date NTD Data in a Country-owned and Managed Integrated NTD Database (CIND) to Permit Sound, Data-driven NTDP Decision Making**

WHO promotes a user-driven platform (called the Country Integrated NTD Database, or CIND) that permits countries to create a basic structure for a country-owned and managed integrated NTD database. The aim is for countries to independently create, populate, and maintain such a database and use it as a source of data-driven decision making for their NTDPs. It should become the main source of information for reports to external stakeholders and internal reports to the MOH, as well as for submission of drug applications via automatic uploading of CIND information into the WHO Joint Application Program (JAP) system.

On October 22–26, the M&E Regional Advisor based in Accra (Egide Ndayishimye) met with the **Ghana** NTDP staff to set up the CIND for NTDP data management at the offices of the Ghana NTDP. During the STTA, the NTDP were encouraged to enter historical data. This activity is still ongoing. In terms of security, the NTDP decided to back up onto an external hard disk any data currently resident on the laptops of all program/disease managers, the NTD Coordinator, and the NTD M&E Officer.

### **Assisting Countries with Special Data Analysis Initiatives (Including Sub-District Level Analyses) to Strengthen Future Programming or as Part of Investigations into Past Poor Program Performance**

In the first half of FY20, the Act | West **Ghana** team launched a data analysis initiative in collaboration with the MOH to harness past treatment and impact data to provide a better understanding of the overall disease-specific situations for, respectively, LF, OV, SCH, and STH. The topics of investigation include: 1) analysis of treatment and impact assessments (pre-TAS) in the face of persistent transmission of LF in Ghana; 2) successful post-treatment surveillance in 69 LF endemic districts; 3) Remapping of OVs in Ghana (results of the 2017 country-wide OV impact assessment); and 4) progress of SCH and STH control in Ghana (results of impact assessment after four/five rounds of MDA). Thus far, concerted efforts have been made to obtain DSA data from the MOH to facilitate the analysis. Preliminary analysis has begun of some of the data received (e.g., SCH DSA data). The HQ MEL Team will become more

involved with the initiative since the new DC-based MEL Data Analyst and Manager (Kaustubh Wagh) joined the program in March 2020.

In FY20, a number of countries undertook special country-specific data analyses to unearth reasons for poor performance on MDAs or DSAs and to develop evidence-based responses so that failures do not recur. An example includes troubleshooting the management of disease hotspots (areas of persistent high prevalence) when treatment coverage appears good. In **Sierra Leone**, despite good district-level coverage for LF MDAs, four districts (Kailahun, Kenema, Koinadugu, and Bombali) failed pre-TAS for a second time in FY17. One question was whether district-level coverage rates for the subsequent MDA (post-DSA failure) in FY18 were obscuring weaknesses at the sub-district level. Appropriate responses to such situations could improve coverage for the fall FY19 MDA. Indeed, a sub-district level analysis of FY18 MDA data, led by the Helen Keller M&E Advisor based in Washington (Brian Fuller), demonstrated widely varying coverage at the sub-district level. Subsequently, sub-districts identified as having very low coverage were supervised using the SCT during the FY19 MDA to initiate mop-up if necessary. A final set of results were issued in January FY20. MDA coverage for the four districts was greatly improved in FY19 as compared to the FY18. Sierra Leone has now made the reporting of sub-district coverage for MDAs mandatory going forward. As a result of the exercise, a decision was made to switch denominators from figures based on the 2015 national census to figures from the CDD census. There was little confidence in the national census figures. It was believed the switch might better capture migratory populations from Guinea and Liberia (who were not captured in the national census but likely received MDA treatment in Sierra Leone, driving up the numerator). A similar sub-district level analysis was undertaken in **Guinea** in November FY20, led by the Helen Keller M&E Program Assistant based in NYC (Angel Weng).

### **Conducting a MEL coordination and collaboration workshop**

The MEL component of the Act | West Program is structured such that staff are distributed at various locations within the program's 11 countries, and these staff may serve functions that benefit country, regional, and/or overall interests. MEL staff are located at headquarters in Washington, DC; in two regional hubs (Ghana and Senegal); and in FHI 360, Helen Keller, and HDI country offices that support the program. M&E staff are also situated in MOH offices that work in direct support of the NTDPs.

The interactions between MEL staff at all levels and locations can be fragmented at times and the respective roles, functions, and added value of MEL staff in each location and level may not be well understood by other MEL staff. To instill a culture of collaboration, learning, and sharing of best practices across the MEL staff involved in the Act | West program, the program is planning a four-day MEL Coordination and Collaboration Workshop. MEL/M&E staff from headquarters, regional offices, country offices, and MOH offices in all 11 Act | West countries will be invited. The workshop will allow staff from all locations to present an overview of their respective roles and functions within the program and offer a view of how they might assist other participants. The workshop will raise an awareness of the interconnectedness of various pieces of the MEL puzzle and will generate a demand for MEL services across the various levels where MEL staff are located. It will permit sharing of experiences and best practices for MEL across countries that may otherwise not have the opportunity to interact and will promote communities of practice on a variety of topics. Finally, the workshop will promote a strong network of relationships within and across MEL teams and help solidify relationships between Act | West MEL staff and MOH MEL staff.

The workshop is being planned for September 14–18, 2020, a period when most M&E staff will not be engaged in field activities or work planning. It will take place in Accra, Ghana. An agenda has been

drafted by the HQ MEL team and will be finalized in the coming months. A call for inputs from potential participants will be launched soon through Survey Monkey; suggestions for topics will be integrated into the final agenda. Invitations have not yet been issued since the workshop is several months away.

### **MEL Cross-cutting Activities**

In addition to providing direct assistance to the Act | West countries, the MEL team has worked on a number of cross-cutting activities to strengthen and promote improved data quality, access, analysis, and utilization and that benefit the program directly—as well as all stakeholders within the NTD ecosystem. Pertinent FY20 activities are described below.

### **Cooperating with TFGH / PHII as Part of the USAID NTD Database and Data System Transition Task Force**

The USAID NTD Database and Data System Transition Task Force (hereafter, Task Force) was formed in FY19. The TFGH/PHII partnership supports development of the future USAID NTD database. Members include stakeholders from FHI 360 (Act | West), RTI (Act | East), and USAID. In FY19, the transition team’s work focused on gathering requirements—in particular, helping TFGH/PHII gain a better understanding of the current database and data systems to inform the future system.

In October 2019, the Act | West and Act | East MEL Teams conducted trainings on the master files and SAS code for the current system and delivered the final NTD Element Inventory—cataloguing all 1100+ current input and output variables and indicators, with information about current data source, disease specificity, and current level of granularity. Act | West MEL members co-led several deep dive meetings to solidify PHII’s understanding of the current system.

Following this requirements-gathering work, the team’s contributions to the new database centered on supporting PHII to:

Define the future state and strategy for building a minimally viable product (MVP)

Develop the Database Technical Development Packages, a nine-piece collection of documents that prescribe the data elements, the functional and system requirements, and the specifications for how the system will look and operate and how users will interact with the database

Activities completed during the reporting period by the Act | West MEL team for each of these priorities are described below. The FHI 360 Data Analyst and M&E Lead (Maureen Headland) provided the majority of the support. The MEL Director (Diana Stukel), FHI 360 Data Analyst and M&E Lead (Maureen Headland), and the DC-based Helen Keller M&E Advisor (Brian Fuller) participated in all activities.

#### *Define the future state and strategy for building a minimally viable product (MVP)*

The FHI 360 MEL team provided substantial inputs and participated in meetings. Through these efforts, the set of inputs, outputs, and features that define the MVP were developed. The MEL team participated in several activities with PHII, USAID, and RTI to define requirements for, and thus advance the development of the new USAID database, including:

- A comprehensive review of the documents generated by PHII defining the “future state”
- November 4–7 meeting (Washington, DC) to conduct a “deep dive” into inputs, outputs, and processes, resulting in the development of the MVP
- December 9–11 meeting (Washington, DC) to define the data model of the new database

- January 8–9 meeting (Atlanta, Georgia) to discuss redistricting and collecting and linking subdistrict-level data
- Preparation of a priority list of redistricting specifications
- Generation of a detailed list and timeline of Task Force deliverables

*Develop the database technical development package*

The development work to build the MVP was divided into seven “Priority Buckets,” each having an associated technical package. Each technical package includes the specifications for the database developers to use to build the system. These in turn are included in nine main documents: system requirements, system workflow diagrams, functional requirements, data dictionaries, output specifications, wireframes, Excel input forms, user stories, and use cases. The Task Force was responsible for developing the data dictionaries and the associated business logic for each technical package and provided considerable input on most of the other components. In FY20, the Act | West MEL team, in conjunction with other members of the Task Force, completed the following:

- Numerous expert review meetings with USAID, Act | West, and Act | East disease focal points to update and refine the current indicators and build new disease survey trackers to inform the development of the new system
- The Data Dictionary and Business Logic Excel templates for two Priority Buckets, covering Demography, Geography, Country Profile, pre-TAS, LF survey, and Trachoma survey input forms and their associated outputs, including monthly “trackers”
- Two rounds of review of technical packages, one for each of two Priority Buckets
- Specifications on the minimum requirements for Excel input forms and two rounds of review of the draft templates
- Review of the User Roles Matrix and preliminary discussions on database access permissions by MEL leadership and USAID

*Conducting a “deep clean” verification of existing data sources in preparation for importation of NTD data to future database*

In December 2019 and January 2020, the Act | West HQ MEL team conducted a one-time intensive data cleaning session outside the normal reporting cycle to prepare the workbooks and various trackers for import to the future USAID NTD database. This session included a variety of data quality checks and alignment between data tools (e.g., workbooks versus LF and trachoma survey trackers). Where data corrections were required for alignment, the MEL HQ team worked closely with in-country MEL staff and their MOH counterparts to ensure all parties used the latest and mutually agreed on data sources moving forward. The checks also included scans of the system for current and historical errors related to redistricting and correction of these. This exercise has left the body of Act | West data more coherent and thus more readily queried for *ad hoc* data requests in the future.

### **Continuing Strengthening Existing USAID NTD Data Input and Data Output Products in Support of Both Reporting to USAID And Decision Making for Program Implementation**

During this transition year, while TFGH/ PHII is developing a future USAID NTD database and set of associated tools, Act | West has continued to maintain the existing tools used for reporting to USAID and for making decisions for program implementation—understanding that in subsequent years, the database and tools are likely to be replaced.

#### *Disease and program workbooks*

The Act | West MEL Team continued to support the data collection and quality review of program data through the Excel-based disease and program workbooks. These workbooks serve as the essential data input source for the USAID NTD database and are the drivers of many NTD data output products. The MEL team has been working closely with the countries and program partners to obtain, review, and finalize the disease and program workbooks from FY19 (final workbooks) and FY20 (interim workbooks) for all 11 program countries. Disease and program workbooks for current and past years have been redistricted as necessary (for Ghana, Côte d'Ivoire, and Togo), in alignment with national changes. The MEL team has collaborated with Standard Code to ensure that inactive regions (arising as a result of redistricting) have been removed.

#### *LF and trachoma survey tracker*

The LF and trachoma survey trackers were initially developed by RTI under the ENVISION program. In FY19, Act | West inherited from Act | East the most current version of these trackers for four of the five transition countries (Benin, Cameroon, Mali, and Senegal). Guinea was excluded because its first TAS is not planned until 2021. In FY19 and the first half of FY20, the Act | West LF and Trachoma Focal Points (Ernest Mensah and Stephanie Palmer) worked with the FHI 360 Data Analyst and M&E Lead (Maureen Headland) to manually update the trackers with current and historical data for both diseases. Act | West also created versions of the trackers, populated with current and historical data, for five of the six legacy END in Africa countries where LF and trachoma are still endemic and for which trackers did not exist. These include Burkina Faso, Côte d'Ivoire, Ghana, Niger, and Sierra Leone (latter for LF only). Togo was excluded (for both LF and trachoma) and Sierra Leone (for trachoma since it is not endemic for that disease). Updating of the survey trackers was finalized in the first half FY20. The disease-specific focal points, in coordination with the MEL team, have submitted the updated trackers to USAID on a monthly basis (since April 2019 for trachoma and August 2019 for LF).

In addition to populating these more established trackers, in the first half of FY20, the FHI 360 Data Analyst and M&E Lead (Maureen Headland) and Act | West LF Focal Point (Ernest Mensah) developed a template for a pre-TAS tracker. This template combined components of the input and output forms developed for the new database. The tracker will serve as an intermediary source of pre-TAS data until the new database is available. The pre-TAS tracker was piloted in Ghana and populated with FY19 and FY20 EU and site-level data. In the remainder of FY20, it will be completed with historical FY18–FY20 pre-TAS data across the Act | West countries.

#### *Semi-annual report appendices*

During this transition year, the Act | West MEL team and the Act | East MEL team have worked through a coordinated schedule of workbook reviews and uploads, including MANDE error checking runs. This has facilitated production by Act | East, on behalf of both programs, of some of the data output products for reporting to USAID for SAR1— including the 42-table SAR1 appendix.

On March 11, 2020, The Act | West MEL team held its annual internal data review day, during which



draft SAR1 appendix tables were reviewed for all 11 countries by disease-specific focal points and program managers. They identified any inconsistencies and errors to be rectified through corrections to the disease and program workbooks. Other data output products for reporting to USAID, such as country specific maps (on endemicity, geographic coverage, and progress towards disease elimination) have been produced by the FHI 360 in-house GIS experts in collaboration with the MEL team. The MEL team has actively performed QA checks to ensure that the SAR1 narratives, tables, and associated workbooks contain consistent and coherent data and indicators.

### **Developing and Refining Indicators to Track and Monitor IR2/ IR3 Activities**

In the first quarter of FY20, the Act | West MEL team worked with USAID, the Act | West HSS team, Deloitte, World Vision, and the Act | East MEL and HSS teams to develop high-level IR2/IR3 indicators to correspond to the six high-level outcomes (relating to governance, policies, resources, indicators, services, and funding) to be achieved over the life of the program. The process was informed by a white paper drafted by USAID and both NTD programs that outlined the framework and strategy for the promotion of sustainability and defined the six strategic high-level outcomes to be achieved. In the second half of FY20, through a series of working sessions with the aforementioned stakeholders including the Act | West MEL team, further refinement of the high-level indicators will take place, followed by the development of a set of feasible and measurable lower-level indicators. The latter will be informed by the landscape analysis undertaken by Act | West HSS and partners. Once the entire set of indicators is finalized, an associated set of PIRS will be developed by the MEL team for each indicator—offering clear definitions of the indicators, specific instructions on how they should be computed, and mechanisms and sources for collecting the data.

### **Harnessing GIS as a Means of Data Visualization and Interpretation**

In the first half of FY20, FHI 360's in-house GIS team has continued to offer support to the Act | West program with respect to map making. The activities that have been undertaken are:

- Preliminary planning for a five-day training of Act | West M&E program country staff and MOH staff (M&E Officers) on ArcGIS, scheduled for July 2020 in Accra, Ghana. It is expected that five countries will participate: Benin, Ghana, Côte d'Ivoire, Senegal, and Togo, with two-three participants per country (including the in-country FHI 360/ HDI M&E officer and the in-country MOH M&E officer). The FHI 360 GIS team (Caleb Parker and James MacCarthy, expert trainers in ARCGIS and map-making, who have trained a total of 175 participants in 12 countries across 17 training over the last 8 years) will help countries set up the appropriate software and licenses. Act | West will support the cost.<sup>5</sup> The training will provide participants with entry-level skills for producing basic maps to facilitate data visualization and program decision making. The FHI 360 GIS team will provide remote follow-up technical support via monthly or quarterly check-ins with participants, as needed and requested. The GIS experts have updated the English version of the ArcGIS manual so it can be translated into French for the workshop. Potential workshop participants have not yet been notified due to the uncertainty of international travel restrictions in the coming months.

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<sup>5</sup> In the past, ESRI has donated ARCGIS licenses to some countries; this option will be explored for Act | West countries. Regardless, these licenses would be renewable for the duration of the Act | West program. Given the low cost of these licenses (about US\$150 per country per year), such support is sustainable; countries can be expected to bear the annual cost in the years following Act | West program completion.



- The production of standard, static maps for inclusion in each of the 11 country-specific SARs. The standard maps include endemicity, MDA geographic coverage, and progress towards elimination for all five diseases. The maps have been checked by the Act | West Disease Focal Points.

### Recruitment

Two new full-time MEL staff members were recruited and onboarded in the first half of FY20. Both were DC-based positions: a MEL Data Analyst and Manager (Kaustubh Wagh, appointed by FHI 360 March 23, 2020, to replace Dr. Nizam Khan), and an M&E Associate (Elizabeth Chop, appointed by Helen Keller March 23, 2020, seconded to FHI 360 in DC, to replace Benoit Dembele, who has moved into another role within Act | West/ Helen Keller). In addition, given the departure of the MEL Epidemiologist and Learning Lead (Dr. Rachel Bronzan) in February 2020, recruitment is ongoing to fill that position.

### Defining and Implementing a Learning Agenda for ACT | WEST

The learning agenda for Act | West, led to date by the Act | West MEL Epidemiologist and Learning Lead (Rachel Bronzan), aims to accomplish the following priority activities in FY20:

- Establish and operationalize a learning agenda task force, framework, and process to advance learning activities
- Implement four specific learning activities planned for FY20
  - Investigate factors that led to TSS with TF  $\geq 5$  percent in Niger and Cameroon
  - Inform development of guidance on post-treatment surveillance for trachoma
  - Develop a systematic approach for review and analysis of OV data (in light of the latest WHO guidelines) to bridge the data gap between OV programs and OV expert committees
  - Map and strengthen USAID and national NTD data systems

Because the learning agenda activities were not approved by USAID until late in the first quarter of FY20 and due to the departure from FHI 360 of Rachel Bronzan in February 2020, no progress was made on the first item and limited progress was made on the second.

The fourth learning activity (Map and strengthen USAID and national NTD data systems) is being led by the M&E Data Analyst and M&E Lead (Maureen Headland). A draft of the high-level strategy was created and Act | West internal information sessions were conducted in Q2 of FY20. This work will continue in FY20 and information on how both data systems operate will be collected and visualized for Ghana.

Act | West is actively recruiting for a new MEL Epidemiologist; once recruited, the remaining learning agenda activities will be resumed later in FY20.

## COMMUNICATIONS AND KNOWLEDGE MANAGEMENT—PROGRESS IMPLEMENTING ACTIVITIES

Act | West recognizes the importance of keeping the broader NTD and global health community informed about the program's and countries' progress toward eliminating and controlling NTDs. The Act | West program team carefully documents and shares information regularly through multiple channels; supports the USAID NTD communications team, national MOH and NTDP communication and knowledge management (KM) activities, and partner communication and KM efforts. The program also actively cultivates partnerships in the NTD and related communities. Specifically, the team:

- 1) Informs countries, partners, donors, and colleagues in the NTD community about the program's progress and impact to date
- 2) Creates or contributes to dialogue among the NTD community on shared challenges, issues, and concerns
- 3) Showcases cost efficiencies, improved equity in health care, and the public health impact of NTD control efforts and advocates for the expansion of partnerships and funding for such efforts
- 4) Multiplies the program's impact by informing NTD control efforts in non-Act | West countries that are still struggling to control NTD transmission
- 5) Improves awareness about NTDs among global health professionals and the general public

### **Activity 1: Documentation and Dissemination of Program Activities, Results, and Impact**

#### *Program successes, best practices, lessons learned*

**Presentations at international meetings:** The Communication Manager supported production of a poster presentation on Act | West's WASH UP! NTD curriculum that was featured at the 2019 American Public Health Association (APHA) annual meeting in Philadelphia in early November 2019, The communication team provided editorial and design TA for poster presentations at the November 2019 ASTMH and also supported branding reviews of eight posters and materials for that meeting. In December 2019, Act | West consortium partner AIM Initiative presented a poster entitled "Situation Analysis of Lymphatic Filariasis: an assessment of the strengths and weaknesses related to data systems and MMDP services in Ghana" at the [1<sup>st</sup> International Conference on NTDs](#) in Nairobi.

In February 2020, the communication team (the team hereafter) provided editorial support for three abstracts and session proposals submitted for consideration for ASTMH 2020.

**Success stories, blogs, content for Act | West website:** In the period under review, the team worked with partners to produce and publish the following blog posts on the Act | West website:

- Approaches to Monitoring Mass Drug Administration in Sierra Leone
- STH Transition Planning Workshop Demonstrates Niger's Commitment to NTD Sustainability
- Treating All, Missing None: Lessons Learned from a Survey in Burkina Faso
- Bringing Neglected Tropical Diseases onto the World Stage

**Act | West Newsletter:** The team developed the new Act | West e-newsletter template during the period under review. The team also sought and incorporated feedback from the Act | West team and USAID prior to launching the first newsletter in February 2020.

Prior to the launch, the team developed and published social media posts aimed at building the newsletter mailing list. Initial statistics indicate that the first issue was well disseminated and well received. Delivery to the initial 59 subscribers was successful; the newsletter was opened 944 times, indicating that many subscribers shared the newsletter with non-subscribers. Also, although the newsletter was initially delivered on February 20, the most recent open was on April 2—indicating that people continue to refer to it more than six weeks after it was delivered.

#### Newsletter stats

- Successful deliveries: 59 (100 percent)—audience climbed to 83 followers as of March 31, 2020
- Total opens: 944
- Date sent—February 20; last open—April 2



Screenshot of Act | West's first e-newsletter

#### Photo trips/gathering

At the request of the USAID NTD Communication Advisor, the communication team supported USAID NTD communications by testing a photo submission upload mechanism. Once the mechanism was tested and verified, the team instructed Act | West Communication Working Group (CWG) members on a USAID call for photos and trained them on the submission process and form. In addition, the team also submitted a set of Act | West program activity photos to USAID.

After working with country offices and partners to procure photos and videos of Act | West activities, including the school deworming campaign in Ghana, the Act | West program launched an OV MDA in Benin and two events—a trachoma surveillance survey and a sensitization meeting—in Burkina Faso. The communication team documented these visual assets and curated and shared some of them on social media, the website, and with USAID, NTD program partners, and Act | West consortium partners. The team also posted a selection of photos on the [Act | West Flickr site](#) for use by the NTD community, the global health community, and the general public.

The team interviewed and videotaped interviews of NTD program managers from Mali, Burkina Faso, and Togo. Subsequently, these video interviews were translated into English with captioning and editing for use on social media and the website.

Although the team began planning for a photo trip to Côte d'Ivoire (initially scheduled for February or March 2020), the trip did not go ahead due to a postponement of planned activities in the country and subsequently, the emergence of the COVID-19 pandemic.

### *Brochures and fact sheets*

The communication team worked with countries and partners on the development of 11 implementing country brochures. Although initial draft content was produced for nine country brochures, the initiative was delayed due to data availability and priority shifts related to the emergence of COVID-19. In March 2020, the team began developing an Act | West program snapshot brochure, organized by disease.

### *Website*

During this reporting period, the communication team worked with FHI 360 IT staff to set up Google Analytics to begin tracking website statistics.

#### *Website analytics:*

- ❑ Users: 812
- ❑ Sessions: 1,515
- ❑ Page Views: 4,385
- ❑ Average session duration: 3:43
- ❑ Bounce Rate: 55.51 percent

## **Activity 2: Knowledge Sharing and External Engagement**

### *Thought leadership on learning agenda*

The Act | West Communications Manager was tapped to be a co-facilitator of FHI 360's new Infectious Diseases Community of Practice and the leader on NTD topics. The communications team also held regular coordination meetings with the Learning Agenda Lead to support dissemination and promotion of Act | West technical and thought leadership activities.

### *Webinars*

The team helped organize, promote, and host the French WHO LF TAS guidelines webinar in December 2019 in collaboration with WHO, USAID, and Act | East. The team created English and French webpages for this event and updated the same with the webinar recording and associated materials. The team also worked with the Global Alliance for the Elimination of Lymphatic Filariasis to promote the webinar on its website and promoted the webinar via social media and the Act | West mailing list.

### *International conferences*

In advance of the COR-NTD and ASTMH meetings in November, the communication team developed and delivered to FHI 360 Act | West technical staff a Twitter training session to improve engagement with technical experts attending those meetings.

The team attended the **COR-NTD meeting** on November 18–19, 2019, and engaged in the following activities:

- Took photos and shared them on social media and the website as well as with USAID, NTD program partners, and Act | West consortium partners
- Interviewed NTD program managers from Mali, Burkina Faso, and Togo on video
- Participated in a USAID NTD communicators side meeting on November 19
- Served as a rapporteur for a breakout session on mapping IDM diseases (session was assigned by COR-NTD organizers) and wrote the report for that breakout session
- Participated in breakout sessions on maximizing the influence of implementation research on NTD policy and programming and trachoma surveillance
- Helped promote the event prior, during, and after the meeting; actively engaged with participants and the NTD community and wider global health community on social media throughout the event
- Coached Act | West technical staff on social media usage throughout the event
- Sought and obtained support from FHI 360 Corporate Communications staff and other FHI 360 thought leaders to amplify Act | West messaging
- Created and disseminated a website announcement on [Act | West's participation in COR-NTD 2019](#)
- Provided several Act | West photos for the COR-NTD 2019 Photo Gallery; these were used during plenary sessions throughout the meeting.
- Provided a set of photos from the meeting for the photo section of the COR-NTD app; these were distributed to meeting participants several months after the meeting

The team also attended the **ASTMH meeting** on November 20–24, 2019, and engaged in the following activities:

- Obtained support from FHI 360's Chief Science Officer, who contributed several social media posts that promoted the Act | West program and amplified Act | West's messaging
- Participated in the ASTMH communicators group and supported promotional activities prior to, during, and after the meeting via social media; participated in a TwitterChat of the Day activity and session coverage
- Took photos and shared them on social media and the website as well as with USAID, NTD program partners, and Act | West consortium partners
- Participated in a communications side meeting on NTDs and malaria on November 21; volunteered to help support coordination activities for an upcoming meeting
- Participated in all poster sessions and documented all Act | West posters and poster presentations



- Participated in sessions on hookworm infections; LF surveillance; filariasis—clinical; integrated control of NTDS; prevention, control, and surveillance of infectious diseases; and the challenges of implementing NTD assessments in conflict areas and fragile states
- Actively engaged with participants and the NTD and wider global health community on social media throughout the event; coached Act | West technical staff on social media usage throughout the event
- Sought and obtained support from FHI 360 Corporate Communications staff to amplify Act | West messaging
- Created and disseminated a website announcement on [Act | West's participation in ASTMH 2019](#)



Graphics for social media awareness campaign featuring the NTD vectors

#### Online & social media

**Twitter & Facebook:** During the period under review, the communication team created and launched an Act | West Facebook page.

The communication team also developed and launched a social media awareness campaign featuring NTD vectors (see graphics on previous page) to raise awareness of and educate the general public on NTDS. The Communication Specialist then used the NTD vector graphics along with tweets from NTD partners and others to create and promote a Twitter Moment, which featured our new series of five awareness raising NTD graphics and was launched during the week leading up to World NTD Day.

The team also published frequent content on Twitter and other social media platforms and engaged continuously with partners and the NTD and global health communities via social media. For example, in March 2020, the team produced and [tweeted out a video of Dr. Monique Dorkenoo](#), Togo's former national LF program head, talking on International Women's Day about USAID support for NTDS in Togo. The team also coached FHI 360 Act | West technical staff on Twitter and wrote tweets for them to post to amplify Act | West messaging.

*Twitter analytics (October 1, 2019–March 31, 2020)*

- Engagement rate: 1.9 percent
- Tweet impressions: 125.1k
- Link clicks: 220
- Retweets: 269
- Likes: 622
- Replies: 13
- New Followers: 187
- Most popular tweets: <https://twitter.com/i/events/1205136568362647553>, <https://twitter.com/ActNTDsWest/status/1196465928311103494> and <https://twitter.com/EgbeBertilleObi/status/1181540290890489857/photo/2>

*Early Facebook analytics:*

- Followers: 1
- Reach: 56
- Most popular post
- Engagements: 11

*Ad hoc events*

**World NTD Day activities:** To mark and celebrate the first-ever World NTD Day on January 30, 2020, the communication team implemented the following activities:

*World NTD Day at headquarters:*

- Coordinated with World NTD Day organizers to become a founding supporter of annual World NTD Day events
- Recruited FHI 360 Corporate Communications as a partner in producing and disseminating World NTD Day activities and messaging
- Coordinated with staff, partners, and CWG members to raise awareness about World NTD Day among national NTDPs and MOHs—which resulted in some countries becoming founding supporters of annual World NTD Day events and hosting their own World NTD Day activities
- Collaborated with the FHI 360 Corporate Communications team to pitch, secure approval for, produce, and co-host/post:
  - an Instagram series post created by the Communication Specialist: <https://www.instagram.com/p/B78574sHIQV/>



<https://www.instagram.com/p/B79FMMYnu75/>,

<https://www.instagram.com/p/B79bl1tHS27/>

- a [World NTD Day blog](#), co-authored by the Communication Manager and Act | West Director Bolivar Pou and posted on FHI 360's Degrees blog
  - A [World NTD Day #NTDChat Twitter chat](#), organized in collaboration with Act | East and hosted on the @FHI 360 Twitter channel. A total of 177 contributors from the US, the UK, Japan, Cameroon, Senegal, Benin, Ghana, Côte d'Ivoire, and several other countries engaged in #NTDChat via 723 tweets—with a potential reach of 515.9K individuals.
- Collaborated with World NTD Day organizers on a twitter campaign aimed at encouraging the WHO Executive Board to sanction this day as an international day of note.
  - Coached FHI 360 Act | West technical staff on Twitter and wrote tweets for them to post to amplify messaging relating to World NTD Day and the 146<sup>th</sup> WHO Executive Board meeting.
  - Provided photos and sent consent forms and documentation from several Act | West countries to USAID, upon request, for World NTD Day communications

*World NTD Day in Ghana:* The communication team supported Ghana country office staff to assist the NTDP in promoting, organizing, and implementing several activities to promote and celebrate World NTD Day:

- A health walk/parade on Saturday, January 25, attended by NTDP Manager Dr. Benjamin Marfo and Dr. Dacosta Aboagye, GHS Director of Health Promotion, as well as Act | West staff and staff from multiple NTD partners. Over 100 people participated. Participants wore t-shirts with the USAID logo displayed prominently alongside the GHS logo. [Photos](#) are available on Google Drive. There was also [press coverage](#).
- A World NTD Day awareness-raising event on January 30. Speakers included the Ghana NTD Ambassador, Dr. Joyce Aryee; Dr. Sailyann Ohene, Disease Prevention and Control Officer, WHO; Greater Accra Regional Minister, Mr. Ishmael Ashitey; and Dr. Badu Sarkodie, Director, Public Health, Ghana Health Service. Act | West Ghana Program Manager Michael Biredu also spoke at the event.
- Photos and [videos](#) of these events are available on the [GHS Goodlife, Live It Well Facebook page](#).
- Ghana Health Service signed on as a World NTD Day founding partner on the World NTD Day website.

*World NTD Day in Cameroon:*

- In preparation for the World NTD Day and with support from FHI 360's HQ Communications Team, Act | West Helen Keller–Cameroon and the MOH held a meeting to agree on methods of increasing awareness and participation in World NTD Day events.
- Subsequently, the NTD National Coordinator enrolled the National NTD program on the World NTD Day website as a founding member.
- Activities undertaken by Helen Keller–Cameroon's communication staff included:
  - Writing and disseminating press releases in English and French to radio and TV stations (NTD Overview, what Cameroon is doing, Policy/Programs)
  - Participating in radio/TV programs to discuss the World NTD Day, Cameroon's efforts to #BeatNTDs, key achievements, and future steps
  - Contacting NGOs working on NTDs to mobilize their communication units

- *World NTD Day in Sierra Leone:* The NTDP manager and five district medical officers were interviewed by Africa Young Voices (AYV), Sierra Leone's most-watched TV station with international coverage; the interviews were broadcast to celebrate World NTD Day on January 30th.

**Burkina Faso documentary screening:** With support from Act | West, Burkina Faso's NTDP organized an initial screening of the 26-minute documentary film on NTD control and elimination in Burkina Faso on October 18 in Ouagadougou. In addition to the Act | West team, the screening was attended by NTDP staff, regional health directors, and district medical chiefs who were interviewed for the documentary; a representative of the Directorate of Health Promotion and Education (DPES); and a representative of the Directorate of Communication and Ministerial Press (DCPM) of the MOH. The screening gave participants an opportunity to provide their input and suggestions to the director. The communication team coordinated with the Helen Keller team to provide guidance on the branding and marking of the film so that it aligns with the Act | West Branding & Marking plan.

### *Partnerships*

The FHI 360 HQ Communications Manager continued to participate actively in the Uniting to Combat NTDs CWG, the ICTC CWG, the Stamp Out Oncho communication committee, and the Neglected Tropical Disease Non-Governmental Organization Network (NNN) communication task team during the period under review. The communication team also met individually with communication counterparts from ICTC and Sightsavers to discuss communications collaboration between Act | West and those organizations. Following these discussions, the communication and technical teams began contributing content to the ICTC newsletter. The communication team also contributed content to a post that Sightsavers pitched to WHO for use on their blog. In addition, the communication teams from Sightsavers and Act | West agreed to support dissemination on social media of each other's activities and work.

In December 2019, the communication team participated in a BMGF webinar on NTD messaging research and subsequently disseminated the research findings to the Act | West team and partners, as well as FHI 360 Corporate Communications and Research Operations staff. The team used the research to produce a blog for FHI 360's Degrees site for World NTD Day.

In March 2020, Act | West joined Uniting to Combat NTDs' End the Neglect initiative. Throughout the reporting period, the communication team engaged with partners on Twitter and helped amplify the reach of various USAID, NTD partner, and related-sector communication efforts through the @ActNTDsWest Twitter account. In particular, the team collaborated on the promotion of the Devex #FocusOnVision Twitter conversation, ICTC World Sight Day activities focusing on trachoma, Global Handwashing Day activities of WHO Afro Regional Office, WHO WASH-NTD toolkit, DFID/QE Trust trachoma activities, ICTC World Report on Vision, WHO new PCT field implementation manual, precision mapping research for NTDs from Stanford and the University of Washington, Sightsavers' trachoma research, RSTMH research, the World NTD Day announcement, International People with Disabilities Day, the WHO's NTD modeling study, the relationship between HIV and NTDs, NTD Countdown research on people missed by MDA, passage of the End NTD Act, the World NTD Day website and opportunities, the Act | West and Act | East gender study published in PLOS NTD, @USAIDWater's research on WASH

and NTDS, the World NTD Day website, various World NTD Day activities, NTD inclusion in the WHO Executive Board meeting, the announcement and subsequent BMGF op/ed article on the Kigali malaria-NTD summit, the End the Neglect launch, NTD partners' International Women's Day materials, USAID's celebration of the 50<sup>th</sup> anniversary of the Francophonie, and the new WHO roadmap.

### **Activity 3: Communication Support for IR1, IR/S, and Program Management Activities**

During the period under review, the Communication Manager wrote the communication and knowledge management section of the program's six-monthly reports to USAID and the SAR.

#### *Templates and guides—for training materials, events*

The communication team worked with partners, especially in the AIM Initiative, to produce and disseminate a new Act | West report template user guide to all Act | West staff and provide TA for its use.

#### *Program protocol for in-country communication coordination*

During the reporting period, the Communication Manager met with communication counterparts at USAID and Act | East to come to an agreement on co-branding of materials funded under the ENVISION project in countries that have transitioned to Act | West. The Act | West Branding and Marking Guide was updated to reflect this agreement and guidance was shared with Act | West partners and countries; all appropriate staff and partners were trained on the new guidance at an Act | West CWG meeting.

#### *Press coverage tracking*

The Communication Manager coordinated with country office staff to track and (when possible) obtain links to or copies of press coverage of Act | West program activities. During the reporting period, the following news items were identified:

- Press coverage on November 2019 school deworming campaign in Ghana:  
<https://www.graphic.com.gh/news/general-news/nationwide-deworming-exercise-begins-november-4.html>  
<https://www.graphic.com.gh/news/general-news/nationwide-deworming-exercise-begins-november-4.html>  
<https://www.theghanareport.com/nationwide-deworming-exercise-for-basic-schools-begins-november-4/>  
<https://www.businessghana.com/site/news/General/198851/Nationwide-deworming-exercise-begins-November-4>  
[https://m.facebook.com/story.php?story\\_fbid=1377665449069503&id=223759804310337](https://m.facebook.com/story.php?story_fbid=1377665449069503&id=223759804310337) (with USAID support mentioned in minute 48 of the interview)  
<https://www.facebook.com/Ghonetv/videos/2478867849061146?vh=e&d=n&sfns=mo>. (The coverage is at minute 44 of the video.)

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*Rev Joyce Aryee (head of table) addressing participants including Dr. Benjamin Marfo (2nd left) and Mr. Martin Ankomah (3rd left), a Deputy Director at the Ghana Health Service. (Photo: Gabriel Ahiabor)*

- Press coverage of the sensitization meeting in Burkina Faso on November 12 on radio and TV (Radio-Television du Burkina-RTB) and in two press outlets (SIDWAYA and the Paalga Monitor):  
<https://www.sidwaya.info/blog/2019/11/13/lutte-contre-les-maladies-tropicales-negligees-impliquer-toutes-les-parties-prenantes/>  
<https://www.rtb.bf/2019/11/jt-de-20h-du-12-novembre-2019/>
- Press coverage of Benin Sensitization meeting:  
<https://www.youtube.com/watch?v=3wBNeYe2-t0> (Note: we also have two videos of additional press coverage of this event on our Sharepoint site, as there are no online links and the files are quite large)

Three one-pagers on “Progress towards a sustainable NTDP in Sierra Leone” were published in the 43rd Annual Congress and Scientific Session Brochure of the Sierra Leone Medical and Dental Association.

- Two articles were published in local Togalese newspapers about the December/January MDA (see below).



## 6 Actualité

/LIBERAL

## Traitement de masse intégré pour la lutte contre les Maladies Tropicales Négligées : Badja, dans l'Avé accueille le lancement de l'édition 2019

**L**ancé le lundi dernier par le Secrétaire général du ministère de la santé et de l'hygiène publique, le Médecin-Colonel AWOUSSI Sossinou, au cours d'une conférence de presse, le Traitement de masse (TDM) intégré pour la lutte contre les Maladies Tropicales Négligées (MTN) pour cette année 2019 au Togo est entré dans sa phase opérationnelle hier à Badja, dans la préfecture de l'Avé (100 km à l'ouest de Lomé) à travers une cérémonie présidée par le directeur général de l'action sanitaire, le Docteur BEWELI Essotoma, représentant le ministre de la santé et de l'hygiène publique.

Organisé chaque année à 14 ans).

depuis 2010 contre trois (03) MTN à chimiothérapie préventive, à savoir, les schistosomiases, les géo-helminthiases et l'onchocercose, ce traitement dont la campagne prend fin le 29 juin prochain, va permettre de distribuer gratuitement l'Ivermectine dans les villages onchocercose des 35 districts dans les cinq régions aux enfants âgés de cinq ans et plus ; du Praziquantel dans les zones endémiques à la schistosomiose (34 districts) aux enfants d'âge scolaire (5 à 14 ans) et enfin de l'Albendazole dans tous les districts des régions Maritime, Plateaux, Centrale, Kara et Savanes aux enfants d'âge scolaire (5

Cette campagne se déroule grâce au concours financier de l'USAID qui à travers le HDI dont le représentant résident est le Professeur KASSANKOGNO Yao a remis symboliquement et officiellement les médicaments qui serviront au Traitement de Masse le lundi. Le SG du ministère, au cours de la conférence de presse a lancé aux médias, leaders communautaires et religieux, parents, OSC, ainsi qu'à toute la population des cinq régions concernées un appel à l'adhésion de cette importante activité. « Les acteurs-distributeurs de ces médicaments sont nos frères et sœurs, communément appelés Agents de Santé Communautaire (ASC), qui

ont passer de maison en maison pour donner ces médicaments, qui sont gratuits et sans dangers. Réservez-leur un accueil chaleureux et donnez-leur tous les renseignements nécessaires », a-t-il confié. En effet, la lutte contre les MTN à chimiothérapie préventive repose essentiellement sur les traitements de masse (TDM) qui ciblent l'onchocercose, les géo-helminthiases et les schistosomiases. Les données épidémiologiques disponibles ont poussé le ministère de tutelle avec ses partenaires à organiser chaque année depuis 2010 contre ces trois (03) MTN deux (02) tours de TDM dans cinq régions sanitaires (Savanes, Kara, Centrale, Plateaux et Maritime).

L'évaluation de l'impact de ces TDM après 5 années de traitement a montré, d'après une étude menée en 2015, une baisse importante des prévalences de ces trois (03) maladies. Ainsi la prévalence des géo-helminthiases est passée de 33% en 2009 à 11,6% en 2015, celle des schistosomiases de 23% en 2009 à 5% en 2015 et la microfilarémie de l'onchocercose est passée de 5% en 2009 à moins de 2% en 2015. Cependant, ces prévalences sont encore à un seuil qui nécessite la poursuite de la chimiothérapie préventive dans les régions sanitaires. Notons qu'en 2018, Six millions deux cent quarante mille neuf cent quatre-vingt-dix-et-neuf (6 240

999) personnes ont été recensées au premier tour et 3 159 965 au second, que les taux de couverture thérapeutique pour l'Albendazole pour le premier et le second tour sont respectivement de 99,34% et de 99,8% ; l'objectif fixé étant de 95%, que les taux de couverture thérapeutique pour l'Ivermectine pour le premier et le second tour sont respectivement de 83,51% et de 83,49% ; l'objectif fixé étant de 80% dans toutes les communautés éligibles, que quatre-vingt-dix-et-neuf virgule vingt-trois pourcent (99,23%) d'enfants d'âge scolaire (EAS) et 95,55% des adultes dans les zones endémiques à la schistosomiose ont été traités au Praziquantel au premier tour pour des objectifs fixés respectivement de 95% et de 90% dans le cadre du TDM.

Démocrate

Malgré la baisse considérable du taux de prévalence

## Le 1<sup>er</sup> tour 2019 du traitement de masse contre les maladies tropicales négligées est effectif

Late Pater

Chaque année, depuis 2010, le Togo organise des traitements de masse contre les maladies tropicales négligées (MTN) à chimiothérapie préventive, à savoir les schistosomiases, les géo-helminthiases et l'onchocercose. Dans les cinq régions sanitaires (Savanes, Kara, Centrale, Plateaux et Maritime), deux tours de traitement de masse intégré à l'Ivermectine, à l'Albendazole et au Praziquantel sont régulièrement organisés. Après cinq ans, une évaluation de l'impact des traitements intégrés a été menée en 2015 et a montré une baisse significative de la prévalence de ces maladies. « L'évaluation a montré une baisse importante des prévalences de ces trois maladies. Ainsi, la prévalence des géo-helminthiases est passée de 33% en 2009 à 11,6% en 2015, celle des schistosomiases de 23% en 2009 à 5% en 2015 et la microfilarémie de l'onchocercose est passée de 5% en 2009 à moins de 2% en



Service d'administration de l'Albendazole à Kavi, pour lutter l'onchocercose

2015», a indiqué le 17 juin 2019 à Lomé face à la presse nationale, le secrétaire général du ministère de la santé et de l'hygiène publique, Médecin-Colonel Awoussi Sossinou.

Pour le traitement de masse de l'année 2018, 6 240 999 personnes ont été recensées au premier tour et 3 159 965 au second. Pour les premier et deuxième tours respectivement, les taux de couverture thérapeutique pour l'Albendazole sont de 99,34% et de 99,8% contre un objectif initial fixé à 95% ; les taux

pour l'Ivermectine, de 83,51% et 83,49% contre un objectif de 80% dans toutes les communautés éligibles ; et 95,23% d'enfants en âge scolaire et 95,55% des adultes dans les zones endémiques à la schistosomiose ont été traités au Praziquantel contre des objectifs fixés à 95% et 90%.

« Cependant, ces prévalences sont encore à un seuil qui nécessite la poursuite de la chimiothérapie préventive dans les régions sanitaires », insiste Médecin-Colonel Awoussi Sossinou. Malgré

l'amélioration de la situation sanitaire lors des dernières années, les maladies tropicales négligées, classées en deux grands groupes qui sont les MTN à prise en charge des cas (MTN-PCC) et les MTN à chimiothérapie préventive (MTN-CTP), constituent toujours un problème de santé publique au Togo. Et la lutte contre les MTN à chimiothérapie préventive repose essentiellement sur les traitements de masse qui ciblent l'onchocercose, les géo-helminthiases et les schistosomiases. D'où la poursuite de la lutte, toujours en collaboration avec les partenaires du Togo, notamment Health and Development International (HDI), YOMES, Sight Savers et DAH-W.

Pour le compte de l'année 2019, le ministère de la santé organise une distribution gratuite de médicaments contre ces trois maladies. Suivant les interventions et les cibles retenues pour le traitement de masse 2019, l'Ivermectine sera utilisée dans les villages onchocercose des 35 districts dans les cinq régions sani-

taires, avec les personnes âgées de 5 ans et plus comme population cible. Le Praziquantel sera utilisé dans les zones endémiques à la schistosomiose dans 34 districts profitant des enfants en âge scolaire à 14 ans ; et l'Albendazole sera utilisé dans tous les districts des régions Maritime, Plateaux, Centrale, Kara et Savanes, pour les enfants de 5 à 14 ans. Le premier tour de traitement de masse contre les maladies tropicales négligées s'étend du 18 au 29 juin 2019. Les agents de santé communautaire sont les acteurs-distributeurs de ces médicaments, de maison en maison.

Le Pr Kassankogno Yao, représentant résident de HDI au Togo principal partenaire du traitement de masse, grâce au financement de l'USAID, se réjouit de ce que les efforts du Togo dans la lutte contre les maladies tropicales négligées et la baisse considérable du taux de prévalence qui en découle, sont un indicateur important qui suscite la poursuite de l'aide.

- Several TV and print media outlets covered the Ghana World NTD Day events and published the following news items:

<https://www.graphic.com.gh/news/general-news/ghana-marks-world-neglected-tropical-diseases-day.html>

<https://www.myjoyonline.com/lifestyle/2020/January-26th/lets-fight-neglected-tropical-diseases-to-reduce-poverty-ghana-health-service.php>

<https://www.ghanabusinessnews.com/2020/01/26/lets-fight-neglected-tropical-diseases-to-reduce-poverty-ghs/>

<https://www.newsghana.com.gh/lets-fight-neglected-tropical-diseases-to-reduce-poverty-ghs/>

- In Burkina Faso, the launch the TAS2 in Manga district was covered on national TV and radio on January 21. The Secretary General of the MOH, Director-General of Public Health, Director of Health Protection, National NTDP Coordinator, and Commune Prefect were present for the press coverage. This televised field visit served as an important social mobilization opportunity, with high-level officials encouraging participation and improving public understanding of the TAS surveys. The link to the report made by the national television channel is: <https://www.rtb.bf/2020/01/jt-de-13h-du-22-janvier-2020/> (~18:30 mark).
- In Mali, the SCH MDA campaign in Bamako was covered on national TV (ORTM) via the official journal, *Don Kibaru*, in the national language, Bambara: Link: <https://www.youtube.com/watch?v=tTNQh5QyN7c>. (10-minute mark).
- Guinea's PNLMTN, with supervision from Helen Keller–Guinea, trained 30 journalists from national, private, and rural radio stations on PC-NTD control on January 24–25, 2020, in Coyah. The purpose of the training was to strengthen the capacity of journalists to report on NTD topics and encourage them to do so. The training included:
  - ❑ An overview of NTDs (knowledge of diseases, strategy for combating NTDs and side effects management);
  - ❑ Screening of films on NTDs;
  - ❑ An overview of communication activities (awareness-raising, social mobilization, advocacy) undertaken during MDAs.



*Interview of the Regional Director of Health of Bamako by the National TV (ORTM)*

#### *Communication support for IR1, IR/S and NTDP sustainability*

The Communication Manager participated in weekly IR1 and IR/S coordination meetings to better coordinate on communications with technical staff, as well as biweekly programmatic meetings with USAID and ASCEND/AcceleraTE Coordination meetings on March 2 and March 30.

In January 2020, the team coordinated with the Program Technical Director, the Regional Technical Director and the Côte d'Ivoire office on communications activities for and promotion of the LF TAS

workshop in Côte d'Ivoire. This involved creating TORs for a photographer and a videographer and developing the scope of work for both consultants; creating a [webpage](#) for the event; posting resources for the event in English and French; curating the event photos; and promoting the event on Twitter, Facebook, and the Act | West website.

In February and March 2020, the communication team provided TA to the IR/S team and partners for Ghana and Côte d'Ivoire Sustainability Planning workshops and a high-level event in Accra (that was subsequently postponed). In March 2020, the Communication Manager translated USAID's WHA NTD side event concept note into a PowerPoint (in collaboration with Deloitte). The team also participated in two meetings with USAID on WHA planning (March 13 and March 25).

In March 2020, the communication team began working with the IR/S team to document the sustainability planning process and work. The Communication Manager held an initial IR/S team meeting on sustainability planning documentation on March 20.

#### **Activity 4: Communication Management**

##### *Liaise with USAID NTD Communications Advisor (branding, guidance, sharing content, CWG)*

The FHI 360 HQ communication team met with the USAID NTD Communications Lead on a monthly basis to coordinate on communication activities and ensure alignment with USAID communication objectives. The team also hosted a meeting with USAID staff on February 10 to discuss blog development guidance and review procedures.

In addition, the team attended quarterly USAID NTD partner CWG meetings on October 10, 2019, and January 9, 2020. Subsequently, the Communication Manager briefed the Act | West program management team and technical leads on USAID requests, including to publish tools and documents developed by Act | West for national NTD programs on the NTD Toolbox website.

On February 14, the Communication Manager and Program Director participated in a USAID meeting on communication around the Kigali malaria/NTD summit. In addition, the communication team participated in USAID's partners meeting on March 3–4.

##### *Communication Working Group*

During the period under review, Act | West held 10 CWG meetings with communication staff from all partners and FHI 360 implementing countries to coordinate on program communication and KM-related activities.

##### *Communications training*

Following the Act | West Branding and Communications Workshop on September 18–19, 2019, in Accra, the team produced cascade training materials and disseminated them to countries, partners, and USAID—including the branding & communication workshop slides and several training videos on the Branding & Marking Guide, the USAID Ghana Mission and West Africa Regional Office session on engagement with USAID missions, and storytelling and photography basics for Act | West activities. The team also translated many of the training materials into French and disseminated the translations to Francophone countries and partners.

The team supported the following country offices in holding branding and communication cascade trainings: Cameroon (two trainings), Burkina Faso (one training), and Côte d'Ivoire (one training). These briefed members of the Act | West team on USAID's communications expectations, how to write success stories, principles for inviting USAID VIPs to large-scale meetings, branding & communication



guidelines, and the overall communications goals and deliverables under Act | West.

#### *Communication guidance and technical assistance*

The communication team provided TA and guidance to country office staff in Côte d'Ivoire, Benin, and Senegal on contracting a photographer/videographer.

#### *Content generation and blogs*

In collaboration with Act | West senior management and USAID, the communication team created and implemented a new, more stringent technical review policy for blogs, articles, and other website content—with multiple rounds of review by FHI 360 technical subject-matter experts and USAID staff.

The team worked with country office staff and partners to procure photos and videos of several Act | West activities, including the school deworming campaign in Ghana, the Act | West program launch, OV MDA and several other activities in Benin, MDAs in Sierra Leone and Niger, an interview with a district health center manager in Togo, and two events—a trachoma surveillance survey and a sensitization meeting—in Burkina Faso.

#### *Dissemination amplification*

To assist HQ staff, country offices, and partners disseminate Act | West social media posts, the communication team developed a document summarizing Act | West's online and social media presence. The Communication Manager also trained staff and partners on its use via CWG and Act | West staff meetings.



*Communications cascade training for the Act | West team in the Helen Keller–Cameroon office.*

The communication team engaged with FHI 360 Corporate Communications and secured their support to amplify dissemination of several Act | West activities, including the LF webinar and World NTD Day events. The team also wrote and contributed content about Act | West for FHI 360's Impact Report.

#### *Manage Act | West communication assets*

During the reporting period, the communication team launched a contact database in Mailchimp to manage e-newsletter communications and email blasts. The team also designed or produced various communications collateral products, including signage for the (subsequently postponed) April partners meeting, a reporting template, and several banners for both HQ and the Accra FHI 360 office. Branding and Marking Plan and guidance on engaging VIPs

During the period under review, the communication team finalized the Act | West Branding & Marking (B&M) Guide and disseminated it to countries, partners, and HQ staff. The Communication Manager also provided TA on a large volume of B&M inquiries from FHI 360, country office, and partner staff. This

included review of branded materials used for Act | West programmatic work and/or high-level meetings in almost every implementing country and at international conferences including APHA, COR-NTD and ASTMH.

When warranted, the Communication Manager sought guidance from the USAID NTD Communication Advisor on branding and marking issues and served as the liaison with country and program staff.

The Communication Manager also provided TA and guidance to country office staff in Ghana, Côte d'Ivoire, Benin, and Senegal on VIP engagement during this reporting period. For example, in March 2020, she reviewed and provided TA on branding and content of NTD sustainability materials for the Ghana sustainability planning meeting and breakfast and reviewed branded materials for MDAs in Niger, Guinea, Cameroon, and Benin.

After USAID announced an update to its agency-wide branding and marking policy, the Communication Manager participated in a series of meetings to brief Act | West senior management, staff, and CWG members on implications for Act | West program activities.

## **MAINSTREAMING THE GENDER ANALYSIS STUDY AND STRATEGIC PLAN INTO PROGRAM IMPLEMENTATION**

An NTD Gender Analysis Study and Strategic Plan was conducted in FY19. It was managed and overseen by the MEL Director and led by two FHI 360 in-house gender experts. The Gender Analysis Study included two phases. Phase I entailed a literature review of gender issues with respect to NTDS, focusing on findings relevant to the 11 Act | West countries using research from published and grey sources. The literature review identified and explained gaps between males and females in households, communities, and countries and the relevance of gender norms and power relations with respect to NTDS. The Phase I report (submitted March 31, 2019) summarized the results of the literature search. It also informed the Phase II qualitative fieldwork by identifying the gaps and opportunities that should be further explored. Fieldwork was conducted in Ghana, Côte d'Ivoire, and Sierra Leone. Additionally, during FY19, an Act | West M&E Advisor undertook a quantitative analysis of sex-disaggregated NTD data to explore differences between the sexes in relation to MDA coverage, training of CDDs, and disease prevalence—using existing secondary sources including the disease and program workbook data from the USAID NTD Database and DSA data gleaned from MOHs within countries.

The two FHI 360 in-house gender experts completed a draft at the end of Phase II (submitted October 25, 2019) comprising two components: the gender analysis and a gender strategy. The gender analysis synthesized the results of the literature review, the qualitative fieldwork, and the quantitative analysis. The gender strategy suggested recommended areas where program implementation could be considered and modified, rectify gender gaps and barriers in the three countries in the Act | West portfolio where fieldwork was undertaken.

In the first half of FY20, the gender team from FHI 360 integrated two rounds of feedback received from USAID on the final Gender Analysis Study and Strategic Plan and met with USAID to discuss the feedback so all nuances were understood and adopted. The report was finalized in March 2020. The gender team also distilled the most salient recommendations from the proposed Strategic Plan and drafted a

separate Gender Strategy Recommendations document. It provides further detail on the activities to be undertaken to achieve the recommendations. This document will be submitted to USAID for review in the early part of the third quarter of FY20. In the second half of FY20, Act | West will undertake the activities outlined below.

- A meeting with USAID will be convened to present the recommendations, which if accepted by USAID, will result in (minor) modifications to program implementation that serve to rectify existing gender gaps and barriers.
- Act | West will enter into a set of discussions with USAID and the country NTDPs to arrive at a consensus on the set of recommendations to operationalize in Ghana, Côte d'Ivoire, and Sierra Leone.
- Act | West will work with NTDPs in Ghana, Côte d'Ivoire, and Sierra Leone to assist with operationalization of the program modifications over the course of FY20 and FY21. Note that a limited set of program intervention modifications to address identified gender gaps and barriers are envisioned for FY20, but the operationalization of these interventions may have budgetary implications that will likely need USAID approval part way through FY20.

## BEST PRACTICES & SUCCESS STORIES

### Treating Lymphatic Filariasis—Even In the Desert

Lymphatic filariasis (LF) is a highly stigmatizing disease that can lead to severe swelling and permanent disability. It is an NTD that has plagued Niger for many years and especially affects poor populations. In 2007, Niger's MOH began annual treatment campaigns—or mass drug administrations (MDAs), in which medicines that prevent and treat LF are distributed to every person at risk for the disease in vulnerable communities across the country—with the goal of eliminating LF as a public health problem nationwide.

The annual campaigns have been largely successful. After half a decade of annual mass treatments, two districts have been able to stop the campaigns because LF prevalence is now so low that the populations are no longer considered at risk for the disease—based on criteria set by WHIO. Niger's vast northern region of Agadez has not yet reached the WHO criteria to stop mass treatments for LF, however, and two districts in that region still require annual campaigns.

The environment in the Agadez region is incredibly challenging. Replete with vast desert landscapes, Agadez is subject to political insecurity—a vestige of the rebellion of 2000–2010. While the rebellion has come to an end, armed bandits still target travelers to the area. In Iférouane, people unfamiliar with the terrain need a guide to navigate the unmarked roads and avoid the landmines that have been left behind from the conflict.



*Agadez region is situated deep in the Sahara.*

Based on surface area, Agadez is the most sparsely populated region in Niger, and over 1,000 kilometers separate its Arlit and Iférouane districts from the capital city of Niamey. The districts are accessible only via a two-day journey along a single-lane road in very poor condition. Because the population in Agadez is largely nomadic and scattered across an immense territory, implementing the door-to-door treatment strategy usually employed during MDA campaigns in Niger is quite difficult.

Despite the challenging operating environment, Niger's NTD Program (NTDP) implemented a successful LF MDA campaign in Iférouane and Arlit in December 2019. Supported by USAID's Act to End NTDS | West program—managed by FHI 360 and implemented in Niger by Helen Keller—the national NTDP treated a total of 134,332 people in the two districts. They achieved the highest program coverage rates to

date in those districts (based on preliminary program coverage data): 98.57 percent in Iférouane and 98.01 percent in Arlit.<sup>6</sup> This is hugely important because eliminating LF in the Agadez region would alleviate suffering for so many of the country's most vulnerable and hard-to-reach people.

The program coverage increases in FY19 can be attributed to multiple novel initiatives by Niger's NTDP:

<sup>6</sup> In previous years, the combined program coverage rates were 87.87 percent and 90.83 percent in FY18 and FY17, respectively.

- 1) All stakeholders participated in a coordination meeting to develop a strict timeline to implement the MDA.
- 2) The NTDP-led team revised and streamlined MDA data collection sheets to capture village-level data for the purpose of conducting sub-district-level analyses to better pinpoint gaps in coverage.
- 3) Helen Keller–Niger transported ivermectin directly to the village health centers so the drugs were immediately available for distribution.
- 4) Prior to the MDA, the team trained community drug distributors (CDDs) on pre- and post-tests and validated their use.
- 5) The team implemented a mobile strategy to distribute ivermectin in remote and nomadic areas. This included using multiple modes of transportation—vehicles, motorcycles, and even camels to enable teams of CDDs and supervisors to cover large geographic areas and access hard-to-reach beneficiaries.
- 6) During the MDA, the team held daily feedback sessions with the CSIs to review the treatment data and share challenges and lessons learned for improving coverage during the campaign.
- 7) The team used a monitoring tool called the Supervisors Coverage Tool (SCT) for the first time in Niger during this MDA. This tool allowed the team to assess coverage rates in “real time” and to take corrective measures to extend the campaign in areas where low coverage was suspected.

Adopting these initiatives enabled the team to adapt to challenges and to pivot strategies quickly, when needed. For instance, during the course of the MDA campaign, the team learned that a gold mine had recently been discovered in the middle of the desert, 450 kilometers north of Iférouane. An estimated 13,000 people who had not been accounted for during MDA planning were working at the new Tchibarakaten gold mine. However, the improved flow of data from the SCT and daily feedback sessions and the increased mobility afforded by the transportation strategy helped the team make quick arrangements to treat these miners.

In addition, involving the local communities and village chiefs as stakeholders and making motorcycles and camels available were important for ensuring high compliance, which contributed to the success of the MDA and helped the team achieve very high coverage.

At the end of the MDA, the NTDP-led team was very happy with their achievement. The resounding success of the MDA was due in large part to the strategies adopted by the NTDP and the ownership taken at all levels of implementation. The MDA was developed with specific objectives, a clear timeline, and a shared implementation plan that all stakeholders respected. The stakeholders efficiently managed and disseminated MDA materials from the district to the village level, avoiding delays. Supervision at all levels, made possible by the mobile strategy, ensured high coverage rates.

Based on the success of the MDA campaign in Agadez, a revised MDA template and the SCT are now recommended for use in future campaigns in Niger. This is part of the overall QI strategy in Niger and will be replicated in other countries.



*Community drug distributors review collection registers containing village-level data. (Photo: HKI/Niger)*



## ACTIVITIES PLANNED FOR THE NEXT SIX MONTHS

### Management of the Cooperative Agreement

- Continue to coordinate and collaborate with USAID and other NTD stakeholders through regular conference calls and/or meetings to exchange information, consult on various issues, and keep all stakeholders up-to-date on program implementation.
- Continue routine monitoring and management of consortium partner subawards to ensure compliance with USAID reporting, spending, and regulations through in-person meetings and/or via phone calls and emails.
- Continue with frequent contingency planning for program continuity during the COVID-19 pandemic. Act | West will continue to provide remote TA to countries as and when needed until conditions are favorable to resume program implementation. We will also continue to provide technical guidance to country programs as they discuss feasibility of resuming implementation, while prioritizing staff and community safety.
- Prepare and submit to USAID all contractual Act | West award deliverables due between April–September 2020:
  - Annual VAT (value added tax) report for FY19
  - Quarterly financial reporting (i.e., accruals, pipeline analysis, SF-425s and Cost share)
  - FY20 SAR 1 (October 2019–March 2020)
  - Monthly progress reports for April–September 2020
  - FY21 work plan packages
- Finalize processing of subaward modifications to increase current funding obligations for consortium partners as they near a funds limitation threshold. Additional obligations will facilitate execution of approved FY20 workplan activities.
- Finalize the review and approval of second tier FAAs and subawards. The goal is to have all pending FY20 FAAs approved by end of April 2020, to facilitate timely resumption of program activities once COVID-19 related restrictions are lifted.
- Plan and begin FY21 work planning process, starting with the schedule for Act | West in-country work planning sessions. We recognize timing will coincide with implementation of FY20 activities and that a number of FY20 activities will need to be carried over to the FY21 work plans.
- Participate in global meetings and conferences (April–September 2020) if and when feasible.
- Begin work on the FY20 Annual Report (SAR 2), which covers the reporting period October 2019–September 2020.
- Begin drafting and putting together the FY20 EMMRs due to USAID 45 days after the end of the reporting period.
- Submit requests for approval to USAID for both restricted commodities and international travel as stipulated in the award.

## **IR1: Increased MDA coverage among at-risk populations in Endemic countries**

### *Partner coordination*

The technical team will continue collaborating with Sightsavers (ASCEND and Accelerate) to ensure a coordinated rollout of DSAs and MDAs at the country level. A SharePoint site has been created and will be used to share documents between the two organizations.

### *COVID-19*

- The Act | West technical team will monitor WHO guidance on implementation of NTD activities during the COVID-19 pandemic and beyond, to help countries understand the guidance, utilize it to inform NTP program activity resumption, and make recommended to ensure safety of health staff and target communities.
- Act | West will continue collating county updates related to the COVID –19 pandemic using the COVID-19 tracker. In consultation with USAID and IPs, Act | West will discuss adaptations, decisions, or recommendations in response to the evolving situation.
- Provide technical guidance for countries to respond to challenges that may result when they miss key NTD activities (such as MDAs and DSAs) as a result of COVID-19, with a view toward getting countries on track for disease elimination targets.
- As needed, Act | West will explore and use virtual platforms in the supported countries (including video conferencing to start the work planning for FY21).

### *Technical assistance*

- Provide technical guidance to countries in preparing protocols for DSAs (pre-TAS, TAS, and TIS and TSS) so they can be ready for implementation (during training, re-training, any window of opportunity).
- Act | West will follow up on delayed MDAs in Guinea and discuss with the national program how to implement MDAs with good coverage in view of the uncertainties surrounding upcoming elections.
- Support countries to secure logistics (e.g., drugs and FTS) for planned activities. Support countries to monitor validity period of drugs and FTS to prevent expiry wherever possible.
- Provide TA for trainings for MDAs and DSAs by reviewing agendas, presentations, and participating remotely where physical participation is not feasible.
- Provide supervision of field activities personally where possible or remotely through regular updates with in-country partners and MOH staff through Microsoft Teams, WhatsApp, and other shared platforms.
- Provide technical support for countries to identify key activities for FY21 and prepare work plans for FY21 and determine how support can best be provided remotely, if needed. Review work plans to ensure technical soundness and conformity with USAID priorities for FY21.
- Provide technical support for increased visibility of Act | West activities by supporting countries to document interventions and successes through abstracts to ASTMH and COR-NTD annual meetings, NNN, blogs, and other platforms.



- With AIM Initiative, plan MMDP situation analysis in Benin and finish data collection in Senegal.
- With AIM Initiative, finalize the development of CDD training manuals and MMDP data collection tools for rollout during MDA cascade trainings for CDDs and supervisors in Côte d'Ivoire.
- With AIM Initiative, finalize strategic plan in Ghana and hold initial strategic plan meeting in Côte d'Ivoire.

### Trachoma

- Following the regional trachoma pre-mapping desk review meeting in Senegal, the Trachoma Technical Advisor will follow-up with the three countries that attended the meeting—Senegal, Cameroon, and Benin—to provide TA, where needed, in developing country-specific plans and collecting information on/ documenting best practices.
- The Trachoma Technical Advisor will also support trachoma-related activities in the learning agenda (see MEL section):
  - Investigate factors that led to TSS with TF  $\geq 5$  percent in Niger and Cameroon. A draft tool is under development and will be provided to Cameroon prior to its TSS investigations. FHI 360 will work with Helen Keller to determine how to roll out these investigations in Niger.
  - Inform the development of guidance on post-validation surveillance for trachoma. (This activity has not yet started.)
- The Trachoma Technical Advisor will work with Côte d'Ivoire on rescheduling its trachoma dossier orientation, including remote options, if needed.

### OV

Act | West will provide programmatic and technical support to Togo to review epidemiological and entomological data, roll out the stop MDA survey for OV, and support the country in terms of laboratory analysis (OV16 ELISA). Act | West will also attend OEC meetings in Niger and contribute to discussions with other experts.

### LF

The LF Technical Lead will continue providing support for LF dossier development in Cameroon and Benin.

### SCH

Act | West will continue participating in the calls and working sessions with WHO, ESPEN, USAID, CDC, USAID, SCIF, Swiss Tropical Medicine, and LSTMH on the development of SCH mapping and impact protocols.

### QI

- Act | West will assist NTDP in Benin, Niger, and Sierra Leone in the following:
  - Facilitate the training of coaches for QI
  - Provide technical support to Benin, Niger, and Sierra Leone NTDPs in using the FHI 360 QI model to determine challenges to be addressed and subsequently establishing QI teams and assigning responsibility and writing/signing the charter
- NTDPs will develop budgets for activities related to the QI coaches and develop the specifics of the charters (including the coaches' activities).

- Act | West will extend the use of the MDA checklist to all seven remaining country NTDPs to support pre-MDA activities. (The checklist allows the NTD programs to take corrective actions, when necessary, in any component of MDA preparedness.)
- Act | West will continue collecting country MDA training materials and supervision tools for MDAs and DSAs for review, improvement, and standardization.
- Act | West will continue to work on a webinar on reverse logistics in collaboration with the communication team. Act | West will hold the webinar once ESPEN has published the training modules.
- Act | West technical team will organize an orientation session on the ESPEN Portal in collaboration with the ESPEN team, IPs (Helen Keller and HDI) and the MEL team. The orientation will focus on the functions, data compilation, data flows, accessibility, and other specifics of the portal and will help countries optimize its utilization.

#### *Reporting on potential SAEs*

Act | West will provide a written brief to consortium members that directly support MDAs (FHI 360, HDI, and Helen Keller). The brief will constitute a reminder about standard expectations that any potential SAEs should be promptly reported to their respective HQs (and then onward to FHI 360/HQ). If the Act | West partners' meeting takes place, FHI 360 will lead a session reviewing different countries' experiences with SAE reporting and reminding partners and MOHs about the expectation for prompt reporting. In supported countries' annual NTD work planning meetings, Act | West representatives will advocate for the inclusion of explicit plans for responding to community needs (communication with communities and media) and for incident reporting regarding potential SAEs. As the Act | West team works with countries to develop the MDA-related FAA and subaward packages for FY21, it will ensure that reporting on AEs is included among the deliverables required to receive milestone payments (as applicable).

#### **IR/S: Promote Sustainable NTDs Elimination and Control**

The schedule for all upcoming activities will be determined pending the global context of the COVID-19 pandemic. As of March 2020, the respective governments instituted bans on all public gatherings including workshops, seminars, and popular meetings. In Q3 and Q4, Act | West has prioritized the following activities:

#### *Complete Sustainability Plan drafting, validation, & governance protocol in Côte d'Ivoire, Ghana, Togo, and Senegal*

Act | West will continue to lead the drafting of NTD Sustainability Plans in coordination with designated persons within the NTD programs and using inputs from the landscape analyses, financial analyses, cross-sector barrier analyses, and Guided Self-Assessments.

- These 'zero drafts' will then be transitioned to NTD programs to own and refine prior to, during, and following the Sustainability Planning Workshops, based on program priorities and inputs from cross-sector stakeholders.
- Act | West will co-facilitate the workshops with the NTD programs. Act | West will also provide support, as needed, to finalize the Sustainability Plan drafts following the workshops and leading up to the political validation sessions. As part of the Sustainability Planning processes, cross-sector platforms will be identified as responsible for oversight, implementation, and M&E of the Plans.

Where possible, these responsibilities will be included under the mandates of cross-sector collaboration mechanisms currently existing or being established under IR/3 (e.g., the ICCC in Ghana, Technical Working Groups in Côte d'Ivoire, the Partners Network Forum in Sierra Leone).

- Facilitate high-level stakeholder engagement in Côte d'Ivoire, Ghana, Senegal, and Togo: Act | West will facilitate preparation and implementation in each of these countries of a one-day meeting to garner attention of decision makers at country level on specifics of the Sustainability Plan and raise the visibility and advocacy profile of the NTD sustainability agenda. Political validation of the Sustainability Plans and subsequent mobilization of domestic resources will depend heavily on preparation of the stakeholders' engagement and the caliber of stakeholders mobilized for participation.

#### *Implement Cross-sector Roadmap Development Workshop in Niger and Mali*

World Vision will pursue the process initiated during the current reporting period to finalize development of cross-sector road maps in Mali and Niger (inputs to the Sustainability Plan development).

- World Vision will conduct video conferencing and coordinate (remote) technical support to MOHs with World Vision and Helen Keller in-country teams.
- The remote support approach will help the NTD programs make progress in selecting and prioritizing activities and in filling out the matrix of cross-sector interventions.

#### *Implement landscape analysis in Burkina Faso*

The Burkina Faso landscape analysis is among the Act | West priorities for the rest of FY20. With the hiring of the HSS advisor (Helen Keller) the program will benefit from additional technical resources. Act | West will refine the process and leverage lessons learned from the Côte d'Ivoire, Niger, and Mali joint landscape analyses to streamline the process.

#### *Refine and pilot additional financial analysis models*

Deloitte will continue this process through the following activities:

- Facilitate a second round of review of the Post Elimination Cost Model with experts. Submit a beta version to Act | West consortium members for inputs and to USAID for approval to begin testing in-country. Deloitte will share the tool with select IPs and initial NTDPs to complement TIPAC and address gaps in financial management capabilities.
- Continue coordinating with CDC/DDPM and Helen Keller on the development of an Economic Impact Model to support investment in countries with NTD programs. Tools will estimate the direct and indirect economic benefits of averted NTD cases. Model variables under consideration include school attendance, school performance, school achievement, workforce participation, wage-earning capacity, health sector resource efficiencies, gross domestic product, and income tax base. Effects will consider spillover benefits to other conditions and diseases (NTD and otherwise) and, conversely, the spillover effect on NTD conditions of other programs (e.g., malaria bed net distribution or WASH interventions). The tools will be piloted in Sierra Leone but made available to all Act | West countries once finalized.
- Implement TIPAC data entry in Niger, Burkina Faso, and Mali: Act | West will continue to support TIPAC data entry in these countries to provide accurate data on program cost, forecast medium-term financial gaps, and provide additional programmatic and financial information. Deloitte will

facilitate remote training sessions for Helen Keller staffs in Niger, Burkina Faso, and Mali to strengthen local capability. The remote training will be followed by an in-country data entry workshop co-facilitated by the two HSS advisors and Act | West in-country teams, with remote support from Deloitte.

*Strengthen supply chain capacity to implement IR2 Activity 2.8*

- Closely monitor in-country stocks and expiry dates of diagnostic FTS.
- Liaise with IPs to organize and facilitate annual country supply chain.
- Follow up with NTD programs on the medicine Joint Application Package (JAP) for April 15 and August 15 deadlines.
- Finalize the medicine tracker to allow for monitoring, tracking, and reporting on a quarterly basis.
- Continue the Act | West collaboration with partners of the SC Forum.
- Work toward mainstreaming NTD supply chain into the MOH supply chain system to mitigate challenges and continue to ensure timely delivery of MDA medicines.
- Implement the supply chain component of the Act | West program strategy including conducting situational analyses and mapping the countries' SC environments (working with Deloitte and FHI 360); providing tailored short-term assistance for key areas determined by the situational analyses and operating under the SCM mainstreaming defined in the Sustainability Plan for each country; undertaking quarterly SC country visits.
- Roll out trainings and capacity building for MOH and IPs as needed.
- Make a provision to ensure enough LOE and/or human resources for the SCM activities.

**Monitoring, Evaluation and Learning**

- The MEL team will continue to offer STTA to promote the accurate and effective use of a broad range of data QI improvement tools—including the SCT during MDAs, CES between MDAs, and DQAs between MDAs—in select countries.
- The MEL team will also train on and promote the use of CIND, will assist in populating databases with historical NTD data, and will support the use of secure data platforms in select countries.
- The MEL team will promote and support the use of EDC in Benin for TAS2 and pre-re-TAS and in Côte d'Ivoire for pre-TAS (both via ESPEN Collect). Act | West will actively seek other countries to pilot ESPEN Collect and will encourage the use of EDC in general (ESPEN Collect or ONA) for all countries undertaking DSAs in the remainder of FY20.
- The Act | West MEL team will continue to work with PHII, USAID, and Act | East as part of the joint Task Force to collaborate in planning, communicating, and implementing the development of and transition to the future data base and data system.
- Further refinement and finalization of the high-level IR2/IR3 indicators will take place via a series of working sessions with USAID, the Act | West MEL and HSS teams, Deloitte, World Vision, and the Act | East MEL and HSS teams. The MEL team will assist staff working on IR/S to help define and operationalize lower-level IR/S indicators for individual countries.

- Act | West will convene a four-day MEL Coordination and Collaboration Workshop on September 14–18, 2020, in Ghana to instill a culture of collaboration, learning, and sharing of best practices among the MEL staff involved in the Act | West program.
- The FHI 360 GIS team will conduct a five-day training of Act | West M&E country staff and MOH staff (M&E Officers) on ArcGIS. It is expected that five countries (Benin, Ghana, Côte d’Ivoire, Senegal, and Togo) will participate in one workshop July 6–10, 2020, in Accra, Ghana.
- Act | West will finalize recruitment to fill the Epidemiologist position vacated by Rachel Bronzan and will resume activities on the learning agenda shortly thereafter.

### Gender Action Plan and Strategy

- In the remainder of FY20, the FHI 360 gender experts will analyze the set of recommendations proposed in the finalized Gender Study and Strategy document and consider their suitability, feasibility, and ease of execution. If accepted by USAID, these recommendations will result in (minor) modifications to program implementation to rectify existing gender gaps and barriers.
- In FY20, Act | West will enter into a set of discussions with USAID and the country NTDPs to arrive at a consensus on an appropriate set of recommendations to operationalize in Ghana, Côte d’Ivoire, and Sierra Leone.
- Finally, Act | West will work with NTDPs in Ghana, Côte d’Ivoire, and Sierra Leone to assist in operationalizing the program modifications over the course of FY20 and FY21.

### Communications and Knowledge Management (KM)

- Inform and update staff, partners, and national NTDPs on emerging WHO guidance for NTD programs, using all available communication channels.
- Develop, produce, print, and disseminate an Act | West program snapshot brochure organized by disease.
- Finalize development of Act | West Interview Guide and begin training staff and CWG members and field staff in its use.
- Translate, edit, caption, and produce clips of three videos for World Health Workers Week in April: interviews with Togo Kara regional health center chief, Dr. Agoro Sibabe; Act | West Regional Technical Advisor and LF lead, Dr. Ernest Mensah; and a school principal in Sierra Leone (talking about a student who recovered from SCH after taking PZQ provided with USAID funding).
- Work with FHI 360 country office and technical staff to produce video statements for World Health Workers Week and coordinate with FHI 360 Corporate Communications to have these videos included in their #WHWW Twitter campaign in April.
- Develop and publish resources or blogs on the following topics:
  - DQAs in Burkina Faso
  - Agreement between the MOH and the Ministry of Education in Benin
  - “Hit and Run” MDA in Cameroon
  - Adapting the WASHUp! curriculum for NTDs
  - Morbidity management situation analyses

- Publish and disseminate at least one e-newsletter and continue to build the e-newsletter contact database.
- Document the sustainability planning process in collaboration with the IR/S team.
- Develop, produce, and print 11 country brochures.
- Continue to develop, produce, and launch new content to the Act | West website, including an events section.
- If restrictions relating to COVID-19 are lifted, continue photo trip planning and preparations.
- Hold regular biweekly meetings with the Act | West Communications Working Group.
- Provide TA to Act | West staff and partners on branding and communications.
- Publish frequent content on Twitter and other social media platforms and continue to engage with partners via social media and attendance at meetings of NTD communicators.
- Support communication efforts relating to the WHO/WHA meeting and the launch of the WHO 2030 Roadmap.
- Provide requested support to USAID’s NTD Communications lead.



**ANNEX: Budget Execution as of 03.31.20**

Title of Program:

Act to End NTDS | West

Funder Name:

USAID

Award Number:

7200AA18CA00011

Period of Performance:

Oct. 1<sup>st</sup>, 2019 – Sept 30<sup>th</sup>, 2020

		FY20 Approved WP Budget	Actuals & Accruals	% Spent of Total FY20 Budget
		10/01/19 - 09/30/20	10/01/19 - 03/31/20	
		\$ US	\$ US	
1.	PERSONNEL	\$ 4,227,185	\$ 1,658,785	39%
2.	FRINGE BENEFITS	\$ 1,284,001	\$ 524,266	41%
3.	TRAVEL, TRANSPORTATION & PER DIEM	\$ 1,297,497	\$ 193,359	15%
4.	EQUIPMENT	\$ 120,000	\$ 75,010	63%
5.	SUPPLIES	\$ 35,494	\$ 38,945	110%
6.	OTHER DIRECT COSTS	\$ 3,911,079	\$ 958,699	25%
7.	CONTRACTUAL	\$ 31,696,980	\$ 10,177,731	32%
8.	INDIRECT COSTS	\$ 5,074,654	\$ 1,569,172	31%
TOTAL PROGRAM COSTS		\$ 47,646,891	\$ 15,195,967	32%

## Country Semi-annual Reports



**USAID**  
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Act to End NTDS | West FY20 Semi-Annual Report (SAR): October 1, 2019–March 31, 2020



# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**BENIN**

## TABLE OF CONTENTS

<b>LIST OF TABLES .....</b>	<b>92</b>
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>93</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>96</b>
<b>PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....</b>	<b>97</b>
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	97
<i>Strategic Planning .....</i>	<i>97</i>
<i>NTD Secretariat.....</i>	<i>97</i>
<i>Building Advocacy for a Sustainable National NTD Program .....</i>	<i>98</i>
<i>Mapping .....</i>	<i>98</i>
<i>MDA Coverage .....</i>	<i>98</i>
<i>Social mobilization to enable PC–NTD program activities .....</i>	<i>100</i>
<i>Training.....</i>	<i>101</i>
<i>Supervision for MDA.....</i>	<i>104</i>
<i>Monitoring, Evaluation and Learning .....</i>	<i>104</i>
<i>Supervision for monitoring and evaluation and DSAs .....</i>	<i>105</i>
<i>Dossier Development.....</i>	<i>105</i>
<i>Short-term Technical Assistance (STTA).....</i>	<i>105</i>
IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	106
<i>Data Security and Management .....</i>	<i>106</i>
<i>Drug Management.....</i>	<i>106</i>
MAINSTREAMING AND HSS ACTIVITIES.....	107
<i>Develop NTD Sustainability Plan .....</i>	<i>107</i>
<i>Cross-sector Coordination and Integration with Existing Platforms.....</i>	<i>109</i>
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	109
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	110
MAPS.....	112

## LIST OF TABLES

• TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020 .....	100
• TABLE 2: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019–MARCH 2020) .....	103
• TABLE 3: CHALLENGES/RESOLUTIONS .....	109
• TABLE 4: FY20 ACTIVITIES .....	110

## ACRONYMS AND ABBREVIATIONS

<b>AcceleraTE</b>	<b>Accelerate Trachoma Elimination</b>
<b>AE</b>	Adverse event
<b>AFRO</b>	Regional Office for Africa (WHO)
<b>ALB</b>	Albendazole
<b>ANAM</b>	<i>Agence Nationale de l'Assurance Maladie</i> (National Agency for Health Insurance)
<b>APOC</b>	African Program for Onchocerciasis Control
<b>ATP</b>	Annual transmission potential
<b>AZT</b>	Azithromycin
<b>BMGF</b>	Bill & Melinda Gates Foundation
<b>CAME</b>	<i>Centrale d'Achat des Médicaments Essentiels</i> (Center for Procurement of Essential Medicines)
<b>CDD</b>	Community drug distributor
<b>CDTI</b>	Community-directed treatment with ivermectin
<b>CES</b>	Coverage evaluation survey
<b>Co-RUP</b>	<i>Co-Responsable d'Unité Pédagogique</i> (Pedagogical Unit Deputy Chief)
<b>CP</b>	<i>Conseiller Pédagogique</i> (Pedagogical Advisor)
<b>C/SPIRS</b>	Chief of Planning Information and Health Research Service ( <i>Chef Service de Planification Information et Recherche en Santé</i> )
<b>C/RAMS</b>	<i>Chargé de Recherche et d'Appui à la Mobilisation Sociale</i>
<b>CRP</b>	<i>Chef de Région Pédagogique</i> (Head of School District)
<b>CST</b>	Coverage Supervision Tool
<b>DDEMP</b>	<i>Direction Départementale de l'Enseignement Maternelle et Primaire</i> (Departmental Directorate of Kindergarten and Primary Education)
<b>DDS</b>	<i>Direction Départementale de la Santé</i> (Departmental Health Directorate)
<b>D-FEAT</b>	District filariases elimination action tool
<b>DFID</b>	UK Department for International Development
<b>DNSP</b>	<i>Direction Nationale de la Santé Publique</i> (National Public Health Directorate) (MOH)
<b>DOT</b>	Directly-observed treatment
<b>DPMED</b>	<i>Direction de la Pharmacie du Médicament et des Explorations Diagnostiques</i>
<b>DPP</b>	<i>Direction de la Programmation et de la Prospective</i> (Directorate of Programming and Foresight)
<b>DPS</b>	<i>Direction de la Promotion de la Scolarisation</i> (Directorate for the Promotion of Schooling)
<b>DQA</b>	Data quality assessment
<b>DSME</b>	<i>Direction de la santé Mère-Enfant</i> (Directorate of Maternal Child Health)
<b>DSA</b>	Disease-specific assessment
<b>EDC</b>	Electronic data capture
<b>EPIRF</b>	Epidemiological reporting form (WHO)
<b>ESPEN</b>	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO AFRO)
<b>EU</b>	Evaluation unit
<b>FAA</b>	Fixed amount award
<b>FTS</b>	Filariasis test strip
<b>FY</b>	Fiscal year
<b>GOB</b>	Government of Benin
<b>GTMP</b>	Global Trachoma Mapping Project
<b>HAT</b>	Human African trypanosomiasis
<b>HdZ</b>	<i>Hôpital de Zone</i> (Health Zone Referral Hospital)
<b>HSS</b>	Health system strengthening
<b>ICT</b>	Immunochromatographic test

<b>IDM</b>	Intensified disease management
<b>IEC</b>	Information, education, and communication
<b>IITA</b>	International Institute for Tropical Agriculture
<b>INSAE</b>	<i>Institut National de la statistique et de l'analyse économique</i> (National Institute of Statistics and Economic Analysis)
<b>ITI</b>	International Trachoma Initiative
<b>IVM</b>	Ivermectin
<b>JAP</b>	Joint application package (WHO)
<b>JRF</b>	Joint reporting form (WHO)
<b>JRSM</b>	Joint request for selected PC medicines (WHO)
<b>KCCO</b>	Kilimanjaro Center for Community Ophthalmology
<b>LF</b>	Lymphatic filariasis
<b>M&amp;E</b>	Monitoring and evaluation
<b>MCZS</b>	<i>Médecin Coordonnateur de Zone Sanitaire</i> (Health Zone Head Doctor)
<b>MDA</b>	Mass drug administration
<b>MDP</b>	Mectizan Donation Program
<b>MDSC</b>	Multi-Disease Surveillance Center (Burkina Faso)
<b>MEMP</b>	<i>Ministère de l'Enseignement Maternelle et Primaire</i> (Ministry of Kindergarten and Primary Education)
<b>Mf</b>	Microfilaraemia
<b>MMDP</b>	Morbidity Management and Disability Prevention
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Nongovernmental organization
<b>NTD</b>	Neglected tropical disease
<b>OCP</b>	Onchocerciasis Control Program
<b>OV</b>	Onchocerciasis
<b>PC</b>	Preventive Chemotherapy
<b>PCR</b>	Polymerase chain reaction
<b>PNLLUB</b>	<i>Programme National de Lutte contre la Lèpre et l'Ulcère de Buruli</i> (National Leprosy and Buruli Ulcer Control Program)
<b>PNLMT</b>	<i>Programme National de Lutte contre les Maladies Transmissibles</i> (National Program for Control of Communicable Diseases)
<b>PNLP</b>	<i>Programme National de Lutte contre le Paludisme</i> (National Malaria Control Program)
<b>POS</b>	Powder for oral suspension
<b>PZQ</b>	Praziquantel
<b>RDT</b>	Rapid diagnostic test
<b>RPRG</b>	Regional Programme Review Group
<b>RUP</b>	<i>Responsable d'Unité Pédagogique</i> (Pedagogical Unit Chief)
<b>SAC</b>	School-age children
<b>SAE</b>	Serious adverse event
<b>SAFE</b>	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvement
<b>SCH</b>	Schistosomiasis
<b>SNIGS</b>	<i>Système National d'Information et de Gestion Sanitaire</i> (National Health Information and Management System)
<b>SOP</b>	Standard operating procedure
<b>STH</b>	Soil-transmitted helminths
<b>STTA</b>	Short-term technical assistance
<b>TAP</b>	Trachoma action plan
<b>TAS</b>	Transmission assessment survey
<b>TEO</b>	Tetracycline eye ointment
<b>TI</b>	Trachomatous inflammation–intense



<b>TF</b>	Trachomatous inflammation–follicular
<b>TFGH</b>	Task Force for Global Health
<b>TIPAC</b>	Tool for integrated planning and costing
<b>TIS</b>	Trachoma impact survey
<b>TS</b>	Trachomatous scarring
<b>TSO</b>	<i>Technicien supérieur en ophtalmologie</i> (Senior Ophthalmological Officer)
<b>TSS</b>	Trachoma surveillance survey
<b>TT</b>	Trachomatous trichiasis
<b>TV</b>	Television
<b>UNICEF</b>	United Nations Children’s Fund
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WHO</b>	World Health Organization
<b>XOF</b>	West African Franc
<b>ZS</b>	<i>Zone Sanitaire</i> (Health Zone)
<b>ZTH</b>	<b>Zithromax®</b>

## EXECUTIVE SUMMARY

USAID's Act to End Neglected Tropical Diseases (NTDs) | West program is led by FHI 360 in Benin. During the reporting period (October 1, 2019–March 31, 2020), many of the fiscal year 2020 (FY20) planned activities were carried out.

The official launch of the Act | West program in Benin took place on November 9, 2019. The program launch coincided with the launch of the first OV MDA campaign and was attended by national and local authorities and representatives of USAID Washington, USAID Benin, WHO, FHI 360, and Deloitte in Lokossa City. In addition, health workers from the departments of Mono and Couffo, community drug distributors and more than 200 members of the targeted communities targeted attended this event.

Act | West supported two successful MDA campaigns during the reporting period. The first of two Onchocerciasis (OV) MDA rounds was implemented between November and December 2019. The FY20 OV MDA round will be implemented in June/July 2020. Then the PNLMT's enhanced LF MDA in four districts and enhanced OV DMA in three districts from March to November 2020. In advance of both MDA campaigns, the PNLMT, supported by Act | West, increased and boosted pre-MDA activities with special emphasis on training and social mobilization. In addition, MDA processes were strengthened with closer supervision by personnel from the different levels of the health pyramid and scrutiny of performance by community drug distributors (CDDs) to ensure high quality and increased coverage. Both campaigns were preceded by social mobilization activities including broadcasts on radio and television and community mobilization by town criers. Supervision of the LF MDA was adjusted in light of restrictions put in place in light of the COVID-19 pandemic.

Act | West, led by Deloitte, World Vision, and FHI 360 also organized a sustainability sensitization workshop in November 2019 in the presence of national authorities (MOH representative), USAID Washington, USAID Benin and representatives of FHI 360, Deloitte, World Vision, and WHO Benin. The participation of the sectors in charge of water, education, decentralization, well-being, living and environment, and health research institutions led to constructive exchanges and recommendations. In January 2020, FHI 360's health system strengthening (HSS) team visited Benin to perform a joint landscape analysis. The objective of their visit was to identify contextual factors that can impact or facilitate better integration of key strategies used to fight NTDs into the national politics, health funding system, planning frameworks, and any other system used to monitor health sector performance. Stakeholders identified ways to integrate SCH/STH activities and identified to cross-sector collaboration.

As with the rest of West Africa and the world, Benin has been confronting the spread of COVID-19. As of the end of March 2020, the Government of Benin has put in place several safeguards to limit the spread of the virus, including establishing a cordon sanitaire and limiting public gatherings and requiring people to wear masks in public. This has resulted in the suspension of several MOH-led NTD activities until the epidemic can be contained.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### Strategic Planning

*Annual PC NTD review meeting fiscal year (FY19) activities and Ministry of Health (MOH) preventive-chemotherapy neglected tropical diseases (PC–NTD) annual planning meeting for FY20 activities*

This activity has been postponed until the Onchocerciasis (OV) mass drug administration (MDA) was completed and data available for discussion. The FY19 OV MDA was conducted in November 2019 and the data became available in January 2020. Considering the other field activities scheduled between January and March 2020, this meeting has been postponed to quarter 4 (Q4).

*Onchocerciasis/Lymphatic Filariasis (OV/LF) expert committee meeting*

The first meeting of the OV/LF expert committee will convene the 12 national members along with seven staff from the National Program for Control of Communicable Diseases (PNLMT) and four from FHI 360. The purpose is for participants to review progress made by the PNLMT in response to recommendations by the FY19 meeting. This meeting was initially planned for April 14–15. Because of restrictions related to COVID-19, it has been postponed. Act | West will continue to work closely with the PNLMT and other partners to identify a new date for this activity.

*Workshop on LF assessment surveys and how to ensure their quality*

From January 14–16, Act | West participated in a workshop in Côte d'Ivoire focusing on planning and successful implementation of LF activities. This workshop gathered around 50 participants including the from the PNLMT monitoring and evaluation staff, other Ministry of Health (MOH) staff, RTI International, the U.S. Centers for Disease Control and Prevention (CDC), FHI 360 Benin (Project Manager), FHI 360 HQ, and USAID. Topics were discussed included: 1) global status of fight against LF; 2) World Health Organization (WHO) guidelines for pre-transmission assessment survey (TAS) implementation; 3) use of diagnostic tests (filariasis test strip [FTS], etc.) and reports writing; 4) WHO guidelines for TAS implementation (planning, supervision, ensuring communities adherence); 5) how to respond to a TAS failure and ensuring quality during TAS implementation; 6) review of tools to improve coverage (coverage evaluation survey [CES], coverage supervision tool [CST], and data quality assessment [DQA]); and 7) operational research on LF. This workshop enabled Benin's participants to learn about the new guidelines around TAS implementation pertaining to child age versus school class of targeted children.

*Meeting with all partners offering support for all NTD activities (annual USAID–supported workplanning meeting)*

This meeting is intended to convene all partners providing technical and/or financial support for NTD control/elimination activities. The meeting was initially planned for March 2 in Cotonou but will be rescheduled pending the resumption of NTD activities, which are currently on hold due to COVID-19.

#### NTD Secretariat

*Operational cost and supplies*

These costs—including purchase of supplies, airtime, Internet subscription, and communications—were supposed to be included in one of two fixed amount awards (FAAs) that Act | West planned to sign with

the PNLMT. Unfortunately, due to delays in completing the registration process for FHI 360's Benin office, the FAA has not been signed. However, the program has identified ways to continue to support to the PNLMT with support from the Act | West office in Côte d'Ivoire.

#### *Vehicle maintenance*

As of this date, no vehicle maintenance cost has been supported, because of the absence of signed FAA agreements. Rented vehicles were used during implementation of NTD activities.

#### **Building Advocacy for a Sustainable National NTD Program**

(Please see section below on Sustainability.)

### **Mapping**

#### *Hospital files desk review in Bantè, Savalou, Dassa-Zoumè, Glazoué, Savè, and Ouèssè districts*

FHI 360 HQ organized a workshop for national trachoma focal points and other trachoma experts from Senegal, Benin, and Cameroon; monitoring and evaluation specialists; and representatives from Helen Keller International. Benin was represented by Dr. Amadou Bio (PNLMT Trachoma focal point) and Dr. Ines Dossa (FHI 360 Benin's M&E Advisor). The workshop was conducted March 5–6 in Dakar and focused on a peer-to-peer exchange about desk review methodologies across countries, potential strategies that can be used, ways to analyze collected data, and the decision-making process for whether or not to map a district. Participants and facilitators exchanged experiences in conducting desk reviews, including data collection methodology and analysis (what has been done in the past and what they think should be done now), decision making, and results of subsequent mapping. Finally, they discussed the utility of the desk review vis-à-vis trachoma elimination dossier requirements, because each country must justify if mapping was not conducted in some districts. An Act | West-developed framework and tools were presented and reviewed in order to assist countries in decision making. Benin was able to develop a desk review plan; next steps include developing protocols and agreeing on a timeline for all relevant desk review activities. The desk review plan included four steps: 1) at the central level, gather all information available on the districts; 2) interview health agents at the Health Zone Referral Hospital (HdZ) and review healthcare registers; 3) visit district-level health centers (if indicated by HdZ's health personnel through the interviews and healthcare registers review); and 4) visit key persons in the community to enquire about disease (if indicated by the district-level personnel). Because of a trachomatous trichiasis (TT)—only survey funded by the AcceleraTE project—which started right after this workshop and was completed end of March 2020—the trachoma focal point was not able to discuss details of this activity with the MOH and finalize a framework for the desk review. As all activities are suspended now (including meetings), the trachoma focal point will send a draft of this protocol by the end of April 2020.

### **MDA Coverage**

#### *Enhanced MDA for LF in four districts and MDA for OV in three districts*

Act | West supported the PNLMT's enhanced LF MDA in the four districts from March 29–April 8. Covè district has implemented its second round of enhanced MDA following TAS1 failure. Ouinhi, Zagnanado, and Za-Kpota have implemented their third round of LF MDA, but this is the second round that is considered enhanced. In addition to the measures for TAS failures, the PNLMT has increased and boosted pre-MDA activities with special emphasis on training, social mobilization through village chiefs, town criers, and Red Cross volunteers. MDA processes were strengthened with closer supervision by personnel from the different levels of the health pyramid and scrutiny of performance by community drug distributors (CDDs) to ensure high quality and increased coverage. Act | West had initially planned

to support SCT survey using nurses from other health districts to ensure work had been properly supervised. However, COVID-19 travel restrictions did not allow those nurses to leave their health facilities during the LF MDA campaign.

Three of the four districts were also targeted for OV MDA. CDDs distributed the drugs with oversight by supervisors from different levels of the health pyramid (sub-district nurses, head district doctors, NTD focal points, head health zone doctors, one PNLMT staff, and two FHI 360 staff), the closest being the nurse overseeing the sub-district (*arrondissement*). The campaign lasted 12 days. Act | West has reimbursed transport to reach all areas for 540 volunteer CDDs for the 12-day campaign.

#### *Printing of nurses' reporting book for LF/OV MDA*

The printing process has started, and the books will be ready on time for the LF MDA.

#### *Community-based MDA for OV in 48 districts (does not include the three districts co-endemic to LF and OV)*

Two OV MDA rounds have been planned in FY20. The first MDA was implemented in November 2019, and lasted from November 8 (official launch date) until the third week of December. The MDA in the Lokossa district was slightly delayed until mid-December due to flooding in the area. The MDA campaign was successfully implemented with joint collaboration of health agents from all levels of the health pyramid including CDDs; nurses at the sub-district, district, or health zone levels, doctors at the district and health zone levels; and doctors at the departmental level. The campaign was preceded by social mobilization activities including broadcasts on radio and television and community mobilization by town criers. No adverse incident was reported during the MDA.

The FY20 OV MDA round will be implemented in June/July 2020.

#### *Printing of reporting forms for SCH/STH MDA*

The printing process has started, and the reporting forms should be delivered by the end of April in advance of SCH/STH MDA.

#### *Conduct SCH/STH MDA in 34 SCH endemic districts and 23 SCH/STH co-endemic districts*

This activity, previously scheduled to be implemented in March/April 2020, has been postponed to May at the instruction of the MOH. Act | West is continuing to monitor the situation and will work with the MOH in case this activity needs to be further postponed in light of COVID-19.

*In the first OV MDA in November 2019, 4,381,743 persons (or 86.33 percent of the total population) received treatment in 48 OV endemic districts.*

**Table 2: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY20)	# District with insufficient epi coverage in FY20	# District with insufficient program coverage in FY20	Treatment targets (FY 2020) # PERSONS	# persons treated (FY20)	% of treatment target met (FY20) PERSONS
LF <sup>a</sup>	1 <sup>7</sup>	4			260,518	Not available	Not available
OV <sup>b</sup>	2 <sup>8</sup>	51			5,014,187	Not available	Not available
SCH <sup>c</sup>	1 <sup>9</sup>	34	SAC only		1,405,460	Not available	Not available
STH <sup>d</sup>	1 <sup>3</sup>	45	SAC only		2,040,405 (214,867 targeted through LF MDA)	Not available	Not available
Trachoma	0	N/A		N/A	N/A	N/A	N/A

<sup>a</sup> Data compilation will start on April 8

<sup>b</sup> MDA planned for July

<sup>c</sup> MDA postponed from May to a later date

<sup>d</sup> MDA postponed from May to a later date (42 districts). MDA started on March 29 (3 districts co-endemic for STH and targeted through LF MDA)

## Social mobilization to enable PC–NTD program activities

### *Printing of posters and banners for LF MDA*

Act | West supported the printing and distribution of 58 posters for sub-district health centers (50 cm x 75 cm), 300 posters for CDDs (A2 format), and eight banners to support social mobilization before the MDA. All posters were dispatched and displayed prior to the start of the campaign.

### *Airing of commercials and shows on national TV and radio for LF MDA*

From March 29–April 9, Act | West supported the broadcast of radio and TV commercials and announcements in the four districts targeted for LF MDA. Radio spots (serving first as communiqué on the MDA campaign and secondly as information/education spots about LF) were broadcasted on three radio channels (Radio Tonassé, Radio Tonignon, and Radio Carrefour) in three languages (French, Fon, and Nago— the main languages spoken in the area), at the frequency of one per day (for a total of 36 broadcasts for each station). TV spots were broadcasted (communiqué only) through two different channels (Golfe TV and Canal 3 TV) in the three languages and at the same frequency as radio spots. The primary target audience was everyone living in the area and expected to participate in the MDA— especially local authorities/leaders, head of households, and anyone susceptible to be a source of information for a community member. This helped mobilize the population and ensured all participated

<sup>7</sup> MDA campaign starts on March 29.

<sup>8</sup> FY19 MDA round reported because of transition from ENVISION to Act | West project and FY20 MDA round. FY19 MDA has been conducted early FY20 and FY20 MDA is planned for July 2020.

<sup>9</sup> MDA planned for May 2020.



in this last round of MDA before Pre-re-TAS and re-TAS1. During MDA supervision, all the households with at least one radio declared that they heard about the MDA through this medium.

#### *Sensitization meeting to raise awareness among village chiefs for LF MDA*

From March 23–28, sub-district nurses met with village chiefs and town criers to raise awareness about LF, the importance of the LF MDA campaign, and the need to assist CDDs to ensure programmatic objectives are effectively reached. During this one-day meeting, town criers were also briefed on the correct messages to deliver to the population—a factor necessary for MDA participation.

#### *Community awareness-raising by town criers and Red Cross volunteers for LF MDA*

Starting March 27, Act | West supported the PNLMT in using 192 town criers and 64 local Red Cross volunteers to inform remote villages about the LF MDA campaign and conduct social mobilization. The volunteers were briefed by District Medical Officers (assisted by NTD focal points and head Doctor of Health zones) on LF disease and given posters and pamphlets for their social mobilization activities. During the MDA, the town criers were supervised by the *Chargé de Recherche et d'Appui à la Mobilisation Sociale* (C/RAMS). The C/RAMS oversaw the implementation and supervised social mobilization at the community level. They closely observed the work of the town criers, ensuring the quality of message delivered to the communities. The messages included information on LF, how to prevent or treat it, when the MDA was starting and who was implementing it, length of MDA period, and method of distribution (within each household).

### **Training**

#### *MDA training of departmental trainers (for all NTDS)*

This training took place from March 18–21. The activity was organized to train PNLMT staff (intermediary level of the health pyramid) on PC-NTDs as well as MDAs and social mobilization preparation and implementation. During the workshop, participants<sup>10</sup> also estimated the human resources, materials (drugs, dosing poles, etc.), and financial needs for the upcoming MDA campaign in each targeted district and village. In the Zou Region, where four districts will be conducting enhanced MDA for LF a few days later, the training also incorporated a review of the FY19 MDA, independent monitoring, and coverage survey results and important measures to ensure high-quality MDA in FY20. The participants left with a clear understanding of what is expected from them as well as the list of activities to be implemented before the upcoming MDA and the dates of the LF MDA.

#### *Training of nurses and CDDs for LF MDA in four districts*

Nurses and C/RAMS were trained on March 25, a few days before MDA implementation. Thirty-two nurses and two C/RAMS were gathered for training/refresher training at district level (conducted at two sites—one in Zagnanado gathered nurses of Covè, Zagnanado, and Ouinhi and the second in Za-Kpota gathered nurses of that district). The nurses in their turn trained the CDDs from March 26–27. The C/RAMS took part to the briefing session of town criers that happened in the presence of village chiefs (see sensitization meeting of village chiefs).

#### *PNLMT and FHI 360 staff training on FAA procedures and requirements*

This training was conducted October 21–23 by two FHI 360 Côte d'Ivoire staff. A total of six PNLMT staff and four FHI 360 staff members participated. During this workshop several aspects were discussed: 1)

<sup>10</sup> DDS (*Directeur départemental de la santé*), heads of departmental public health services (C/SDSP), heads of the Division of Epidemiology and Health Surveillance (C/DESS), *Médecin Coordonnateur de zone sanitaire* (MCZS), district head doctors (MCC, *Médecin chef de Commune*), 30 health zone NTD focal points, Departmental Directorate of Pre-school and Primary Education (DDEMP) NTD focal points, and representatives of teachers' union.

FAA principles and mechanisms, 2) FHI 360 staff roles to ensure things run smoothly and avoid delays in the implementation of NTD activities, 3) the recommended process to build milestones using planned activities, and 4) choosing the right deliverable for each milestone to prevent any obstacles in the completion of the FAA. Once that information was shared with the PNLMT and FHI 360 Benin staff, participants broke into two groups and each worked on building one FAA (two were proposed for FY20). Each group's proposition was then assessed by the entire group. The two FAA documents were finalized according to the desired format (milestones and deliverables, order between milestones, etc.). At this time, the FAA documents are in their final format but have not been signed and validated because FHI 360 was still finalizing its registration. (This has delayed an official agreement between FHI 360 and the MOH and therefore the signing of the FAA documents.)

#### *Training of nurses and CDDs for OV MDA*

Head doctors of districts assisted by NTD focal points trained nurses October 15–25, 2019, in advance of the first round of OV MDA in November 2019. During this one-day training, OV disease symptoms, causal agent, treatment, and prevention were described. Each participant was also trained on preferred practices regarding census/registration (expected attitudes from CDDs, data such as age and size collection, etc.), treatment (e.g., give ivermectin [IVM] pills according to height), target identification (five years and above), and care of adverse and serious adverse events. Finally, details of MDA implementation, supervision, and data reporting were discussed. Nurses in their turn trained CDDs October 29–November 6. The same subjects were discussed during the CDD training, with an emphasis on how to perform census and treat target population.

The second round of nurses and CDD training for OV MDA is planned for June/July 2020.

**Table 3: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019–MARCH 2020)**

Title of training	location	Target participants	Objective/s of training	Date	Lead	Key outcome/s of the training	# of participants		
							M	F	T
Training of nurses and CDD for OV MDA	48 Districts targeted	Nurses	Train on OV MDA, preparation, implementation, and supervision of social mobilization and MDA	Oct 14–25	FHI 360	1) knowledge provided on OV, 2) MDA and social mobilization implementation principles known	455	114	569
Training of nurses and CDD for OV MDA	Sub-districts of 48 districts targeted	CDDs	Train on OV MDA, preparation, implementation, and supervision of social mobilization and MDA	Oct 29–Nov 6	FHI 360	1) knowledge provided on OV, 2) MDA and social mobilization implementation principles known	6755	1689	8444
MDA training of departmental trainers (for all NTDs)	6 sites, each of them gathers 2 department s	DDS, C/SDSP, C/DESS, MCZS, MCC, 30 NTD focal points, DDEMP NTD focal points, MEMP staff, and representatives of teachers' union	1) train on PC–NTDs and preparation, implementation, and supervision of social mobilization and MDA, 2) estimate human resources and financial needs, 3) insist on measures to ensure MDA success in 4 districts that failed TAS1 in FY18.	March 16–21, 2020	FHI 360	1) knowledge provided on PC-NTDs, 2) MDA and social mobilization implementation principles known, 3) human resources and financial needs estimated	TBD	TBD	TBD
Training of nurses and CDDs for LF MDA in 4 districts	Covè, Ouinhi, Zagnanado, and Za-Kpota	CDDs, Sub-district nurses	Train on PC NTDs, preparation, implementation, and supervision of social mobilization and MDA	March 23–27, 2020	FHI 360	1) knowledge provided on PC-NTDs, 2) MDA and social mobilization implementation principles known	TBD	TBD	TBD
PNLMT and FHI 360 staff training: FAA procedures and requirements	Central level, Cotonou	PNLMT central staff (M&E, finance SCM, and MDA implementation officers), 360 staff (M&E, finance officer, project manager, project officer)	1) Train on FAA principles and mechanisms, 2) describe staff roles and recommended process to build milestones with activities, 3) choose the right deliverable for each milestone	Oct 21–23, 2019	FHI 360	1) FAA principles and mechanisms known, 2) FAA built with milestones, 3) FAA documents finalized	9	4	13

## **Supervision for MDA**

### *Supervision of nurse and CDD training for LF MDA*

Two teams of three persons and one team of two persons including both PNLMT and FHI 360 staff supervised the pre-MDA training for nurses and CDDs from March 25–27. This supervision helped to ensure that each staff member involved in MDA has the correct information to contribute to successful implementation of the LF MDA campaign.

### *Supervision of enhanced LF MDA*

CDDs distributed the drugs under the supervision of nurses, doctors (from district, health zone, and departmental/regional levels), one PNLMT staff, and two FHI 360 staff. All supervisors were supposed to be trained to use the WHO supervisor's coverage tool (SCT) during monitoring and provide feedback to CDDs and health staff for corrective action (such as revisits to households). However, because of government restrictions related to COVID-19, it was not possible to have nurses leave their health centers to implement this activity. Also, some other actors were partially mobilized in preparation for the response to COVID-19 and were therefore unable to participate in the two-day training scheduled for March 30–31. Instead, the campaign was supervised by one staff member from the central level, three at regional level (including one Departmental Health Directorate [DDS] staff member, one Departmental Public Health Services staff member, and the head of the Division of Epidemiology and Sanitary Surveillance), four district head doctors, 33 nurses, two health zone NTD focal points, and two FHI 360 staff. Central-level and FHI 360 staff supervised treatment for six days.

### *Supervision of OV MDA in 48 districts*

Supervision of the first round of OV MDA in November 2019 was conducted by staff at the sub-district level (nurses), district level (nurses and district physicians), health zone level (NTD focal points and MCZS), department level (director of departmental health and Head of Departmental Public Health Service), central level PNLMT, and by FHI 360 staff. The supervisors monitored the effectiveness of the MDA in all endemic areas and resolved some logistical challenges that arose. Because of the cotton and soybean crop harvest, most CDDs decided to work early in the morning and late in the evening (starting at 7 p.m. or 8 p.m.), when the target population would be at home. The campaign was disrupted by JLV polio, particularly in the Savalou–Bantè health zone. In addition, because of flooding, the health zone of Lokossa–Athiémé implemented the MDA in December, one month later than the others. Generally, the campaign went well, and MDA coverage reports were submitted to FHI 360 in January.

The supervision of the next OV MDA round will take place between June and July 2020.

## **Monitoring, Evaluation and Learning**

### *Trachoma surveillance surveys (TSS) in four districts*

The protocol for the planned TSS was developed by PNLMT staff with technical support from Act | West Benin in September 2019. It was submitted for validation to FHI 360 HQ and Tropical Data. Following feedback from both technical teams, (November 2019 from FHI 360 and March 2020 from Tropical Data), the final version of the protocol was submitted to the ethical committee for approval in March 2020. The activity is planned for July/August 2020, pending discussion with the MOH.

### *LF MDA SCT*

Act | West planned to support the PNLMT technically and financially in conducting a survey of the planned enhanced LF MDA using the WHO SCT. The survey was planned to be implemented with the assistance of nurses coming from other sub-districts to ensure impartiality. However, because of the COVID-19 crisis, the MOH did not authorize nurses to leave their health centers because they were all mobilized for the health system response. Therefore, the activity was cancelled.

### **Supervision for monitoring and evaluation and DSAs**

#### *Supervision of LF SCT in four districts*

This activity was cancelled (see above).

### **Dossier Development**

#### *Develop a complete preliminary version of LF elimination dossier*

This is a multi-step activity. The first step was a training on the LF dossier itself and how to fill it out properly. FHI 360's LF focal point trained both PNLMT and FHI 360 staff December 17–18. At the end of this training, participants had a clear idea of the content of the files that must be submitted, what should be included in the narrative document (entire story since the beginning of the fight against LF), and what type of data should be included in the Excel file and the appropriate format to use. During this workshop, the aspects that can be entrusted to the consultant were also discussed and a draft of the consultancy terms of reference (TOR) was developed. It was decided that the PNLMT will come up with a committee that will oversee the development of the dossier even once a consultant is recruited. The PNLMT staff is aware that the work cannot be completed without the data and historic information being collated by the PNLMT and making it available to the consultant. The recruitment of this consultant will be launched in the next weeks and once someone is recruited, the working calendar will be developed to achieve the objectives set by the end of the fiscal year.

#### *Develop a complete preliminary version of trachoma elimination dossier*

Both Act | West and Sightsavers had made funding available to the PNLMT to support the development of Benin's trachoma elimination dossier. However, the PNLMT determined that it will be easier to manage if each partner supports the costs of one disease dossier (trachoma or LF). Going forward, Act | West will support the costs for the LF dossier and Sightsavers will cover the costs related to the trachoma dossier. Act | West's contribution to the trachoma dossier is therefore cancelled.

### **Short-term Technical Assistance (STTA)**

#### *Local consultant for LF elimination dossier development*

The PNLMT and Act | West have developed the TOR for this consultant. The recruitment process will start soon.

#### *Local consultant for trachoma elimination dossier development*

This task has been cancelled and transferred to Sightsavers according to the decision of the NTD program as described above.

#### *Technical assistance to develop National Implementation Guidelines for NTD Activities*

The TOR for the recruitment of this consultant is ready. The recruitment process will start in the upcoming weeks and work should be completed by the end of Q4. The consultant will assist the NTD program in developing a national document that will provide clear guidelines for all five PC–NTD related

implementation activities (elimination and control). This document will draw on WHO recommendations.

## IR/S. PROMOTE SUSTAINABLE NTDs ELIMINATION AND CONTROL

### Data Security and Management

No activities on data security and management were implemented during the reporting period. The process that will accomplish integration of NTD data in the DHIS-2 platform is planned to start in April. A preliminary meeting regarding this process was held in February 2020.

### Drug Management

#### *NTD drug quantification*

Each year, the PNLMT produces the list of districts that should be treated, based on WHO recommendations and the NTD program's decisions. This step is completed with the assistance of project staff who provide guidance based on current USAID programmatic orientations. Once this is done, the data is input in the tool for integrated planning and costing (TIPAC) to estimate drug needs. The number of drugs required for FY21 MDAs (MDA against OV, SCH, and STH) was estimated during training on the TIPAC conducted February 24–28. By early April, the forms will be reviewed and finally updated with new population or drug availability information, if relevant.

#### *Preparation of drug donation request form*

This was completed during the TIPAC training, as described above.

#### *Available reliable storage and transportation*

Donated and procured NTD drugs/diagnostics are delivered to WHO–Benin, which obtains customs clearance on behalf of the PNLMT. After albendazole (ALB), praziquantel (PZQ), tetracycline eye ointment (TEO), ivermectin (IVM), and FTS for LF surveys clear customs, the drugs are transported from the port to the central medical store (Centrale d'Achat des Médicaments Essentiels [CAME]) and FTS is kept in the PNLMT's storage room. Once the MDA campaign is over, the drugs are transported via two trucks—from Cotonou (CAME) to the regions, and then to the health zone (ZS)—where there are dedicated drug storage facilities. From the ZS storage facility, drugs are dispatched to the districts targeted for MDA and then to the sub-districts and villages. Drugs stay at the district/sub-district and village level only for the duration of the campaign. At the district and sub-district levels, drugs are kept in the nurse's office. CDDs are progressively given the number of drugs needed; therefore they do not stock them. Also, since 2018, PNLMT has instructed all actors at the periphery level to send any leftover drugs back to the ZS, where quality of storage is best. The FTS kits leave the PNLMT's storage room the day before TAS or pre-TAS activity. Each surveyor's team receives the number of FTS needed in order to complete field work in the assigned area.

#### *Improve reverse logistics*

There was no reverse logistics activity during this reporting period.

#### *Mainstream NTD drugs or diagnostics into national drug quantification system*

The national drug quantification system, managed by the CAME, has not been in charge of estimating, ordering, or receiving NTD drugs so that they are not commercialized. However, in FY19, several governmental decrees were signed, and one of the positive consequences was the insertion of all NTD drugs into CAME's drug management system. As of today, CAME is only in charge of receiving and



storing NTD drugs and assisting technically (one or two qualified staff made available) in dispatching drugs among the departments and conducting reverse logistics.

*Support for the preparation of the WHO Joint Request for Selected PC Medicines (JRSM)*

As for the previous years, the project will assist the PNLMT in the preparation of WHO JRSM forms and submission by the deadline set.

*Technical assistance for monitoring and management of adverse events (AEs) and severe adverse events (SAEs)*

Through the projects it supports, USAID has for many years has assisted the NTD program in printing MDA registers that help monitor AEs and SAEs. Any such cases are to be noted in the treatment register so that this information is available at the end of the MDA, and the details are transmitted directly to the central level of the PNLMT. For all cases, each health worker who provided the care must also complete a specific form that is transmitted to the program and archived. In 2020, as part of the departmental training, the PNLMT will insist again on the need to fill in the AE and SAE reporting forms. A module provided, with the assistance of the project, during the training of departmental, health zone, district, and sub-district level staff covers AEs and SAEs and how they should be properly managed. The difference between these two types of side effects is made clear and the attitude/actions expected of each health worker involved in such cases are thoroughly described. The PNLMT has recommended that health agents care for all cases of side effects free of charge, with SAEs being referred to the health zone hospital.

Within the MOH, the Department of Pharmacy, Drug, and Diagnostic Explorations, (*Direction de la Pharmacie, du Médicament et des Explorations Diagnostiques* [DPMED]) is also in charge of collecting information regarding the number of MDA-related cases of AEs and SAEs. This service collects its data directly from the sub-district health center agents who fill in a reporting form on a regular basis. Data sent by the health centers is compiled and sent to the MOH for transmission to the DPMED.

## MAINSTREAMING AND HSS ACTIVITIES

### Develop NTD Sustainability Plan

The following activities are planned for FY20.

*Sustainability: Phase 1, Sensitization Meeting*

The NTD Program sustainability sensitization workshop was held in Benin on November 5, 2019, in the presence of national authorities (MOH representative), USAID HQ, USAID Benin, and representatives of FHI 360 HQ, FHI 360 Benin, Deloitte, World Vision, and WHO Benin. The participation of the sectors in charge of water, education, decentralization, well-being, living and environment, and health research institutions led to constructive exchanges and recommendations. The short form of the meeting report has been shared with participants. The PNLMT is looking for ways to improve cross-sector collaboration; the daily work of all the sectors invited has an impact on NTDs and can help in reaching NTD control/elimination objectives, and more importantly, sustainability.

*Joint landscape analysis (one-week STTA)*

January 13–18, two staff from the FHI 360 health system strengthening (HSS) team visited Benin to perform a joint landscape analysis. The objective was to identify contextual factors that can impact or facilitate better integration of key strategies used to fight NTDs into the national politics, health funding system, planning frameworks, and any other system used to monitor health sector performance.

Specifically, the joint landscape analysis aimed to: 1) gather information on stakeholders actually involved in programs/projects involved or that can play a significant role in the fight against NTDs (as well as their geographical areas of intervention); 2) identify existing and potential service delivery platforms that can be used for the SCH/STH control interventions; 3) identify potential obstacles to cross-sector collaboration and also opportunities to reinforce collaboration; 4) provide an approach to reinforce multi-sectorial coordination and integrate NTD-related needs into health and other sectors' politics and planning. The landscape methodology includes two components: 1) review of literature (documents shared by FHI 360 staff, PNLMT staff, and interviewees met); 2) interview 32 resource people from 18 different health and other sector organizations—PNLMT, *Direction de la santé Mère-Enfant* (DSME), Nutrition department, *Agence Nationale de l'Assurance Maladie* (ANAM), USAID, FHI 360, Sightsavers, UNICEF, WHO, water and sanitation, environment, social affairs, decentralization and governance, city hall of Allada, kindergarten and primary school, secondary school.

Several alternatives were identified for integrating SCH/STH activities. These included using the DSME platform during the *Semaine de survie de l'enfant* (which targets a portion of the PNLMT's targets) and administer the drugs in collaboration with the Malaria program during the mosquito nets distribution campaign. Three strategies were identified to improve multi-sectorial collaboration: 1) collaborate with the Ministry of Social Affairs through the social promotion centers, collaborate with secondary school department for the school-based MDA campaigns, and collaborate with local communities (*collectivités locales*) to find opportunities for local resource mobilization. The group also identified nine barriers to cross-sector collaboration. These included lack of knowledge regarding NTDs in the other sectors, lack of formal collaboration framework, lack of leadership from the different actors, and so forth. The group also identified existing platforms (steering committees) that can increase this collaboration (e.g. multi-sectorial committee for mortality reduction, national nutrition agency, etc.).

Additional planned activities include the following:

Workshop to conduct sustainability self-guided assessment/cross sector barrier analysis (STTA—four days): This activity is scheduled for June 2020.

Technical validation of the sustainability plan (STTA—three days): This activity is scheduled for May 2020.

Political validation of the sustainability plan (one day): This activity is scheduled for September 2020.

#### *PC NTD Steering Committee meetings*

The first PC–NTD steering committee meeting was held March 5, 2020, in Cotonou. It focused on presenting the FY19 MDA activity results, the FY20 NTD program activities and how each collaborator invited (education sector, national Parent School Association representative, teachers' union) can help in reaching the objectives set. PNLMT and FHI 360 staff also took part in that one-day meeting. Recommendations included the following: 1) for the PNLMT—provide written information on districts targeted in FY20 (MDA and disease assessment such as TAS) as well as the decree authorizing school-based MDA, and 2) For the Ministry of Kindergarten and Primary Education (MEMPE)—update list of their NTD focal points and make available the decree authorizing provision of food to children during school-based MDA.

The two upcoming meetings will focus on cross-sector collaboration and alternatives to sustain SCH/STH control activities.

HMIS–M&E Indicator Integration: planned for Q3

TIPAC data entry and financial gap analysis: planned for May 2020

### *SCH, STH, post-validation/verification surveillance*

(All planned activities for FY20 are described in the section on MDA coverage.)

### *Training of heads of school districts, pedagogical advisors, pedagogical unit deputy chiefs to support MDA implementation*

Before implementing the SCH/STH MDA, a total of 34 Head of School Districts (CRP), 128 Pedagogical Advisor (CP), 1533 Pedagogical Unit Chiefs (RUP), and 1533 Co-Chiefs (Co-RUP) will be trained by district head doctor NTD focal points. This training was scheduled to start on March 23 but has been postponed due to the COVID-19 situation. The training will take place prior to MDA implementation once everyone is back in school.

### **Cross-sector Coordination and Integration with Existing Platforms**

#### *Institutionalization of multi-sector mechanisms for sustainability of SCH/STH (in sectors such as water, sanitation, and hygiene; health education; maternal and child health; nutrition; and malaria)*

The sensitization activity (see above) helped in setting a clear foundation for the importance of such mechanisms. During this meeting, the actors of all the other sectors realized that their daily activities have an impact on the fight against NTDs. Adopting a multi-sector approach will therefore help in maximizing the resources available and find ways to quickly reach the common objective, which is improving the life of communities.

#### *Provide technical assistance for development of cross-sector action plan*

Since the beginning of FY20, FHI 360 Benin project staff have been helping the NTD program reflect on and find ways to increase cross-sector initiatives and develop a related action plan. The HSS aspect of the project is working towards this goal as part of the sustainability plan. The plan will be developed jointly by the FHI 360 HSS team and Deloitte, in close collaboration with the MOH, and should be ready by Q4.

## **CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN**

**Table 4: Challenges/Resolutions**

Challenge encountered	Solutions	Status (resolved, pending)
Registration process of FHI 360 Benin not completed	Find contacts of those in charge of the dossier and continue to provide information requested in a timely manner to speed up the process	Registration completed. Waiting for the registration to be gazette at end of May
FHI 360 Benin bank account opening not completed	Wait for the registration process to be completed. All documentation has been submitted and accepted by the bank, so once registration is completed, the account will be activated. For now, our team in Côte d'Ivoire is processing all requests for funds	Pending

	and payments to ensure activities can move forward without delay. The team is also wrapping up negotiations to be able to initiate payment via a mobile money platform.	
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## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 5: FY20 ACTIVITIES	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Annual PC NTD review meeting (for FY19 activities) and MOH PC NTD annual planning meeting (for FY20 activities)						
OV cross-border meeting with Togo*						
OV/LF expert committee meetings*						
Meeting with all partners offering support for all NTD activities						
<b>NTD Secretariat</b>						
Operational costs and supplies						
Vehicle maintenance						
<b>Building Advocacy for a Sustainable National NTD Program</b>						
Workshop to conduct Sustainability self- guided assessment/ cross sector barrier analysis (STTA - 4 days)						
Technical validation of the sustainability plan (STTA - 3 days)						
Political validation of the sustainability plan (1 day)						
PC-NTD Steering Committee meetings						
HMIS - M&E Indicator Intergration						
TIPAC Data entry and financial gap analysis						
Cross- sector coordination						
<b>Mapping</b>						
Hospital files review (desk review) in Bantè, Savalou, Dassa-Zoumè, Glazoué, Savè, and Ouèssè districts						
Mapping of trachoma in Ouèssè, Bantè, Savalou, Dassa-Zoumè, Glazoué, and Savè districts*						
<b>MDA Coverage</b>						
Enhanced MDA for LF in four districts (including OV MDA in three districts)						
Printing of nurses' reporting books for OV MDA						
Community-based MDA for OV in 48 districts (2 rounds)*						
Printing of reporting forms for SCH/STH MDA						
SCH/STH MDA						
<b>Social Mobilization to Enable NTD Program Activities</b>						
Printing of banners for OV MDA in 48 districts*						
Airing of MDA-related TV and radio commercials and announcements for OV MDA*						
Community awareness-raising by town criers for OV MDA*						
Printing of banners for SCH/STH in 53 districts						
Airing of MDA-related TV and radio commercials and announcements for						

Table 5: FY20 ACTIVITIES	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
SCH/STH MDA						
Community awareness-raising by town criers for SCH/STH MDA						
<b>Training</b>						
Training of nurses and CDDs for OV MDA*						
Training of supervisors (CRPs, CPs, RUPs, and Co-RUPs) for SCH/STH MDA						
Training of CDDs for SCH/STH MDA						
Training for re-pre-TAS in 4 districts						
Training for TSS						
<b>Drug Supply and Commodity Management and Procurement</b>						
Preparation of drug donation request forms (as applicable)						
Drug transportation from central to department level						
Reverse logistics						
<b>Supervision for MDA</b>						
Supervision of nurses and CDDs' training for LF MDA						
Supervision of enhanced LF MDA						
Supervision of OV MDA in 48 districts*						
<b>Monitoring and Evaluation</b>						
LF MDA independent monitoring						
LF MDA CES*						
LF TAS2 in 9 districts						
Trachoma surveillance survey (TSS) in 4 districts						
LF re-Pre-TAS						
<b>Supervision for Monitoring and Evaluations DSAs</b>						
Supervision of LF independent monitoring in 4 districts*						
Supervision of LF TAS2 in 9 districts*						
Supervision of TSS in 4 districts						
Supervision of LF re-Pre-TAS						
Supervision of trachoma mapping in Ouèssè*						
<b>Dossier Development</b>						
Develop complete preliminary version of LF elimination dossier						
Develop complete preliminary version of trachoma elimination dossier*						
<b>Short-Term Technical Assistance</b>						
Local consultant for LF elimination dossier development						
Local consultant for trachoma elimination dossier development*						
Sustainability - Phase 1,2, and 3						
HMIS- M&E Data Security, Obj. 3 - (Deloitte)						

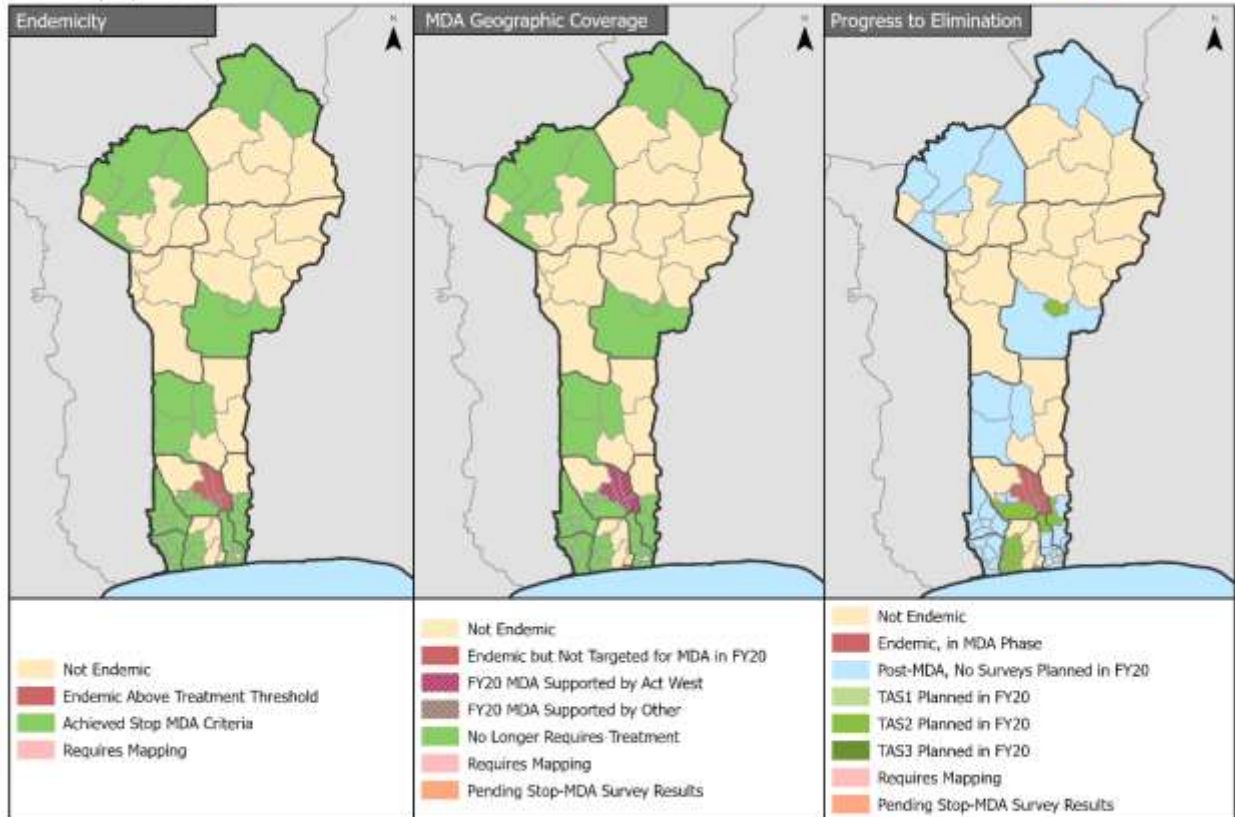
\* = Will not take place in FY20 due to restrictions and/or delays related to COVID-19.

All planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to COVID-19 pandemic.

## MAPS

### Lymphatic Filariasis

Benin | April 2020

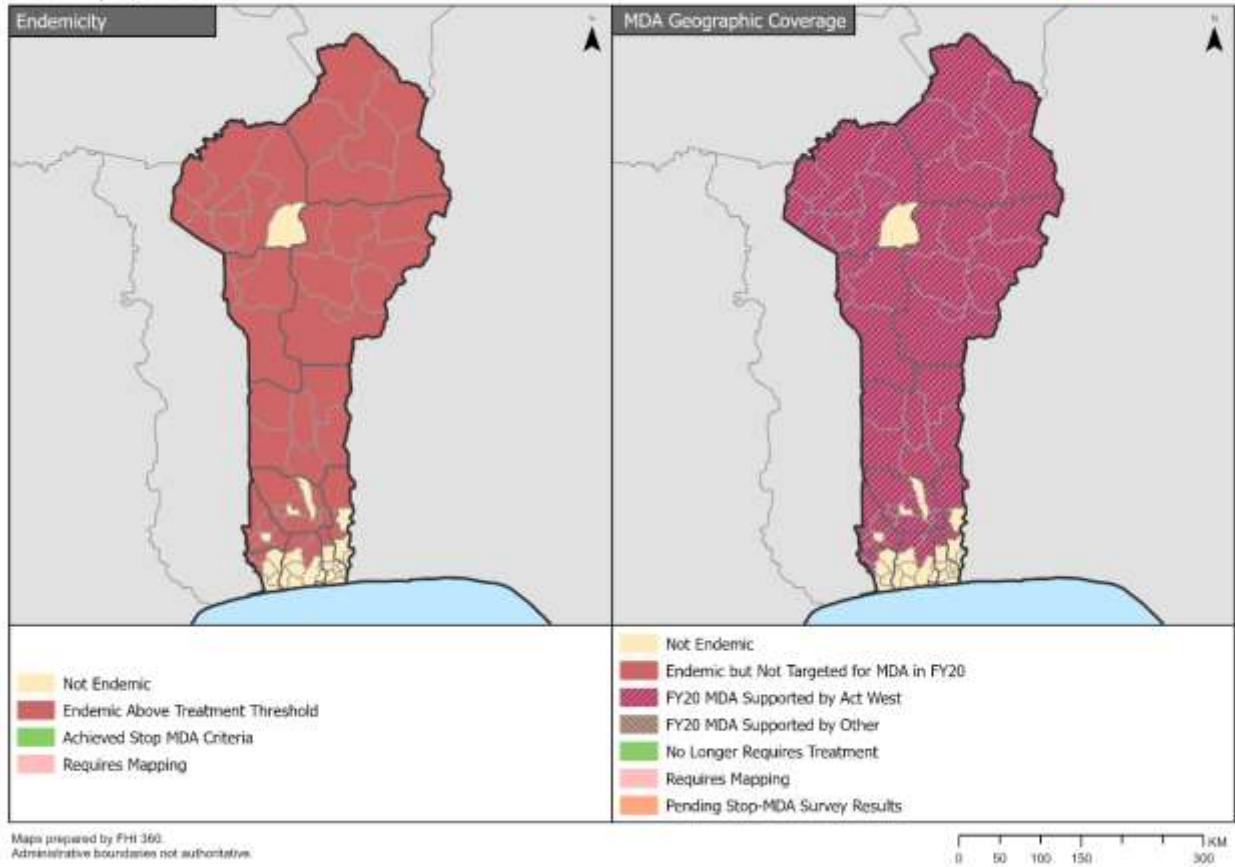


Maps prepared by FHI 360.  
Administrative boundaries not authoritative.



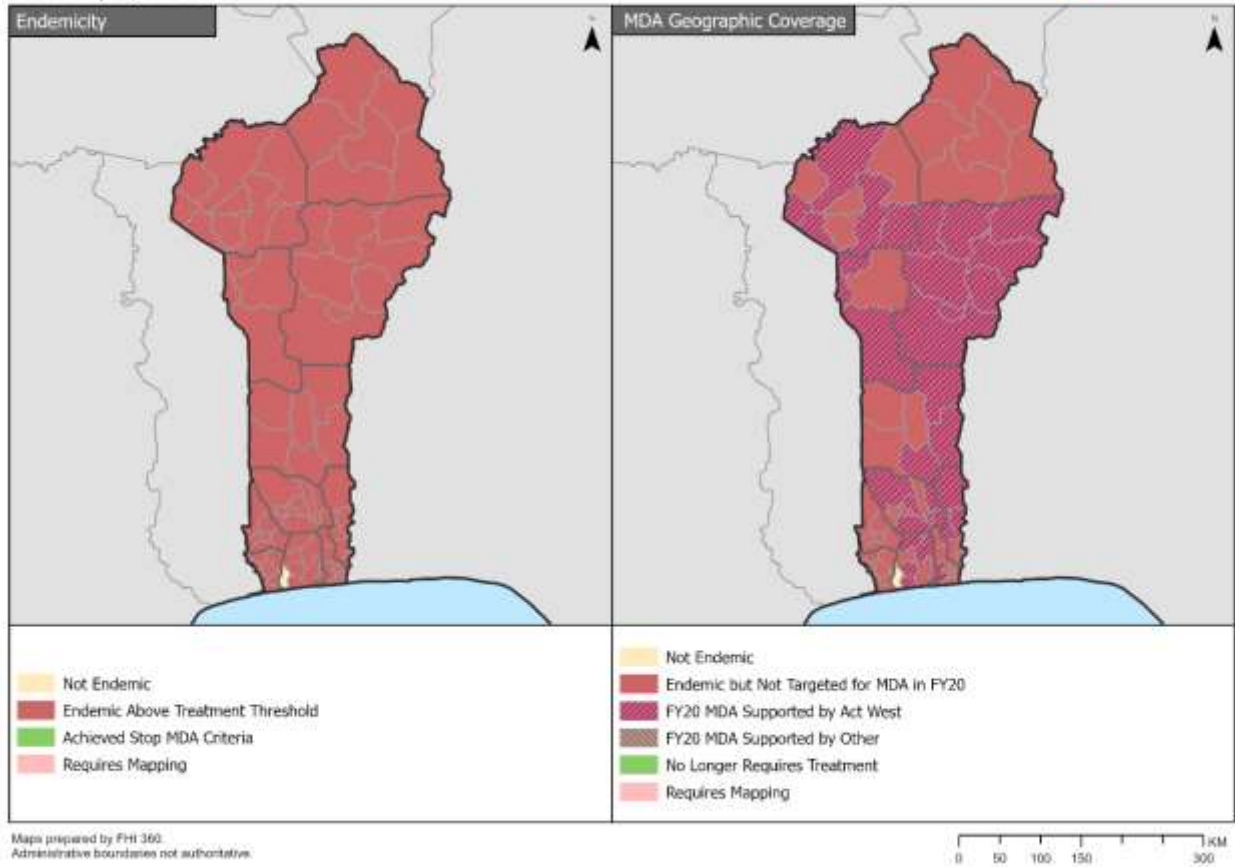
## Onchocerciasis

Benin | April 2020



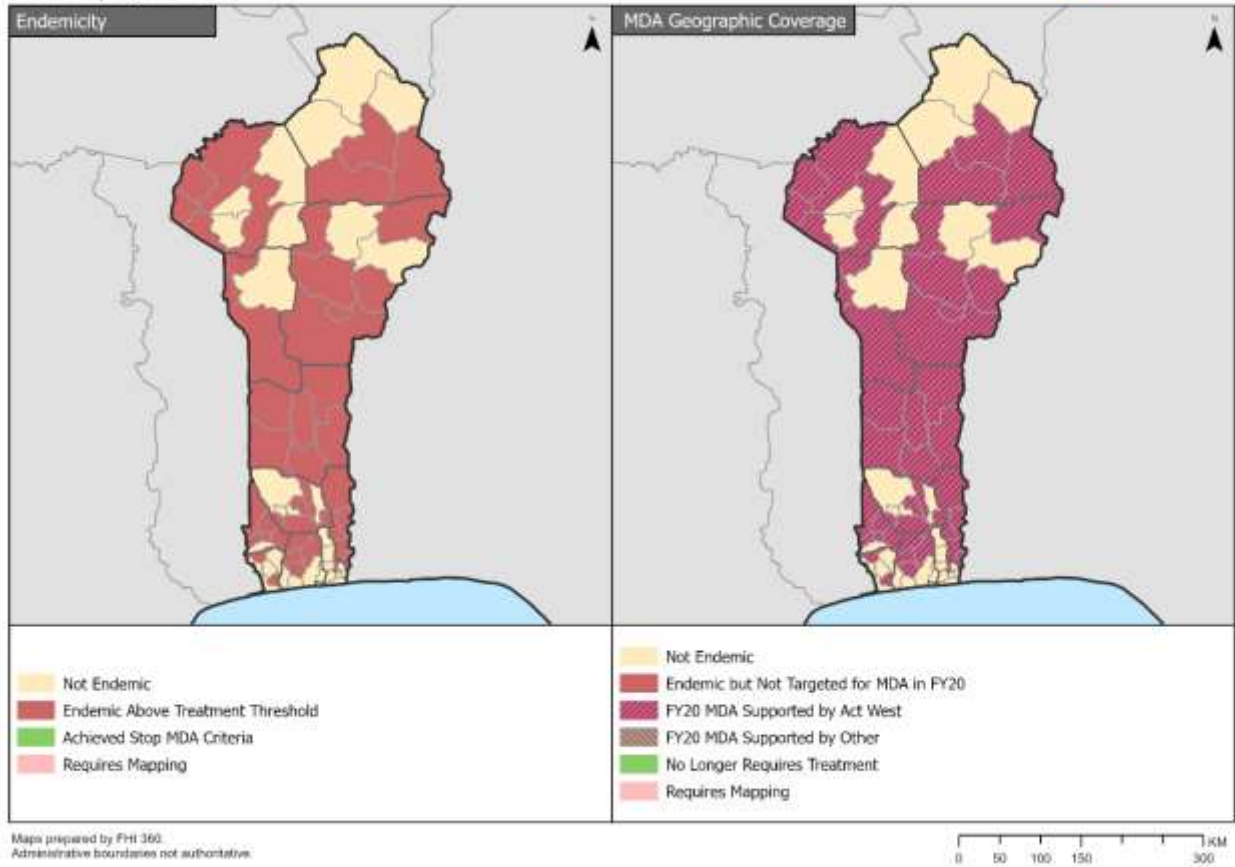
## Schistosomiasis

Benin | April 2020

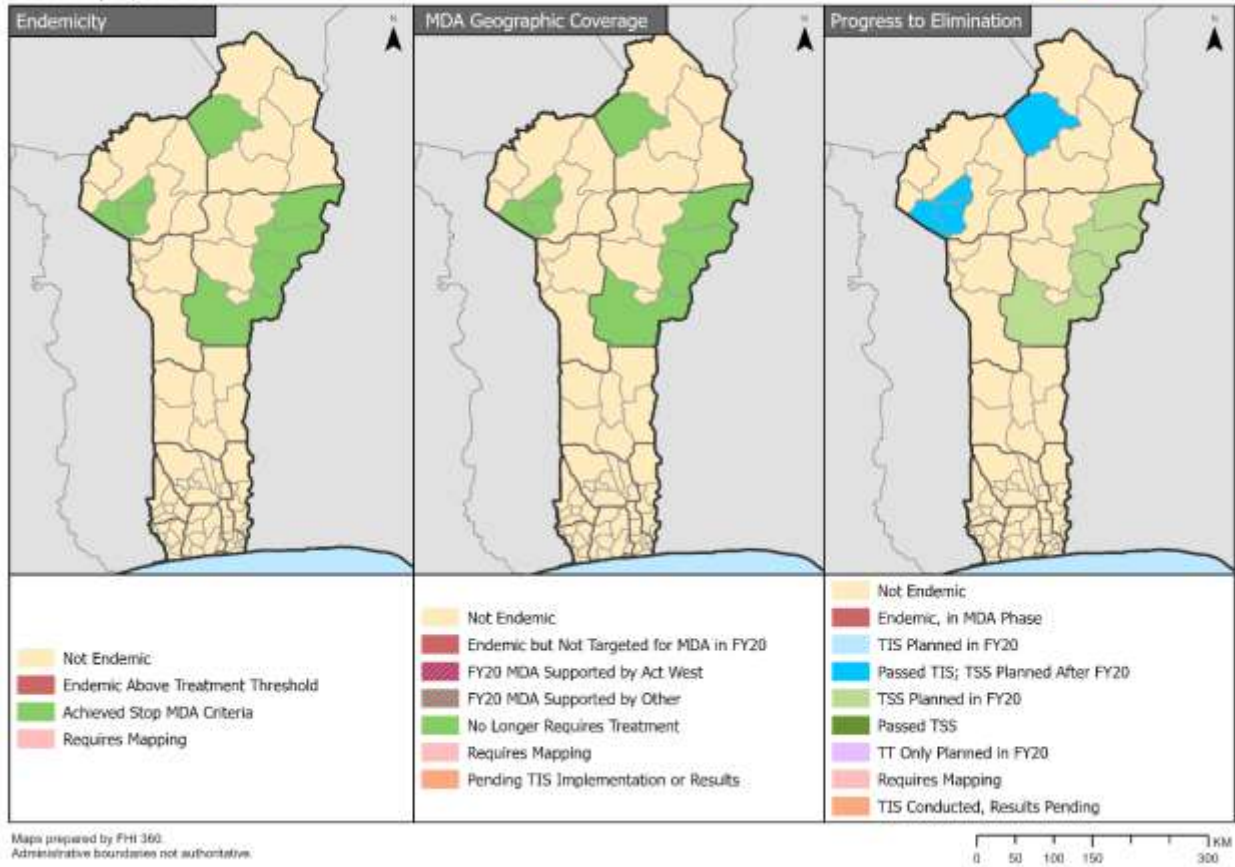


## Soil-Transmitted Helminths

Benin | April 2020



# Trachoma Benin | April 2020





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Act to End NTDS | West FY20 Semi-annual Report (SAR): October 1, 2019–March 31, 2020



# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**BURKINA FASO**

## TABLE OF CONTENTS

TABLE OF CONTENTS .....	117
LIST OF TABLES .....	117
ACRONYMS AND ABBREVIATIONS.....	118
EXECUTIVE SUMMARY .....	120
PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....	122
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	122
<i>Strategic Planning</i> .....	122
<i>NTD Secretariat</i> .....	123
<i>Building Advocacy for a Sustainable National NTD Program</i> .....	124
<i>Mapping</i> .....	124
<i>MDA Coverage</i> .....	124
<i>Social Mobilization to Enable PC-NTD Program Activities</i> .....	125
<i>Training</i> .....	125
<i>LF TAS Workshop in Abidjan, Côte d'Ivoire</i> .....	126
<i>Supervision for MDA</i> .....	131
<i>Monitoring, Evaluation and Learning</i> .....	131
<i>Supervision For Monitoring and Evaluation and DSAs</i> .....	134
<i>Dossier Development</i> .....	135
<i>MMDP Situational Analysis</i> .....	135
<i>Short-term Technical Assistance (STTA)</i> .....	135
IR/S: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	136
<i>Data Security and Management</i> .....	136
<i>Drug Management</i> .....	136
MAINSTREAMING AND HSS ACTIVITIES.....	136
<i>Develop NTD Sustainability Plan</i> .....	136
<i>Cross-Sector Coordination and Integration with Existing Platforms</i> .....	137
SUCCESS STORIES AND BEST PRACTICES.....	137
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	138
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	139
MAPS.....	142

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020 .....	124
TABLE 2: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019–MARCH 2020) .....	128
TABLE 3: TSS RESULTS (FY19) .....	131
TABLE 4: PRELIMINARY TAS2 RESULTS.....	133
TABLE 5: SHORT-TERM TECHNICAL ASSISTANCE .....	136
TABLE 6: CHALLENGES/RESOLUTIONS.....	138
TABLE 7: FY20 ACTIVITY .....	139



## ACRONYMS AND ABBREVIATIONS

<b>2IE</b>	<b>International Institute of Water and Environmental Engineering (<i>Institut International d'Ingénierie de l'Eau et de l'Environnement</i> in French)</b>
<b>ALB</b>	Albendazole
<b>BCC</b>	Behavior change communication
<b>CBHW</b>	Community-based health worker
<b>CDC</b>	U.S. Centers for Disease Control and Prevention
<b>CDD</b>	Community drug distributor
<b>CDTI</b>	Community-directed treatment with ivermectin
<b>CES</b>	Coverage evaluation survey
<b>CFA</b>	Circulating filarial antigen
<b>CS</b>	Control (Spot-check) site
<b>CSM</b>	Community self-monitoring
<b>CSPS</b>	Center for Health and Social Promotion ( <i>Centre de Santé et de Promotion Sociale</i> in French)
<b>DCPM</b>	Directorate of Communication and Ministerial Press
<b>DfID</b>	Department for International Development
<b>DGAP</b>	General Directorate for Access to Health Products
<b>DPES</b>	Directorate of Health Promotion and Education
<b>DPSP</b>	Directorate of Protection of Population Health ( <i>Direction de la Protection de la Santé de la Population</i> in French)
<b>DQA</b>	Data quality assessment
<b>DRS</b>	Regional Health Directorate ( <i>Direction Régionale de la Santé</i> in French)
<b>DSA</b>	Disease-specific assessment
<b>EDC</b>	Electronic data collection
<b>EU</b>	Evaluation unit
<b>EPIRF</b>	Epidemiological Data Reporting Form
<b>FHI 360</b>	Family Health International 360
<b>FTS</b>	Filariasis test strip
<b>FY</b>	Fiscal year
<b>HD</b>	Health district
<b>HKI</b>	Helen Keller International
<b>HSS</b>	Health System Strengthening
<b>ICP</b>	Integrated communication plan
<b>ICT</b>	Immunochromatographic card test
<b>INDB</b>	Integrated NTD database
<b>IEC</b>	Information, education and communication
<b>IVM</b>	Ivermectin
<b>KAP</b>	Knowledge, attitude and practice
<b>LF</b>	Lymphatic filariasis
<b>M&amp;E</b>	Monitoring and evaluation
<b>MDA</b>	Mass drug administration
<b>MMDP</b>	Morbidity Management and Disability Program
<b>MOH</b>	Ministry of Health
<b>NTD</b>	Neglected tropical diseases
<b>NTDP</b>	National Neglected Tropical Diseases Program (Programme National de lutte contre les Maladies Tropicales Négligées or PNMTN in French)
<b>OV</b>	Onchocerciasis
<b>PC NTDS</b>	Preventive chemotherapy NTDS
<b>PNDS</b>	National Health Development Plan ( <i>Plan National de Développement Sanitaire</i> in French)

<b>SCH</b>	Schistosomiasis
<b>SCT</b>	Supervisor’s coverage tool
<b>SCM</b>	Supply chain management
<b>SAE</b>	Severe adverse event
<b>SS</b>	Sentinel site
<b>STH</b>	Soil-transmitted helminths
<b>TA</b>	Technical assistance
<b>TAS</b>	Transmission assessment survey
<b>TF</b>	Trachomatous inflammation–follicular
<b>TFGH</b>	Task Force for Global Health
<b>TIPAC</b>	Tool for integrated planning and costing
<b>TSS</b>	Trachoma surveillance survey
<b>TT</b>	Trachomatous trichiasis
<b>USAID</b>	United States Agency for International Development
<b>WAHO</b>	West African Health Organization
<b>WASH</b>	Water, sanitation and hygiene
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

USAID's Act to End Neglected Tropical Diseases (NTDs) | West program is led by FHI 360 and implemented by Helen Keller International (Helen Keller) in Burkina Faso. This report covers activities implemented during the first half of the fiscal year 2020 (FY20), or Year 2 of the program, towards the achievement of the following Intermediate Results (IRs):

IR 1: Increased mass drug administration (MDA) coverage among at-risk populations in countries endemic for NTDs that are treated with preventive chemotherapy (PC)

IR 5: Strengthened country environment for the implementation and management of national NTD programs and sustained MDA coverage among at-risk populations in endemic countries

During the reporting period (October 1, 2019–March 31, 2020), the FY20 planned program activities focused on monitoring and evaluation (M&E). Act to End NTDS | West provided financial and technical support to the national NTD program (NTDP) to carry out the following disease-specific assessments (DSAs) and surveys:

Trachoma surveillance surveys (TSS) were conducted in eight health districts (HDs) representing 10 evaluation units (EUs) out of 12 EUs originally planned in FY19.<sup>11</sup> Preliminary results indicate that all of the EUs surveyed have met the trachomatous follicular (TF) elimination criteria, with trachomatous inflammation–follicular (TF) prevalence below 5 percent among children ages 1–9 years.

Transmission assessment surveys (TAS2 and TAS3) for lymphatic filariasis (LF) were conducted in 15 HDs: 10 HDs (5 EUs) conducted TAS2 and 5 HDs (2 EUs) conducted TAS3. Soil-transmitted helminth (STH) prevalence surveys were combined with the TAS2 in the 10 HDs. The number of positive cases in all EUs was below the critical cut-off, indicating that surveillance may continue in these EUs. Per the survey protocol, all positive cases and their immediate family members and households were treated with ivermectin (IVM) and albendazole (ALB).

Two HDs (Gaoua and Batié) in the Sud-Ouest region carried out a coverage evaluation survey of the FY19 community-directed treatment with IVM (CDTI) campaign. The survey revealed a coverage rate of 79.3 percent, which is slightly below the target rate of 80 percent.

In March 2020, the National Neglected Tropical Diseases Program (NTDP) conducted a coverage evaluation survey in one HD (Kampti) for the FY19 LF campaign. Results are pending.

Prior to the implementation of these surveys, Act | West supported training and capacity building for all survey teams and Helen Keller provided direct supportive supervision during data collection in most EUs. In EUs where Helen Keller could not supervise the surveys due to insecurity, the team remained in contact with the survey teams and supervisors to remotely monitor the survey and help troubleshoot any issues.

In addition to M&E activities, several meetings and workshops were held during the reporting period, including a sensitization workshop on sustaining the gains achieved in NTD control and elimination in

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<sup>11</sup> In FY20, TSS are planned in 8 EUs (5 HDs). Thus, in total for FY19 and FY20, TSS were planned in 18 EUs (13 HDs), of which 10 EUs have been completed to date.

Burkina Faso. This one-day workshop, chaired by the Director General of Public Health (DGSP), brought together more than 30 participants representing several ministerial sectors including the Ministry of Health; Ministry of Economy, Finances and Development; Ministry of the Environment; Ministry of Security; and Ministry of National Education and Literacy. The workshop also brought together representatives of the Association of Municipalities of Burkina (AMBF) and technical and financial partners involved in NTD control. The meeting aimed to enhance national stakeholders' understanding of the need to mainstream NTDs into national policies, planning, and budgeting frameworks to set the stage for a more sustainable approach for NTD elimination and control. The Act | West team also participated in several planning meetings supported by the World Bank, including an NTD technical committee meeting, joint microplanning meetings, and a steering committee meeting.

The reporting period was marked by external challenges including insecurity, the health workers' strike, and recently the COVID-19 pandemic. Due to insecurity in the Sahel, Est, Nord, Centre–Nord, and Boucle du Mouhoun regions, some activities have been postponed—notably TAS3 and TSS (both the remaining EUs originally scheduled for FY19 but carried into FY20 and all surveys planned for FY20). Activities were also disrupted by the health workers' strike, which began in FY19. The strike limited the number of health staff available to conduct trachoma and LF surveys. As a result, data collection took longer than anticipated due to the limited number of trained survey teams. While the health workers strike was suspended before the beginning of 2020, negotiations are still ongoing between the government and health workers union, which has delayed transmission of the FY19 MDA data, particularly from the schistosomiasis (SCH) and LF campaigns from Hauts Bassins, Est, Sud–Ouest, Centre–Est, and Centre–Sud regions. FY19 MDA coverage data is therefore unavailable for the LF and SCH MDA at the regional and national levels. The General Directorate of the Ministry of Health (MOH) plans to recruit a consultant to rectify and manage all the data collected during the strike.

Finally, Burkina Faso has been facing the COVID-19 pandemic since the first cases were reported on March 9, 2020. As of April 15, 557 cases have been confirmed by the MOH, with 35 deaths. The Helen Keller–Burkina Faso office is now temporarily closed, and staff have been working from their homes since Monday, March 16. The government has instituted a series of measures to contain the epidemic, including:

- The prohibition of gatherings of 50 people or more
- Declaration of a state of health emergency in the country and the quarantine of cities that have detected cases of COVID-19, including Ouagadougou
- The closure of educational establishments (pre-school, primary, secondary, professional, and university), the country's international airports, places of worship, and other public places (markets, restaurants, bars, etc.)
- The establishment of a nationwide curfew from 9:00 p.m. to 4:00 a.m.
- Mobilization of the entire MOH against the epidemic, with the cancellation of all other activities and administrative holidays
- Management of cases at home and in identified health care sites for case management
- Social mobilization activities and promotion of individual prevention measures

This has resulted in the suspension of all MOH-led NTD activities until the epidemic can be contained. The above restrictions do not currently have an end date but are being revised as the epidemic evolves.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### Strategic Planning

Helen Keller–Burkina Faso has maintained continuous collaboration between NTD stakeholders during the reporting period to improve coordination of NTD activities, share results and information, and leverage resources. During the first half of FY20, the following strategic planning activities were carried out.

#### *Technical Committee Meeting (funded by World Bank)*

The Act | West team participated in the NTD technical committee meeting from October 1–2, 2019, in Ouagadougou. In addition to discussing other NTDs including Guinea worm and leprosy, the goals of the meeting were to:

- Present the findings of the SCH review meeting held in May and the ongoing strategy for SCH control.
- Present the final report, outcomes, and achievements of USAID’s Morbidity Management Disability Program (MMDP) (2015–2019).
- Present the preliminary results of the onchocerciasis (OV) epidemiological evaluation in the Sud Ouest region.
- Make recommendations for improving NTD control activities in Burkina Faso.

After two days of meetings, the participants issued recommendations to improve NTD control efforts in Burkina Faso. Key recommendations for the national NTDP included:

- Continue to advocate for the government, private sector, and technical and financial partners to mobilize financial resources for entomological and epidemiological surveillance post-NTD treatment.
- Continue to advocate for a cross-border meeting (experience sharing) among programs in Burkina Faso, Côte d’Ivoire, Ghana, and Mali.
- Continue to advocate for the mobilization of resources to conduct national mapping of leishmaniasis and their vectors.
- Encourage schools of medicine and health to integrate NTDs into the curriculum for final-year students and guide them to work in NTD control.

- Write a technical memo to the Secretary General of the Ministry of Health on the resurgence of leprosy in Burkina Faso.

The Act | West team participated in this meeting as a statutory member of the committee. These committee meetings serve as frameworks for collaboration among the NTDP, other programs and MOH directorates, research centers, and the technical and financial partners. This framework allows the members to take a critical look at implementation of NTD control efforts and make any necessary improvements.

#### *Joint Planning, Technical and Steering Committee Meetings (World Bank/WAHO)*

From February 19–22, 2020, Helen Keller–Burkina Faso participated in the joint planning meeting and Technical Committee and Steering Committee meetings funded by the World Bank. These meetings were organized by the West African Health Organization (WAHO), which is responsible for the monitoring and evaluation of the World Bank NTD project. Participants included representatives from the NTDPs of Burkina Faso, Niger, and Mali, as well as other technical and financial partners including Helen Keller, Sightsavers, and the Malaria Consortium. The objectives of these meetings were to: 1) carry out a joint planning of NTD control and elimination activities in Burkina Faso, Mali, and Niger; and 2) monitor implementation of FY20 activities while updating the project's quality indicator framework.

#### *Finalization of the Fixed Amount Awards (FAAs)*

During the reporting period, Helen Keller–Burkina Faso and HQ teams prepared the FY20 FAA packages for submission to FHI 360. To date, 13 FAAs have been approved, with three FAAs pending submission. Multiple FAAs were prepared for some recipients, such as the DGSP and Sud-Ouest Regional Health Directorate, due to the cap of US\$250,000 per FAA. All FAAs were approved in time for activity implementation.

#### *Microplanning Workshops (World Bank)*

At the invitation of the NTDP, Helen Keller–Burkina Faso participated in the microplanning validation workshops financed by the World Bank at regional level. Four sessions which brought together all regions were held in Manga and Bobo–Dioulasso HDs from January 29–31, 2020, and in Tenkodogo and Koudougou HDs from February 3–5, 2020. The aim of the microplanning sessions was to provide an overview of activities financed by the World Bank, USAID, and ASCEND in 2020 and discuss planning and coordination of NTD activities between regional directorates and health districts across donors to avoid duplication of efforts. At these workshops, it was also indicated that the World Bank will address the funding gaps for certain FY20 activities. This includes:

- Supplemental funding for five additional work days for the community drug distributors (CDDs)
- Support for implementation of SCH MDA in 15 HDs
- Support for the second round of OV CDTI in endemic HDs in the Sud–Ouest region

#### **NTD Secretariat**

During the reporting period, the NTDP received support from Act | West for communications and Internet connection. The procurement process is also underway to purchase computer equipment, office supplies, and equipment for the NTDP secretariat.

### Building Advocacy for a Sustainable National NTD Program

With support from Act | West, the NTDP produced a 26-minute documentary on NTD control and elimination in Burkina Faso. Two versions of the documentary were produced: one for awareness and the other for advocacy. The awareness version was translated in three of the most widely spoken local languages in Burkina Faso. The documentary was produced with inputs from the Directorate of Health Promotion and Education (DPES), Regional Health Directors, District Medical Officers, the Communications and Ministerial Press (DCPM) Directorate of the Ministry of Health, and the Act | West team. The terms of reference and script for this documentary were reviewed by FHI 360 and USAID. The documentary featured interviews with program beneficiaries, local and administrative leaders, and partner non-governmental organizations (NGOs) and programs working in the NTD field. An initial screening of the documentary film was organized on October 18 in Ouagadougou. In addition to the Act | West team, the screening was attended by NTDP staff, DRS, and district medical chiefs who were interviewed for the documentary, and representatives from the DPES and DCPM of the MOH. The documentary has been shared with FHI 360 through the Act | West SharePoint site.

### Mapping

Mapping for all five NTDs has already been completed in Burkina Faso. However, a recommendation from the SCH strategic review meeting in May 2019 was to conduct a national re-mapping for SCH according to new guidelines. Sightsavers plans to support this SCH mapping survey in 20 HDs in 2020.

### MDA Coverage

No MDAs were conducted during the reporting period (Table 1). The FY20 SCH MDA is tentatively scheduled for May 2020 and the OV/LF MDA is planned for June 2020, with the assumption that the COVID-19 epidemic is brought under control in the country by that time.

**Table 6: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY20)	# District with insufficient epi coverage in FY20	# District with insufficient program coverage in FY20	Treatment targets (FY20) # PERSONS	# persons treated (FY20)	Percentage of treatment target met (FY20) PERSONS
LF	1	5	0	0	825,368	0	0
OV	1	4	0	0	167,017	0	0
SCH	1	33	0	0	3,383,590	0	0
STH	0	0	0	0	0	0	0
TRA	NA	NA	NA	NA	NA	NA	NA

The FY19 LF and SCH MDA data are not yet available, due to the health care workers' strike. Although the strike ended in early calendar year 2020, negotiations continue between the government and



unions, and data from campaign-based interventions have not been transmitted from the districts to the MOH and NGO partners.

### Social Mobilization to Enable PC-NTD Program Activities

No social mobilization activities for MDA were carried out during the reporting period. These activities are planned prior to the scheduled SCH MDA campaign in May 2020 and the LF/OV campaign in June 2020. However, social mobilization activities were carried out during the reporting period for the DSAs. Notably for the TAS2, the Secretary General of the Ministry of Health conducted a field visit to launch the survey in Manga district on January 21. The launch was also attended by the Director General of Public Health, the Director of Health Protection, the National NTDP Coordinator, the Prefect of the Manga commune, the DRS, district chief doctors, and the Act | West team. The event was covered by the media (public and private radio and national TV). This televised field visit served as an important social mobilization opportunity to encourage participation and understanding of the TAS surveys as an important milestone toward LF elimination. The Secretary General also invited the population to become more involved in NTD control activities in their communities.

### Training

Capacity building activities during the reporting period focused on reverse drug logistics and training of surveyors for the TSS and LF TAS2/3.

#### *Reverse logistics training*

Act | West supported a reverse logistics training in two sessions in the Centre–Est and Hauts Bassins regions from October 28–30 and from November 5–7, respectively. This training was organized by the NTDP with technical support from Helen Keller and *Centrale d'Achat des Médicaments Essentiels Génériques* (CAMEG). A total of 84 logistics managers (72 males and 12 females) were trained from the regions and districts that implemented the FY19 MDA (see Table 2 below). The objectives of the training sessions were to:

- Increase participants' knowledge of national strategies to control NTDs with preventive chemotherapy
- Equip logistics actors to ensure efficient management of NTD drug logistics and efficient reverse logistics management at all levels
- Identify the difficulties inherent in reverse logistics through group work
- Share experiences and propose solutions to overcome the difficulties related to reverse logistics

#### *Trachoma Surveillance Survey—Training of Surveyors*

Prior to the survey training, Act | West supported the NTDP to hold a preparatory meeting for the TSS in Koudougou from September 26–28, 2019. The NTDP, Helen Keller, and regional representatives reviewed the approved survey protocol and the clusters identified by Tropical Data and discussed the following considerations in preparation for the survey:

- Distance between villages and the districts
- Contact information of health nurses, community health workers
- Assessing village accessibility

Reviewing routes to access villages

Determining the timeline for traveling to clusters and sharing this information with head nurses

Training on the TSS implementation was conducted in Ouagadougou from October 1–4, 2019, for surveyors (graders and recorders) for the FY19 TSS. The training was led by a Tropical Data master trainer in-country, with support from the NTDP and Helen Keller, covering the revised Tropical Data training modules (see Table 2 below). The graders (ophthalmology health officers) and recorders (data entry operators) were evaluated after the training: 4 of 5 graders and 10 of 12 recorders passed the test and went on to conduct the survey. The number of surveyors trained was significantly reduced due to the health workers strike: the NTDP had originally planned to train 10 graders to have 10 survey teams, but only five graders attended the training, and of those, only four were certified. The NTDP plans to train additional survey teams in preparation for the FY20 TSS.

#### *LF TAS2/3—Training of Surveyors*

Act | West supported the training of survey teams for the TAS2/3 in each targeted EU. The surveys were conducted by members of the laboratory unit and the NTDP data managers; the latter received support from actors at the national level and *Centre de Santé et de Promotion Sociale* (the Center for Health and Social Promotion, or CSPS). This training included a review of strategies for the elimination of LF, TAS protocol and survey methodology, data collections tools, review of smartphone forms, and the sampling and reading of filariasis test strip (FTS) tests. Participant discussion items included guidelines on preparing and conducting the survey. The NTDP has extensive criteria that the surveyors must meet to be selected for TAS survey training. The trainings were also verified by a pre- and post-test to ensure the surveyors' levels of knowledge and their ability to participate appropriately in the surveys. Trainers adapt the training according to the pre-test results, emphasizing the concepts and methodologies that need additional focus or instruction.

#### **LF TAS Workshop in Abidjan, Côte d'Ivoire**

Lucien Mano, Helen Keller Monitoring and Evaluation Officer, and Roland Windtare Bougma, NTDP LF Focal Point, attended the LF TAS workshop organized by USAID and FHI 360 in Abidjan, Cote d'Ivoire, from January 14–16, 2020. The workshop brought together FHI 360, HKI, the World Health Organization (WHO), AFRO/ESPEN, USAID, the Centers for Disease Control and Prevention (CDC) Atlanta, and the Act | East and Act | West country programs to review best practices for LF TAS implementation and strengthen the skills of the national program teams to implement high quality LF surveys (see Table 2 below). During this training, the WHO and USAID partners shared several presentations on the LF guidelines and survey protocols. The meeting also provided a framework for exchanges among participants on each country's expertise in order to share M&E best practices. Helen Keller's Act | West team also held a side meeting to discuss:

- Cameroon's experience and best practices using electronic data capture (EDC) for LF surveys; Benoit Demele, Quality Improvement Specialist, organized a webinar highlighting the use of the Ona platform for EDC during TAS surveys to obtain better quality data and advised immediately treating individuals who tested positive along with their families and rigorously following up with the positive individuals after conducting TAS.

The implementation of the supervisor's coverage tool (SCT) for FY20 MDAs

Upcoming country-specific workshops, trainings, and quality improvement plans

*Act | West Branding and Marking Training*

Helen Keller–Burkina Faso’s Deputy NTD Coordinator conducted a communications and branding cascade training from October 16–17, 2019. The Deputy Coordinator, who attended the Act | West Branding & Communication workshop in Accra, is the focal person for Act | West branding and communications activities in country and participates in monthly communications calls led by FHI 360. The training briefed members of the Burkina Faso Act | West team on USAID’s communications expectations, how to write success stories, principles for inviting USAID VIPs to high-level meetings, branding and marking guidelines, and the overall communications goals and deliverables under Act | West. Following this training, Helen Keller–Burkina Faso drafted a success story and blog post that has been published to the Act | West program website and widely disseminated. The blog post documents lessons learned during the last LF pre-TAS and the importance of establishing a system to follow hard-to-reach populations such as seasonal migrants to ensure they do not miss annual MDAs. The blog post can be found [here](#).

*Webinar on Electronic Data Collection (EDC) for TAS surveys*

The Burkina Faso team participated in a webinar organized by Benoit Dembele, Helen Keller Quality Implementation Specialist, highlighting the use of the Ona platform for EDC during TAS surveys to obtain better quality data. The webinar was an opportunity for Cameroon to share their experience using EDC for LF surveys and lessons learned and exchange with other Helen Keller country offices to prepare for the roll out of EDC as a quality improvement strategy. Participants also discussed the importance of immediately treating individuals who tested positive along with their families and rigorously following up with the positive individuals after conducting TAS. Although the webinar focused on the Ona platform, the Burkina Faso team shared experiences using ESPEN Collect for LF survey data collection (see M&E section).

**TABLE 7: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019–MARCH 2020)**

Title of training	location	Target participants e.g. HCW, CDD, community)	Objective/s of training	Date	Lead organization (e.g. FHI 360, HKI, HDI, WVI, Deloitte)	Key outcome/s of the training	# of participants		
							M	F	T
Training on management of reverse drug logistics	Bobo, Tenkodogo	DRS and HD actors responsible for managing NTD drugs	<ul style="list-style-type: none"> <li>✓ Build participants' knowledge on national PC NTD strategies</li> <li>✓ Provide logistics actors with tools to ensure effective management of NTD drug logistics</li> <li>✓ Ensure effective reverse logistics management at all levels</li> <li>✓ Identify the problems inherent in reverse logistics through work in groups</li> <li>✓ Share experiences and propose solutions to address reverse logistics problems</li> </ul>	October 28–30, 2019 (Bobo session) and November 5–7, 2019 (Tenkodogo session)	Helen Keller International	<ul style="list-style-type: none"> <li>✓ Experience sharing on MDA drug returns</li> <li>✓ Identification of obstacles related to reverse logistics</li> <li>✓ Proposal for an effective drug management strategy</li> <li>✓ Knowledge acquisition regarding national strategies to fight NTDs</li> </ul>	72	12	84

Training for TSS survey teams (graders and recorders) surveillance surveys	Ouagadougou (classroom) and surrounding areas (field practice)	Graders (ophthalmology assistants–OAs)	<ul style="list-style-type: none"> <li>✓ Train the surveyors (OAs) on the revised Tropical Data modules</li> <li>✓ Train/provide skills upgrading in eye exams for the OAs in order to identify follicular trachoma, scarring trachoma, and trachomatous trichiasis</li> <li>✓ Perform eye exams in the field (schools and surrounding neighborhoods of Ouagadougou)</li> <li>✓ Select the graders who are certified to implement the TSS in the field</li> </ul>	October 1–4	Tropical Data	4/5 OAs certified	3	2	5
		Recorders (Data entry operators)	<ul style="list-style-type: none"> <li>✓ Train the surveyors (data entry operators) on the Tropical Data questionnaire</li> <li>✓ Train the data operators on data entry</li> <li>✓ Implement data entry in the field in collaboration with the graders</li> <li>✓ Select recorders who are certified to implement TSS in the field</li> </ul>	October 1–4	Tropical Data	10/12 data operators were certified	11	1	12

Training on LF transmission assessment surveys	Abidjan	Actors working on LF transmission assessments in country offices and national NTD programs	<ul style="list-style-type: none"> <li>✓ Improve partners' coordination to support high-quality surveys</li> <li>✓ Build the national team's programs' skills to implement high-quality LF surveys</li> <li>✓ Provide the national team's programs with tools if they fail disease-specific assessments</li> </ul>	January 14–16	FHI 360	<p>The recommendations are:</p> <ul style="list-style-type: none"> <li>✓ Use electronic data collection during TAS to obtain better quality data</li> <li>✓ Treat positive cases (and their families) immediately and provide rigorous monitoring of these cases after TAS is implemented</li> <li>✓ Conduct MDA coverage surveys, rapid surveys (SCT), and a new, more streamlined DQA tool (allowing its use during supervision) to improve MDA quality</li> </ul>	2	0	2
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## Supervision for MDA

No MDA supervision was conducted during the reporting period. The FY20 MDA campaigns are scheduled during the second half of the fiscal year.

## Monitoring, Evaluation and Learning

The following surveys were conducted during the first half of FY20: the OV CDTI survey; the LF coverage evaluation survey (for the FY19 LF MDA); TSS; and the LF TAS2 and TAS3 surveys. These surveys and their results, as available, are described in more detail below.

### TSS

In FY19, TSS had been planned in 9 HDs (12 EUs). However, due to the health workers' strike in 2019, the TSS were delayed until the end of September 2019 and the FAA was extended to enable the NTDP to complete the surveys in FY20. To date, 10 out of 12 planned EUs (8 HDs) have completed the survey between October 2019 and March 2020. These include the HDs of Zabré, Pô, Ténado, Léo (2 EUs), Réo, Nanoro, Boussouma, and Sig-Nonghin (2 EUs). The surveys followed a protocol reviewed by FHI 360 and approved by Tropical Data. The remaining 2 EUs in Nongr–Massom HD were scheduled to be surveyed March 21–31, 2020, but the MOH cancelled this activity due to the recent COVID-19 outbreak.

One significant challenge during implementation of the TSS was insecurity. The survey team could not access four clusters in Pô HD (Guiaro commune). Based on Tropical Data's instructions, the clusters that were not surveyed were not replaced; they will be surveyed when the security situation improves. Another challenge posed was the health workers' strike, which resulted in a smaller number of teams trained (only four teams out of the ten planned) and extended the duration of the data collection by several weeks. (Note: this extension did not have any budgetary implications.)

The final FY19 TSS report will be available in July. Pending validation by Tropical Data and the NTDP, the provisional TSS results indicate that all EUs have TF prevalence below 5 percent (see Table 3 below).

**Table 8: TSS RESULTS (FY19)**

Evaluation unit	No. 1–9 yrs examined	TF Prevalence	No. 15 yrs and > examined	TT Prevalence
Zabré	1,204	0.75	1,264	0.16
Pô*	866	0.58	1,046	0.10
Leo 1	1,130	0.71	1,203	0.17
Leo 2	1,235	0.49	1,211	0.17
Réo	1,220	0.66	1,226	0.08
Ténado	1,288	0.54	1,347	0.22
Nanoro	1,233	0.57	1,261	0.08
Boussouma	1,259	0.64	1,393	0.36
Sig–Nonghin 1	1,183	0.59	1,093	0.27
Sig–Nonghin 2	1,075	0.09	1,440	0.07



*LF TAS2 in 5 EUs*

The post-LF treatment surveillance surveys (TAS2 and TAS3) planned for FY19 were not carried out because of the strike. These were re-scheduled for FY20 and EUs were revised in consultation with FHI 360 and USAID to have population sizes under 500,000 per the latest USAID guidance. The surveys began in December 2019. The survey protocol was developed by the NTDP based on WHO guidelines and reviewed and approved by FHI 360. The protocol contained the following quality control measures outlined in the workplan, including:

- Use of a positive control to test FTS upon arrival in the country and before their use in the field
- Proper storage of the FTS in a dry, cool location
- Use of the WHO form for LF diagnosis to document FTS performance in the field
- Re-taking tests to confirm positive cases
- Use of the TAS supervisor's checklist
- Monitoring and treatment of positive cases

Act | West supported a preparatory meeting for the TAS2 in Garango and Pouytenga HDs in the Centre Est region on December 27, 2019. The meeting brought together the DRS, District Chief Medical Officers, District Heads of Health Information and Epidemiological Surveillance Centers (CISSE), and heads of the LF and SCH/STH units within the NTDP. The meeting allowed participants to coordinate and organize the upcoming surveys and revise the activity timeline.

TAS2 data collection began in January 2020 and ended on February 16, 2020. Five of the 6 EUs planned were surveyed in 10 HDs. These included the Sig–Nonghin–Nongr–Massom–Boulmiougou EU in the Centre region, Garango–Pouytenga EU in the Centre–Est, Manga and Kombissiri–Saponé EUs in the Centre–Sud, and Bogandé–Mani EU in the Est region. Thirty clusters were surveyed in each EU. In some EUs, additional clusters were selected using the Survey Sample Builder and surveyed to ensure that the target number of children ages 6–7 years was met. TAS2 was not conducted in the Po EU (Centre–Sud region) due to a shortage of FTS. (The FTS used for these surveys was purchased in FY19 prior to the EU split and therefore the amount was not enough to cover the last EU). The Po EU will be surveyed in the second half of FY20 along with the other planned TAS1 and TAS2 surveys. The FY20 FTS shipment was received in country on March 13, 2019, and TAS surveys will resume once the COVID-19 situation is under control in Burkina Faso.

Preliminary TAS2 results are summarized in Table 4 below. The final report is being drafted by the NTDP and the validated results will be shared with FHI 360. Positive cases identified during the survey and prior positives (detected from past surveys) as well as their family members received treatment with IVR and ALB. The preliminary results indicate the number of positive cases in all 5 EUs is well below the critical cut-off point and these EUs should continue surveillance.

**Table 9: PRELIMINARY TAS2 RESULTS**

Region	Evaluation Unit (EU)	Sample Size (#)	Positive Cases (#)
Est	Bogandé– Manni	2,054	1
Centre–Sud	Manga	1,608	0
	Kombissiri–Sapone	1,701	2
Centre	Boulmiougou–Nongr– Massom–Sig–Nonghin	1,600	0
CentreEst	Garango–Pouytenga	1,619	1

Because of the security situation, the supervision was conducted via a WhatsApp group. Survey teams shared daily updates noting the number of people surveyed and sharing photos. They also informed the NTDP and Act | West team of any difficulties encountered, to seek advice or solutions during the survey. The Act | West supervisors were included in the group set up for the surveys so they could monitor the survey remotely while interacting with the surveyors and other NTDP supervisors who were on site.

#### *LF TAS3 in 2 EUs*

The TAS3 were conducted from February 24–March 3, 2020, in the Centre–Ouest region. The survey covered 5 HDs, which were divided into 2 EUs after consultation with USAID and FHI 360. These included the Koudougou–Nanoro EU, with 1,613 samples, and Réo–Ténado–Sabou EU, with 1,619 samples. Neither EU detected any positives, indicating that both EUs will move on to conduct passive LF surveillance.<sup>12</sup> However, these results are provisional and are based on the observations from the Act | West supervision team. The validated final results will come from the NTDP once the survey report is prepared in April 2020.

For both the TAS2 and TAS3, data was collected electronically using the ESPEN Collect platform. The NTDP has been using this ESPEN platform to implement surveys since 2019. The advantages of EDC for LF surveys include:

- It saves time because it eliminates the data compilation and entry phase.
- Data are transmitted daily.
- The online dashboard is configured to visualize daily data and data in nearly real time by using automated cleaning algorithms.
- Data are reviewed by specialized data managers and one or several designated MOH staff to ensure that high-quality data are available for analysis.
- Errors to be corrected are notified to employees via a WhatsApp group, which helps improve data quality because issues are corrected in real time.

<sup>12</sup> Note: Passive surveillance for LF began almost seven years ago in Burkina Faso. There are district reference laboratories with trained personnel who can evaluate blood spots for microfilaria. This is done continuously with follow up from the NTDP.

*Post-CDTI Coverage Survey (FY19)*

The Act | West team supervised the post-CDTI coverage surveys in the Sud-Ouest region from October 6–12, 2019. Independent surveyors collected data on the latest OV CDTI campaign using smartphones equipped with ESPEN data capture. The survey was initially planned for the four HDs that conducted OV CDTI (Dano, Diébougou, Batié, and Gaoua HDs) with local actors; however, due to the health workers' strike the coverage survey was conducted by central-level actors and teachers in two HDs only (Gaoua and Batié), in order to remain within the limits of available financial resources. Since the CDTI targets only OV endemic villages rather than the entire district, only the endemic villages were surveyed. The survey revealed coverage of 79.3 percent, which is slightly below the expected rate of 80 percent. Unfortunately, it cannot be compared to the coverage transmitted because of the health workers' strike. The main reason for failure to take IVM is individuals' absence from the home. The main recommendation following the survey is thus to ensure that all absent households are revisited during the CDTI. The CDDs use the community OV registers to record absent households and mark them for follow up, so additional tools are not needed to revisit the households to locate the missing residents.

*LF Coverage Evaluation Survey (FY20)*

Helen Keller–Burkina Faso and HQ teams reviewed the coverage evaluation survey (CES) protocol in preparation for the survey planned in March 2020. Helen Keller's M&E Specialist traveled to Ouagadougou to finalize the protocol and electronic data questionnaire with the NTDP and survey teams. The CES was carried out by independent surveyors from March 10–17, 2019. A total of 1,666 people were surveyed out of a target sample size of 1,646. The results are being analyzed and a final report will be shared with FHI 360. Preliminary analysis shows a therapeutic coverage rate of 78.2 percent and programmatic coverage of 91.1 percent. These figures are reassuring in the absence of reported coverage results.

**Supervision For Monitoring and Evaluation and DSAs**

During these surveys, the Act | West program team and supervisors at the various level of the MOH (national, regional, and HD) monitored and supervised the entire survey implementation process. For all the surveys, the Act | West team participated in preparatory meetings and surveyor trainings before monitoring implementation in the field. Field supervision focused on compliance with the protocols during survey implementation. These protocols were developed by the NTDP and validated by Tropical Data and FHI 360, respectively, for the TSS and the TAS.

The supervision teams were able to assess the quality of survey implementation, identify problems, and offer corrective solutions at every step. The key observations are as follows:

- All surveys complied with the implementation stages.
- All TSS surveyors were trained and certified by Tropical Data.
- Biomedical technicians from the NTDP laboratory unit collected the TAS survey data, with assistance from technicians from the HDs and trained/re-trained recorders.
- Trained independent surveyors conducted the CDTI coverage survey.
- The field work was well organized.
- For TAS, the survey teams relied on additional clusters as needed to reach the target sample size.
- Data for all surveys was collected electronically (ESPEN Collect for the TAS and the CDTI coverage survey and Tropical Data for the TSS).

- The contribution of community-based health workers (CBHWs) was essential in conducting the TSS and TAS surveys, including guiding the teams and helping with the household censuses.
- The surveys took longer than planned because there were fewer trained surveyors.

Direct supervision of DSAs in some districts by the Act | West program team was not possible due to insecurity. For example, Helen Keller–Burkina Faso could not directly supervise the TSS in Boussouma HD, which was conducted January 22–29, 2020. For this HD, Helen Keller was in contact with the survey team data manager to confirm that the surveyors were able to visit all the targeted clusters and complete all planned activities. Similarly, although Helen Keller staff could not directly supervise the TAS2 in the Bogande–Manni EU, the team maintained daily contact with the survey team and other NTDP supervisors who were on-site through a WhatsApp group, to follow the survey's progress remotely.

### Dossier Development

The process of developing the trachoma elimination dossier is already underway and an MMDP–funded dossier development workshop was held in May 2019. The development of the LF elimination dossier is planned to begin in October 2020.

Helen Keller is coordinating closely with Sightsavers regarding technical and financial support to the NTDP to draft the trachoma elimination dossier. From October 7–9, 2019, Helen Keller participated in a workshop in Koudougou funded by Sightsavers on the development of a post-elimination transition plan for trachoma. In addition to Helen Keller and Sightsavers, participants included the NTDP, Light for the World, CBM, and the Occitane Foundation. The meeting aimed to:

- Assess the country's progress to eliminate trachoma
- Discuss what transition activities will be required in endemic HDs
- Introduce HD-level transition activities in HDs that are ready for transition planning (Boussouma, Kaya, and Kongoussi)
- Define strategies for implementing the transition plan
- Review the elimination dossier and any existing gaps in data, particularly with reference to face washing and environmental improvements
- Review the remaining activities needed to achieve elimination

The main challenge to reaching the TF and TT elimination criteria in Burkina Faso is insecurity. Seven HDs where TSS are required are currently inaccessible due to insecurity.

### MMDP Situational Analysis

Helen Keller conducted a situational analysis of available LF and trachoma MMDP data at the NTDP from August–December 2019. Helen Keller adapted the tables provided in the WHO MMDP Toolkit to and supported the NTDP to collate available data on hydrocele and lymphedema and TT, including a question on data security and storage. The final report was shared with FHI 360 in April 2020.

### Short-term Technical Assistance (STTA)

Technical assistance was provided by FHI 360, Deloitte, and World Vision for the sustainability sensitization meeting that was held in Ouagadougou on November 12, 2019 (please see IR/S below).

**TABLE 10: SHORT-TERM TECHNICAL ASSISTANCE**

Scope of work	Name of consultant/s	Period of consultancy	Status (completed, in-progress)
Sustainability sensitization meeting and orientation on the USAID sustainability framework to sustain the gains achieved in NTDS control and elimination	<ul style="list-style-type: none"> <li>✓ Justin Tine (FHI360)</li> <li>✓ Stephen Omunyidde (WV)</li> <li>✓ Kabré Saidou (WV)</li> </ul>	12 November 2019	Completed

## IR/S: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

### Data Security and Management

Data security procedures are in place at all levels where data are accumulated. Data managers are responsible for verifying NTD data at the regional and district levels and at the national level. Some of these procedures were not implemented during this period because of the non-transmission of data. As a result of the health workers' strike in Burkina Faso from June–November 2019, data were not transmitted beyond the district level in most cases.

However, all the surveys during the period (CDTI coverage survey, TSS, LF TAS, and LF coverage survey) were conducted via electronic data collection. This made it possible to collect more reliable data and back it up regularly, to monitor data collection day-by-day, and to process the data more efficiently at the end of the survey.

### Drug Management

The NTDP logistics unit is responsible for managing drugs and other supplies. The program uses a logistics procedures manual published in August 2014 and developed with support from JSI. During the reporting period, the NTDP conducted training on reverse drug logistics with support from Act | West (see Training section). In terms of commodities, the NTDP also received 13,230 FTS in early March to implement the LF surveys planned in 2020.

The NTDP has not yet received the drugs (IVM, PZQ, and ALB) for the 2020 MDA campaigns. The NTDP originally requested delivery dates in February 2020 in their joint drug application. After following up with the Mectizan Donation Program, Helen Keller confirmed that the Mectizan is scheduled to arrive in country before early May. Helen Keller is also in contact with the NTDP to help resolve any bottlenecks related to the PZQ and ALB deliveries and will alert FHI 360 and the WHO of any further delays.

## MAINSTREAMING AND HSS ACTIVITIES

### Develop NTD Sustainability Plan

#### *Sustainability Sensitization Meeting*

Act | West supported the NTDP to organize a sustainability sensitization meeting on November 12 to raise awareness and provide an orientation on the sustainability framework for NTD control and

elimination. The one-day sensitization meeting aimed to enhance national stakeholders' understanding about the need to further mainstream NTDs into national policies, planning, and budgeting frameworks, to set the stage for a more sustainable approach for NTDs elimination and control. Helen Keller coordinated the planning and implementation of the sensitization meeting with support from FHI 360, World Vision, and Deloitte. In addition to the Act | West consortium members, participants included members of other decentralized programs within the MOH (such as the national malaria control program), the DRS of the Sud-Ouest, other ministerial sectors (Ministry of Economy, Finance, and Development, Ministry of Security), a representative of the Association of Municipalities of Burkina Faso, and partners including Sightsavers and the *Programme d'Appui au Développement Sanitaire* (PADS). The presentations focused on the current state of NTD control and elimination in Burkina Faso, an overview of the Act | West program, and the strategic framework for sustainability of achievements towards the control and elimination of NTDs. Group work and facilitated discussions were held to gain consensus in preparation for the development of an NTD sustainability plan. A meeting report was shared with FHI 360 and consortium members on December 2, 2019, for review and input.

#### *SCH, STH, post-validation/verification surveillance*

To monitor the endemicity of STH in Burkina Faso, an STH prevalence survey was combined with the TAS2 in accordance with WHO directives. This survey was funded by the World Bank for the HDs of Garango Pouytenga, Manga, Kombissiri, Saponé, Sig-Nonghin, Nongr-Massom, Boulmiougou, Bogandé, and Manni. The surveys began in January and ended on February 16, 2020. The final data are not yet available; they will be included in the TAS report.

#### **Cross-Sector Coordination and Integration with Existing Platforms**

During the sensitization meeting, the NTDP shared work it initiated with the president of the steering committee to review the mandates and update membership of the national NTDs steering committee to include additional members and reflect changes related to the reorganization of the ministries in Burkina Faso. Capacity building on sustainability is planned for the Act I West Burkina Faso team and the NTDP to better support the NTDP in strengthening the cross-sector collaboration component. A consultant will also be hired to perform a situational analysis of activities implemented by other sectors to assess modalities to strengthen cross-sector coordination and collaboration and the feasibility of integrating some NTD needs into other platforms. Helen Keller will discuss with FHI 360 and the NTDP whether the landscape analysis can proceed in the context of the ongoing COVID-19 epidemic.

In addition, Helen Keller and Sightsavers Burkina Faso offices held a meeting on February 19, 2020, to discuss coordination of NTD control activities in the upcoming months and coordinate support for the development of the trachoma elimination dossier.

## **SUCCESS STORIES AND BEST PRACTICES**

The following best practices were documented during the reporting period:

- Use of CDDs to mobilize communities during the TAS
- Implementation of the OV coverage survey by members of the central level associated with investigators from the region from other ministries (besides the MOH) due to the health workers' strike

- Monitoring of DSAs by Helen Keller staff in insecure zones using the WhatsApp social network (e.g., TAS in Bogandé and Manni)

Helen Keller also drafted a success story documenting lessons learned during the 2019 LF pre-TAS. The blog post has been published on the Act | West website [here](#).

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS

**Table 11: CHALLENGES/RESOLUTIONS**

Challenge encountered	Solutions	Status (resolved, pending)
Monitoring/supervision of activities (MDA and DSAs) during the health employees' strike	<ul style="list-style-type: none"> <li>✓ Strengthen MDA supervision of CDDs and households</li> <li>✓ Implement SCT</li> <li>✓ Use CBHW for community mobilization during surveys</li> </ul>	Ongoing: Strike suspended but data used to assess MDA success not available
FY19 MDA data not available; sub-district coverage analysis delayed	<ul style="list-style-type: none"> <li>✓ Negotiations continue between the government and unions</li> <li>✓ MOH plans to hire a consultant to help collect the data.</li> </ul>	Ongoing: Data not available despite suspension of strike
Continuation of activities during ongoing insecurity	<ul style="list-style-type: none"> <li>✓ Suspension of activities in insecure areas</li> <li>✓ Partners and staff conduct daily monitoring of the security situation</li> <li>✓ Hire an assistant responsible for security</li> </ul>	Ongoing



## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 12: FY20 ACTIVITY	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Finalization of draft 1 of the 2021-2025 strategic plan						
Workshops to finalize and validate the 2021-2025 Strategic Plan (ASCEND)						
NTD Steering Committee Meeting						
NTD Technical Committee Meeting						
HKI and PNMTN Coordination Meetings						
FY21 Work Planning Workshops						
<b>NTD Secretariat</b>						
Communications and Internet Support to PNMTN						
Office and Computer Equipment Support to PNMTN						
<b>Training</b>						
MDA Training of Trainers						
Training of Regional Level HD and HC staff - LF/SCH MDA						
Training of District level staff - LF MDA						
Training of CSPS Level Staff - LF MDA						
CDTI Training						
CDTI Training - Dano and Diébougou HDs						
Training of District level staff - SCH MDA						
Training of CSPS Level Staff - SCH MDA						
Trachoma surveillance survey - training of surveyors						
LF pre-TAS / TAS trainings						
<b>Mapping</b>						
Update SCH mapping in 15 HDs (Sightsavers)						
<b>MDA Coverage</b>						
LF MDA in 5 HDs						
First Round CDTI OV in 4 HDs						
First Round CDTI OV 2 HDs						
Second Round CDTI OV in 6 HDs						
MDA SCH 15 HDs (GAP)						
MDA SCH 33 HDs						
<b>Social Mobilization to Enable NTD Program Activities</b>						
Broadcast TV and radio spots for LF MDA						
Social Mobilization with Leaders for LF MDA (regional level)						
Social Mobilization with Community Leaders for LF MDA (HD level)						
Broadcast radio spots in HDs (LF MDA)						
Broadcast opinion leader audio recordings during in each HD (LF MDA)						
Film Screening in LF villages (areas with low coverage, high refusal rate, and gold mining sites)						

Table 12: FY20 ACTIVITY	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
CDTI HD advocacy meetings with local leaders (Dano and Diébougou HDs)						
Social Mobilization for CDTI (Dano and Diébougou HDs)						
Broadcast TV and radio spots at Central Level for SCH MDA						
Advocacy meeting with leaders in 7 regions (SCH MDA)						
Broadcast radio spots in 7 regions (SCH MDA)						
Broadcast opinion leader audio recordings at District Level (SCH MDA)						
Social Mobilization with opinion leaders (SCH MDA)						
Broadcast Radio Spots SCH MDA						
Film Screenings for SCH MDA (HD level)						
Town criers for SCH MDA						
<b>Drug Supply and Commodity Management and Procurement</b>						
Ensure the MDA Drug Supply to Regions						
<b>Supervision for MDA</b>						
Cascade Supervision: Regional, HD, CSPS, community level - LF MDA						
Cascade Supervision: Regional, HD, CSPS, community level - CTDI						
Cascade Supervision: Regional, HD, CSPS, community level - SCH MDA						
<b>Monitoring and Evaluation</b>						
Re-pre-TAS in 3 HDs/7 sites (Bogodogo, Tenkodogo, Fada)						
TAS1 in 1 HD (1 EU) - Diebougou						
TAS2 in 12 HDs (7 EUs)						
TAS3 in 5 HDs (2 EU)						
Supervisor's Coverage Tool for LF MDA						
Passive LF surveillance in 33 HDs						
TSS in 12 UEs (9 HDs) FY19						
TSS in 5 HDs (8 EUs)						
Update the OV CDTI registers in 4 HDs in Sud Ouest						
Post-CDTI OV coverage surveys in 2 HDs (Sightsavers)						
Post-CDTI OV coverage surveys in 2 HDs - Batié et Gaoua						
CDTI CSM in 2 HDs (Sightsavers)						
CDTI CSM in 4 HDs in Sud Ouest						
Annual Validation of MDA Data: National Level						
Annual Validation of MDA Data: Regional Level						
Annual Validation of MDA Data: HD level						
LF DQA in 2 regions (Sud-Ouest and Centre-Est)						
Post-SCH MDA coverage + KAP survey in 2 HDs						
SCH re-mapping survey in 15 HDs (Sightsavers)						
<b>Supervision for Monitoring and Evaluations DSAs</b>						
Supervision of LF MDA						
Supervision of LF re-Pre-TAS						
Supervision of LF TAS1						
Supervision of LF TAS2						
Supervision of TSS						

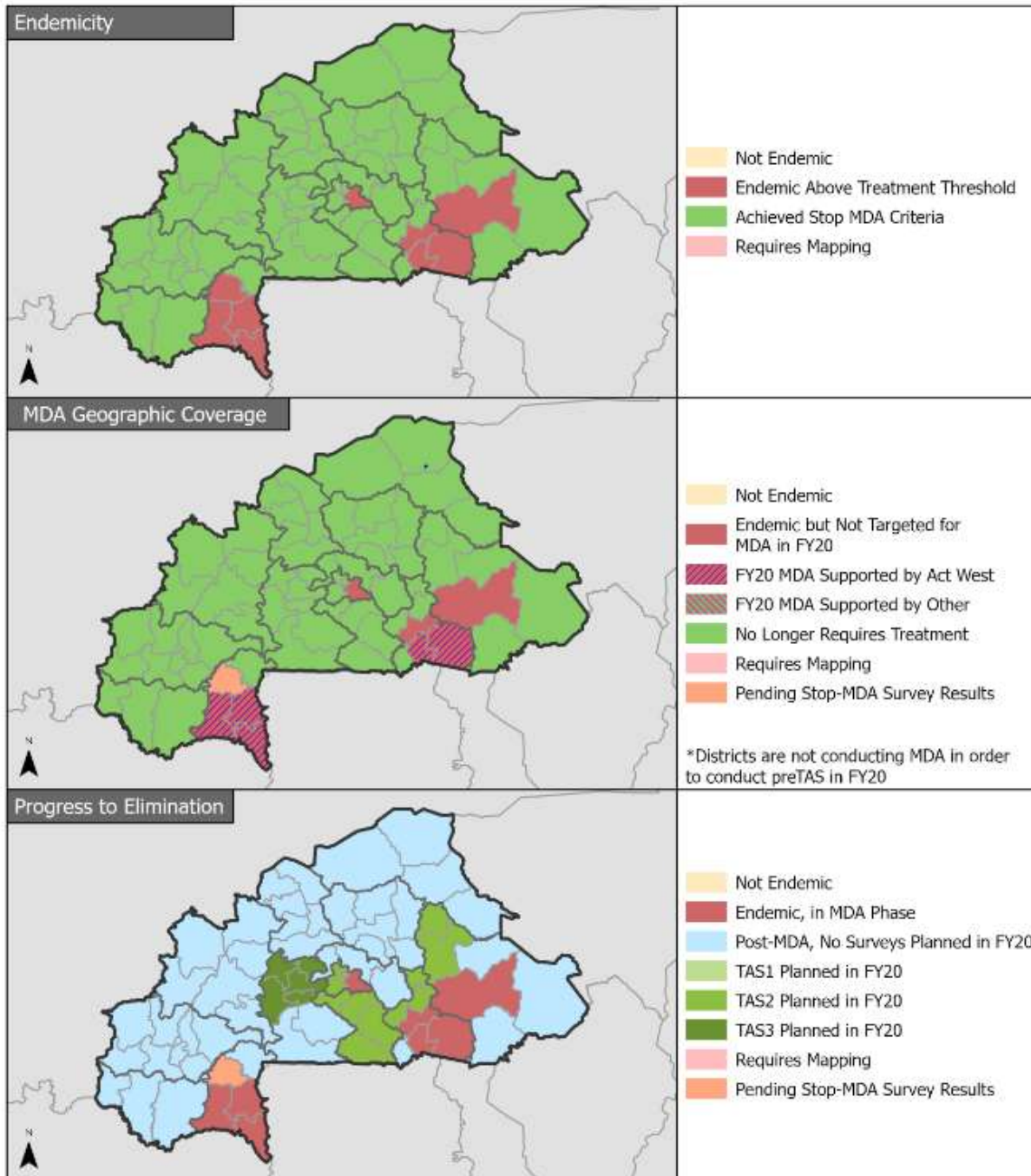
Table 12: FY20 ACTIVITY	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
Supervision of DQA						
Supervision of OV CDTI registers in the 4 endemic HDs in the Sud Ouest						
Supervision of post-CDTI OV coverage surveys (2 HDs)						
Supervision of CSM in 4 endemic OV HDs						
Supervision of the post-MDA SCH coverage survey in 2 HDs						
<b>Dossier Development</b>						
Trachoma Dossier Workshop (in discussion with SSI and PNMTN to reschedule this activity during FY20)						
LF Dossier Workshop						
<b>Short-Term Technical Assistance</b>						
Cross-sector coordination landscape analysis (HKI consultant)						
Develop NTD sustainability strategy						
NTD sustainability strategy validation meeting						
Targeted advocacy efforts linked to sustainability outcomes						

*Planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.*

## MAPS

### Lymphatic Filariasis

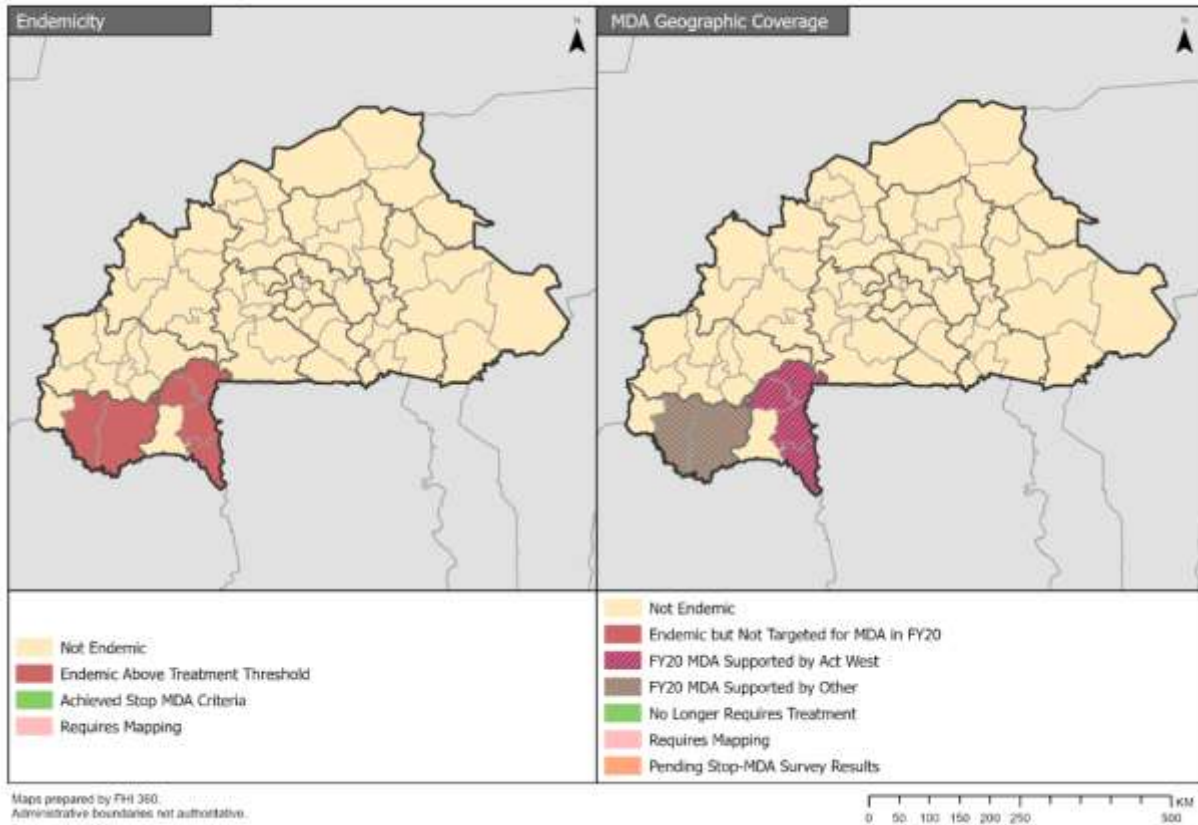
Burkina Faso | April 2020



Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

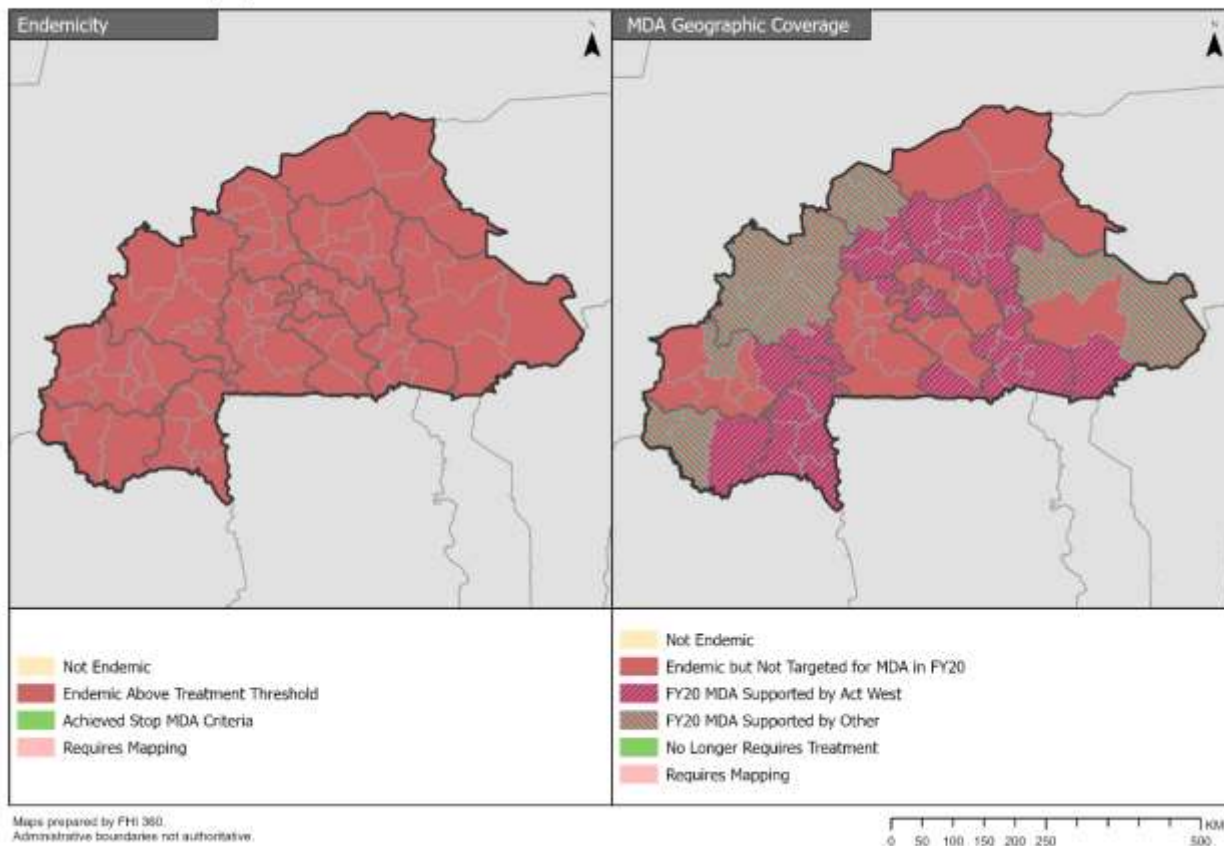
0 50 100 150 200 400 KM

# Onchocerciasis Burkina Faso | April 2020



# Schistosomiasis

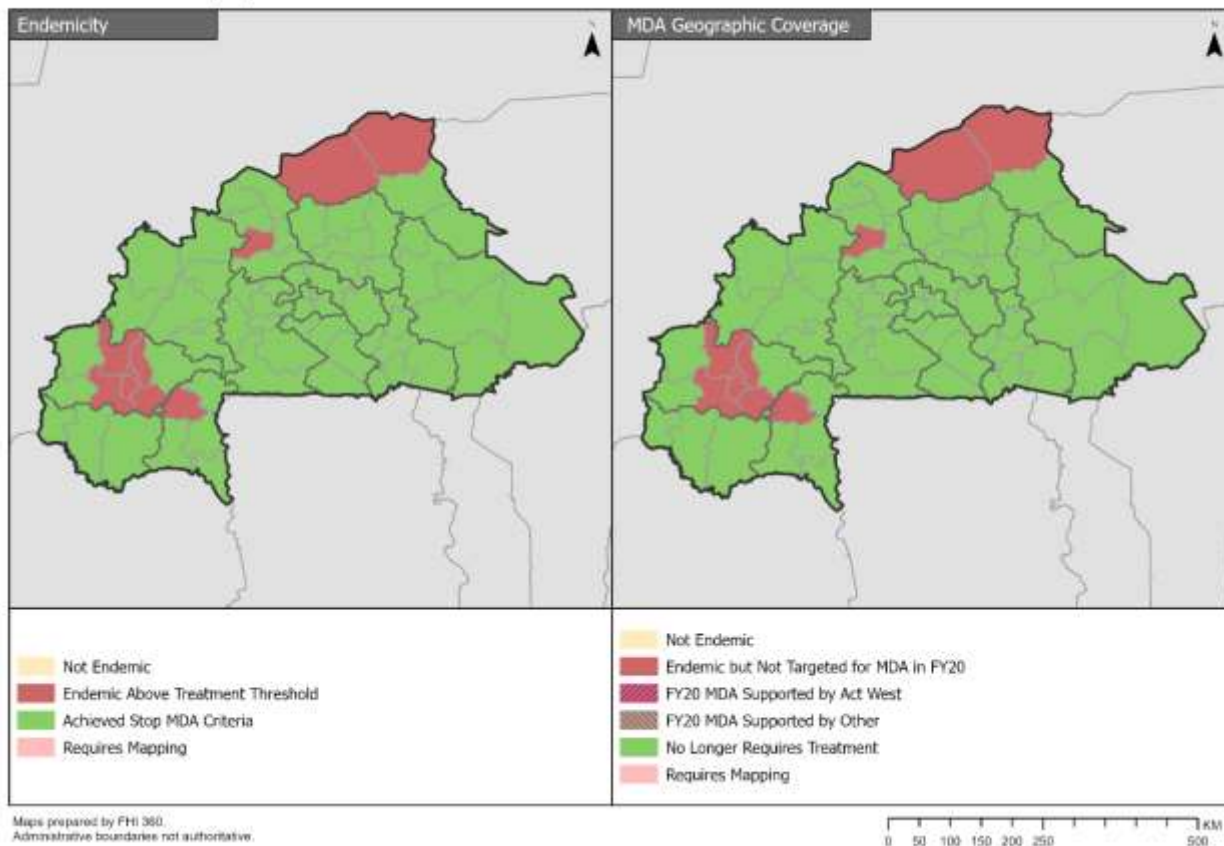
Burkina Faso | April 2020





## Soil-Transmitted Helminths

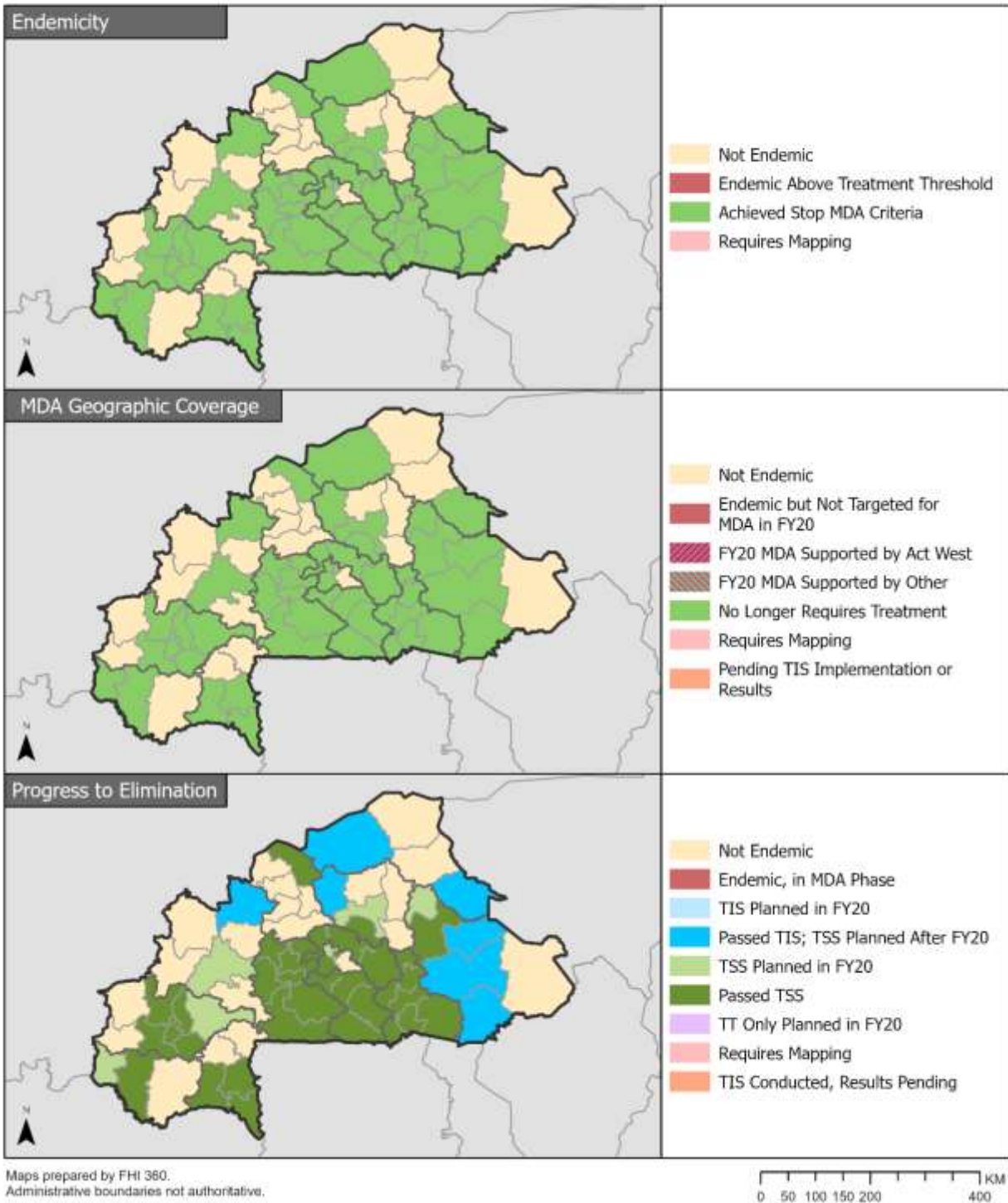
Burkina Faso | April 2020





# Trachoma

Burkina Faso | April 2020





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Act to End NTDS | West FY20 Semi-annual Report (SAR): October 1, 2019–March 31, 2020

Act to End  
**NTDs**  
W E S T

**fhi**360  
THE SCIENCE OF IMPROVING LIVES

  
**HELEN  
KELLER**  
INTL

# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**CAMEROON**

# TABLE OF CONTENTS

<b>LIST OF TABLES .....</b>	<b>148</b>
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>149</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>151</b>
<b>PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....</b>	<b>152</b>
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IN IMPLEMENTATING ACTIVITIES.....	152
<i>Strategic Planning .....</i>	<i>152</i>
<i>NTDs Secretariat .....</i>	<i>155</i>
<i>Building Advocacy for a Sustainable National NTD Program.....</i>	<i>155</i>
<i>Mapping .....</i>	<i>155</i>
<i>MDA Coverage .....</i>	<i>156</i>
<i>Social Mobilization To Enable PC–NTD Program Activities.....</i>	<i>158</i>
<i>Training.....</i>	<i>158</i>
<i>Supervision for MDA.....</i>	<i>159</i>
<i>Monitoring, Evaluation and Learning.....</i>	<i>159</i>
<i>Supervision for Monitoring and Evaluation and DSAs .....</i>	<i>160</i>
<i>Dossier Development.....</i>	<i>160</i>
<i>Short-term Technical Assistance (STTA).....</i>	<i>161</i>
IR/S: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	161
<i>Drug Management.....</i>	<i>162</i>
MAINSTREAMING AND HSS ACTIVITIES.....	162
<i>Develop NTD Sustainability Plan .....</i>	<i>162</i>
<i>Cross-sector Coordination and Integration with Existing Platforms.....</i>	<i>163</i>
SUCCESS STORIES AND BEST PRACTICES.....	163
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	164
COMMUNICATION .....	164
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS.....	167
MAPS.....	168

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2019.....	158
TABLE 2: SHORT-TERM TECHNICAL ASSISTANCE .....	161
TABLE 3: CHALLENGES/RESOLUTIONS.....	164
TABLE 4: FY20 ACTIVITY .....	167

## ACRONYMS AND ABBREVIATIONS

<b>ALB</b>	<b>Albendazole</b>
<b>APOC</b>	African Program for Onchocerciasis Control
<b>CAR</b>	Central African Republic
<b>CBTI</b>	Community-based treatment with ivermectin strategy
<b>CCU</b>	Central coordination unit
<b>CDD</b>	Community drug distributor
<b>CDTI</b>	Community-directed IVM treatment strategy
<b>CRFiMT</b>	Research Center on Filariasis and other Tropical Diseases ( <i>Centre de Recherche sur les Filarioses et autres Maladies Tropicales</i> )
<b>COSADI</b>	District Health Committees ( <i>Comités de Santé des Districts</i> )
<b>COSA</b>	Health Area Committees ( <i>Comités de Santé des Aire de Santé</i> )
<b>DMO</b>	District Medical Officer
<b>EU</b>	Evaluation unit
<b>FTS</b>	Filariasis test strips
<b>FY</b>	Fiscal year
<b>HD</b>	Health district
<b>Helen Keller</b>	Helen Keller International
<b>IEF</b>	International Eye Foundation
<b>IVM</b>	Ivermectin
<b>JRSM</b>	Joint Request for Selected PC Medicines
<b>LF</b>	Lymphatic filariasis
<b>MZB</b>	Mebendazole
<b>MDA</b>	Mass drug administration
<b>MDP</b>	Mectizan Donation Program
<b>MINCOM</b>	Ministry of Communication
<b>MINEDUB</b>	Ministry of Primary Education
<b>MINESEC</b>	Ministry of Secondary Education
<b>MMDP</b>	Morbidity Management and Disability Program
<b>MOH</b>	Ministry of Public Health
<b>NCEOLF</b>	National Committee for the Elimination of Onchocerciasis and Lymphatic Filariasis
<b>NGO</b>	Non-governmental organization (used to refer to IEF, PERSPECTIVE, and Sightsavers)
<b>NTD</b>	Neglected tropical disease
<b>OSF</b>	<i>Ophthalmo Sans Frontières</i>
<b>OV</b>	Onchocerca Volvulus (Onchocerciasis)
<b>PBF</b>	Peacebuilding Fund
<b>PC</b>	Preventative chemotherapy
<b>PCR</b>	Polymerase chain reaction
<b>PNLO</b>	<i>Programme National de Lutte contre l'Onchocercose</i> (National Program for Onchocerciasis Control)
<b>PNLCé</b>	<i>Programme National de Lutte contre la Cécité</i> (National Program for Blindness Control)
<b>PNLSHI</b>	<i>Programme National de Lutte contre la Schistosomiase et les Helminthiases Intestinales</i> (National Program for SCH and STH control)
<b>RDPH</b>	Regional Delegations of Public Health
<b>RFHP</b>	Regional Funds for Health Promotion
<b>RTI</b>	Research Triangle Institute
<b>SAFE</b>	Surgery, antibiotic therapy, facial cleansing, and environmental change
<b>SAE</b>	Serious adverse event
<b>SCH</b>	Schistosomiasis

<b>SSI</b>	Sightsavers International
<b>STH</b>	Soil-transmitted helminths
<b>TAP</b>	Trachoma action plan
<b>TAS</b>	Transmission assessment survey
<b>TEO</b>	Tetracycline eye ointment
<b>TOR</b>	Terms of reference
<b>TF</b>	Trachomatous inflammation
<b>TIS</b>	Trachoma impact survey
<b>TSS</b>	Trachoma surveillance survey
<b>TT</b>	Trachomatous trichiasis
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water, sanitation, and hygiene
<b>WHO</b>	World Health Organization
<b>ZTH</b>	Zithromax®

## EXECUTIVE SUMMARY

USAID's Act to End Neglected Tropical Diseases (NTDs) | West program is led by FHI 360 and is implemented by Helen Keller International (Helen Keller) in Cameroon. This report covers activities implemented during the first half of fiscal year 2020 (FY20) in cooperation with the Ministry of Public Health (MOH) of Cameroon. The reporting period includes updates from the FY20 workplan, along with information on activities that were approved to carry over from FY19.

The MOH successfully completed most carryover program activities from FY19, including the onchocerciasis (OV) mass drug administration (MDA) field data collection and the annual review/planning meetings in the Littoral, Adamaoua, and South regions. However, there have been challenges in completing all carryover activities. The country is still facing some social crises in the North West, the South West, and the Far North regions, which made some targeted communities unreachable during the MDA. However, the MOH continued to implement its NTD activities with technical and financial support from Act to End NTDS | West. The program supported six out of ten regions to fully complete their FY19 OV MDA activities.

At the central level, Act | West provided support to finalize the NTD master plan (2020–2024). In addition, Act | West supported the MOH to begin preparing the lymphatic filariasis (LF) elimination dossier, a milestone in elimination of the disease. Additionally, within the context of the elimination of LF, Act | West supported two professionals from Cameroon (Patrick Mbia, the Helen Keller NTD Deputy Program Manager, and Dr. Clarisse Ebene, the Deputy National Program Coordinator from the MOH's Onchocerciasis Program) to attend the USAID-funded international LF workshop in Abidjan, Côte d'Ivoire. The Cameroon team presented their experience implementing LF surveys; the country is currently conducting transmission assessment survey–2 (TAS2) following successful pre-TAS and TAS1.

Regarding trachoma, two health districts (HDs)—Goulfey and Makary in the Far North region—had trachoma surveillance survey (TSS) results with TF  $\geq 5$  percent in FY19 and will have to conduct additional MDA rounds starting in FY20. The timeline for achieving elimination of trachoma in Cameroon is being adjusted to account for the additional MDA needed, and Act | West and the National Program for Blindness Control (PNLCé) are working on plans to fortify the trachoma MDA in those two districts, aiming to prevent future survey results of TF  $\geq 5$  percent. Helen Keller has requested Act | West to support PNLCé in FY20 to hire a consultant to support a review of potential factors that may have led to the TSS results. This consultant will also set quality assurance measures to guarantee successful trachoma MDA in these districts. With respect to continuing capacity building of the Helen Keller and the MOH Cameroon NTD team, the Act | West Program supported Julie Akame (the NTD Program Manager from Helen Keller) and Pr. Emilienne Epée (the NTD Service Manager from the MOH) to attend a workshop in Dakar, Senegal. This workshop focused on a peer-to-peer exchange about conducting trachoma desk reviews in areas that were not previously mapped (to determine if mapping is warranted or can be excluded) and harmonizing pre-mapping desk review methodologies across countries. The modules of discussion from this workshop will help the country to implement the trachoma situational analysis scheduled for FY20.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS in IMPLEMENTATING ACTIVITIES

#### Strategic Planning

##### *Validation meeting of historical OV data*

Act | West provided the MOH with financial and technical assistance for a data review and validation workshop of historical NTD data. The main outcome of the workshop was the validation of MDA data for OV, LF, trachoma, schistosomiasis (SCH), and soil-transmitted helminths (STH) for the period 2010–2018. Subsequently, the MOH uploaded the validated data to the District Health Information System 2 (DHIS2), the official online national health database.

##### *Regional annual meeting for the review/planning of NTDs activities*

From October 2019 to January 2020, Act | West provided support to six (out of ten) Regional Delegations of Public Health (RDPH) to hold their NTD annual review/planning meetings (North, Far North, East, North West, South West, and Centre regions). These regions had completed all approved FY19 activities. In addition to Helen Keller–Cameroon personnel, participants included MOH staff from the central, regional, and district levels and also some community representatives. During these meetings, Helen Keller–Cameroon and the National Program for Onchocerciasis Control (PNLO) delivered a presentation entitled “Management of Severe Adverse Events (SAE) in *Loa Loa* Endemic Zones.” Given that some of the district management teams were newly enrolled in the NTD program, Helen Keller–Cameroon and the PNLO agreed to develop a specific severe adverse events (SAE) training roadmap for these new stakeholders. Helen Keller–Cameroon also noticed shortcomings in some HD datasheets, including incomplete data, poor drug management, and inconsistent data across the different datasheet tabs.

The related recommendations included:

Each Regional NTD Focal Point will provide technical support to the HDs whose datasheets showed shortcomings, to sort out all inconsistencies before the national annual review/planning meeting scheduled for April 7–9, 2020.

District Medical Officers (DMOs) will ask their respective Chiefs of Health Areas to supervise community drug distributors (CDDs) during the community census to ensure the denominators used to calculate coverage are as reliable as possible.

DMOs will ensure the return of the remaining stocks of Mectizan® to the regional warehouses within two months after the drug distribution period.

More specifically in the East region, participants noted poor epidemiological coverage from one of the four targeted districts (Messamena HD) and the RDPH decided that this HD must organize a catch-up OV MDA to reach most of the people who were absent during the regular MDA period. The MOH funded the catch-up OV MDA, which was carried out in January 2020. Helen Keller–Cameroon participated in the supervision.



*Support for the Finalization and the Validation of the NTDs Master plan*

Act | West provided the MOH with technical and financial assistance for two meetings in January and February 2020. The first meeting was organized to finalize the NTD Master Plan of 2020–2024 and the second to validate the plan. Participants included the MOH, Helen Keller–Cameroon, International Eye Foundation (IEF), PersPective, Sightsavers, and the World Health Organization (WHO) country office. The validated version of the plan will be provided to Helen Keller and FHI 360 when it is available. It was expected by the end of March, but attention from the MOH has been diverted to COVID-19 response and contingency planning.

*NTDs documentary*

Helen Keller–Cameroon and the MOH are planning to support a documentary on NTDs in FY20. Helen Keller–Cameroon supported the MOH in developing a TOR and script for the documentary, shifting the focus from SCH/STH to LF activities in the country (as Act | West does not support SCH/STH in Cameroon). The objective will be to highlight the huge progress the country has made towards LF elimination and sensitization of the population through sharing of best practices in their communities. Helen Keller–Cameroon reached out to a local producer to write, film, produce, and edit the documentary. He is currently finalizing the script. It will be shared with FHI 360 and USAID for review prior to filming, which was originally scheduled for April 2020.

*National annual meeting for the review/ planning of NTDs activities*

The MOH is negotiating the scheduling of the national annual meeting for the review/planning of NTD activities. This meeting will permit stakeholders to review and validate regions' MDA datasheets and action plans for calendar year 2020. Helen Keller–Cameroon worked with the NTD Central Coordination Unit (CCU) to finalize and share the template regions will use to present their data. The meeting was initially scheduled for April 2020; however, not all datasheets were ready and some key participants had scheduling conflicts. The meeting is tentatively planned for June, subject to negotiation with the MOH. The costs of the meeting will be shared among multiple stakeholders involved, including Helen Keller (through Act | West), the MOH, and Sightsavers.

*Central and regional coordination meetings*

The central and regional coordination meetings are organized by the MOH to assess progress in implementing public health programs, identify bottlenecks in program operations, and find solutions. At the regional level, the regional management teams (including technical, finance, administrative, and logistics focal points) and district-level management teams attend. At the central level, the attendees are largely from the CCU and national programs for NTDs (PNLO, PNLCé, and PNLSHI). NGO partners that support NTD program implementation, including Helen Keller–Cameroon, are invited to attend when relevant. The following meetings were held during the reporting period with the support of Act | West:

- 1) The RDPH for the Far North held a regional coordination meeting on October 23, 2019, bringing together partners who provide local assistance in the health sector. The partners, including Helen Keller, presented their areas of strategic interventions as well as activities implemented in 2019. Helen Keller's participants outlined support that enabled the Far North region to conduct the MDA in the three HDs endemic with OV. They also reaffirmed the need to reinforce the trachoma MDA in the two HDs districts that will require an additional round, given the low TSS results.

- 2) Helen Keller–Cameroon and the MOH held a central level coordination meeting on December 16, 2019, to discuss the upcoming LF and trachoma activities. Participants adopted the following resolutions:

The CCU and PNLO will conduct a literature review to collect documents required for submitting the LF elimination dossier to WHO.

MOH requested Act | West financial support to organize a ceremony to honor exemplary CDDs that is planned for the MDA. (See meeting notes—this matter will be discussed with Helen Keller and FHI 360 to determine how/if Act | West funds can be used to support this request.)

Helen Keller and PNLCé will carry out a literature review and develop an implementation strategy for the upcoming trachoma situational analysis in three regions in the southern part of the country.

The MOH will organize two meetings for the validation of the next NTDs master plan (2020–2024) in January and February 2020.

The PNLCé will validate the report of the TSS. Both Helen Keller and FHI 360 contributed to the draft document.

- 3) To date, the MOH has implemented the following activities with technical and financial support from Act | West: the workshop to validate the FY19 TSS results (January 29, 2020); the validation meeting of the NTD Master Plan for 2020–2024 (February 4–7, 2020); and the first meeting to prepare the LF elimination dossier (February 25–26, 2020). PNLCé and Helen Keller have developed a TOR to begin recruiting a trachoma consultant and are considering two additional consultants, pending approval from FHI 360 (further below). The MOH and Helen Keller also agreed to use the opportunity of the national annual meeting (held December 16, 2019) for the review/planning of NTD activities to reward the best performing CDDs.
- 4) Helen Keller–Cameroon and sub partner NGOs (IEF, PersPective, and Sightsavers) held a central-level coordination meeting in December 2019 and agreed on several measures to improve reporting and information-sharing about adverse events during the MDA. Recommendations focused on measures to strengthen the reporting system among all stakeholders, MOH staff at all levels (district, regional, and central) and NGO partners with Helen Keller, to ensure reporting of adverse events within 24 hours. This includes reinforcing SAE management training before the FY20 MDA.

#### *LF workshop in Abidjan*

Helen Keller–Cameroon and the MOH attended an international LF workshop January 13–17 in Abidjan, Cote d’Ivoire, with participants and facilitators from USAID, WHO AFRO, FHI 360, and RTI. The purpose of this workshop was to review WHO guidance on pre-TAS and TAS, highlight quality standards and technical expectations for LF Disease Specific Assessments (DSAs), highlight tools for improving TAS and responding to failed DSAs, and emphasize the role of community engagement in quality DSA implementation. The Cameroon team used this meeting as an opportunity to share their experience implementing LF surveys, since the country is conducting TAS2 following successful pre-TAS and TAS1.

### *LF Webinar*

Helen Keller–Cameroon and the PNLO participated in a webinar entitled “Transmission assessment surveys: the applicable best practices” to discuss improving measures set by WHO for LF TAS and best TAS implementation practices. The webinar took place December 13, 2019, with Dr. Bakajika (from WHO) and Dr. Mensah (from FHI 360) as facilitators. As a result of this webinar, the PNLO decided to put in place an additional questionnaire during the forthcoming TAS to investigate potential positive cases. The purpose is to collect as much information as possible about why the person is FTS positive.

### **NTDs Secretariat**

#### *Quarterly meetings for the NTDs technical committee*

The NTDs technical committee held no meetings during the reporting period. The meetings have been postponed, due to scheduling conflicts with the MOH members of the committee. Helen Keller will work with the MOH on how to plan for these meetings in the future. It seems best to align these meetings with the actual program implementation (MDAs and DSAs). Helen Keller–Cameroon anticipates holding them every other month during the updated implementation schedule for the MDAs and DSAs through the remainder of FY20 but will confirm this scheduling, as plans progress.

### **Building Advocacy for a Sustainable National NTD Program**

#### *Workshop to develop a stronger advocacy plan*

During the central-level coordination held by Helen Keller–Cameroon and the MOH held on December 16, 2019, the MOH suggested hiring a specialized local firm to develop the national advocacy plan. Helen Keller–Cameroon is preparing a draft TOR to share with the NTD CCU and FHI 360 for review and approval. The MOH will organize a three-day workshop with Act | West funding and with partner NGOs (Helen Keller, IEF, PersPective, and Sightsavers) to review and validate the plan.

### **Mapping**

Helen Keller–Cameroon provided technical and financial support via Act | West to the MOH in October 2019 to complete data collection for trachoma baseline mapping in the 12 villages remaining in two EUs of the East region—EU #10714 in Moloundou and Yokadouma districts and EU #10712 in the Ndelele district. These villages were inaccessible during the mapping conducted in January 2019 with ENVISION support. When ENVISION support ended in June 2019, this activity was transferred to Act | West. The principal investigator is currently finalizing the survey report, which is tentatively expected in April 2020. Timely submission of reports for activities managed through the PNLCé have been challenging; however, the Helen Keller–Cameroon team will continue to follow up with the principal investigator. (Note that management of this type of reporting is within the scope of the consultant to be recruited to provide general support to the PNLCé). The current practice is for the data to be immediately uploaded to Tropical Data (which is not accessible to NTD partners), so preliminary results are not available. Helen Keller would like to encourage the PNLCé to maintain back-up data that can be immediately accessible, while the data is reviewed within Tropical Data. Additional support will be needed in this effort (e.g., by the consultant to be recruited).

## MDA Coverage

### *Trachoma*

The country did not conduct any trachoma MDA in FY19. However, given results of the TSS in FY19, Act | West will provide financial and technical support to conduct trachoma MDA in FY20. Results from the TSS in Goulfey and Makary HDs showed 6.9 percent and 10.01 percent TF prevalence, respectively.

The PNLCé and Helen Keller–Cameroon are developing a TOR to submit to FHI 360 to recruit a consultant to investigate the reasons these two HDs saw TF results above 5 percent (this consultant would be in addition to the more general PNLCé consultant referenced at other points in the report). These may be related to the previous MDA implementation, the implementation of the TSS, or other external factors. If the investigation shows weaknesses in the MDA implementation, corrective measures will be taken in time for the FY20 MDA; if it shows TSS implementation was weak in these HDs, the survey training and supervision will be strengthened. Helen Keller–Cameroon and Helen Keller–HQ are working with FHI 360 to develop an enhanced trachoma survey checklist to aid the PNLCé (and other Act | West programs). The consultant to be recruited will also support the PNLCé to monitor the FY20 trachoma MDA.

In February 2020 the RDPH for the Far North conducted a regional trachoma planning meeting (with funding from Accelerate) with attendance of the district management teams of Goulfey and Makary HDs. Helen Keller–Cameroon and Sightsavers also attended. The primary focus of the meeting was to plan for TT activities in the region. Cross-cutting measures to improve all trachoma-related interventions were also discussed. For instance, participants agreed that the DMOs of Goulfey and Makary should involve administrative authorities and traditional chiefs in sensitizing communities prior to the drug distribution period, given the unstable security situation.

### *OV*

Compared to FY18, almost all regions that completed the FY19 OV MDA campaign (August–October 2019) recorded an increase in coverage. While many of the increases were modest, the South West region reported 72.5 percent coverage in FY18 and 80.8 percent in FY19. Increases were mainly due to the improvement plan Helen Keller and the NTD regional teams carried out from August through the end of October 2019. The steps included:

Step 1: Identify all communities that reported low coverage and/or several refusals in FY18.

Step 2: Invite some community representatives of these communities to the FY19 training of CDDs and discuss how to address weaknesses of the FY18 campaign.

Step 3: Involve community representatives who attended the training of CDDs to participate in sensitization and field supervision during the drug distribution period.

Step 4: During the drug distribution, conduct a supervisory visit (by staff of the MOH national level or regional level or from Helen Keller) to each of the communities identified in step 1.

For some regions facing insecurity—such as the Far North, the North West, and the South West—Helen Keller and the NTD regional teams took special measures. These included:

For the MDA training of health personnel and CDDs, district management teams conducted training in the nearest safe sites.

For the mass distribution of Mectizan®, HDs with medium or high insecurity levels implemented the “Hit and Run” strategy, including:

Local leaders accompany teams during the field visits.

No logos appear on vehicles, no smocks, no house-marking before and after intervention.

Teams enter an insecure community when informed that the area is safe for that day.

Teams enter the community, administer drugs for a few hours, and immediately leave the area.

The health intervention is not repeated next day; teams wait for the next safe period.

Despite these measures and good regional coverage rates, 11 HDs across the country did not achieve sufficient coverage (ranging from 45.54 percent to 60.98 percent). The partial dataset available and the regional review meetings show that areas in the Northwest region were affected by a social crisis there. (See the challenges table at the end of the report for more details.) Further analysis will be done in the coming months to determine which other HDs may have had low coverage rates.

In FY20, the Act | West Program planned to support OV MDA in all 113 HDs endemic for OV in Cameroon. The estimated target population to cover in these HDs is 8,827,618. The Mectizan® Donation Program (MDP) has already approved the FY20 Mectizan® order. The Mectizan® is estimated to arrive in country April 20, so the start date for the MDA has been adjusted to May 2020. This date is tentative given any impacts due to COVID-19.

### *SCH–STH*

The Act | West Program did not support the SCH–STH MDA in FY19 and is not supporting it in FY20. The MOH carried out this activity with technical and financial support from other donors (such as Sightsavers and WHO). The MDA was conducted from September–October 2019, with data collection and regional review meetings in October–November 2019.

### *LF*

In 2018, thanks to USAID financial support, Cameroon met criteria to stop LF MDA in 136/137 HDs. (The remaining Akwaya HD has not yet conducted the TAS1 because of ongoing insecurity.)

### *Coverage Survey*

No coverage survey was planned in the country during the reported period.

**Table 13: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2019**

NTD	# Rounds of annual distribution	Treatment target (FY19)	# District with insufficient epi coverage in FY20	# District with insufficient program coverage in FY20	Treatment targets (FY19) # PERSONS	# persons treated (FY19)	Percentage of treatment target met (FY19) PERSONS
LF	1	0					
OV	1	113	11 <sup>(b)</sup>	12 <sup>(c)</sup>	8,737,966	3,866,062 <sup>(d)</sup>	43.02%
SCH	1	0 <sup>(a)</sup>					
STH	1	0 <sup>(a)</sup>					
Trachoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A

a): USAID did not fund the SCH–STH MDA in Cameroon in FY19

b): Districts not meeting epi coverage in FY19 (<65 percent) according to the partial dataset; data for only 62/113 OV endemic districts are available. The MOH will validate the FY19 MDA data during the annual national review and planning meeting of NTDs activities.

c): Districts not meeting program coverage in FY19 (<80 percent) according to the partial dataset; data for only 62/113 OV endemic districts are available. The MOH will validate the FY19 MDA data during the annual national review and planning meeting of NTDs activities

d): Data for only 62/113 OV endemic districts are available

### **Social Mobilization To Enable PC–NTD Program Activities**

#### *Awareness/Social Mobilization*

Helen Keller–Cameroon started the procurement process to print 17,500 T-shirts, 2,000 smocks, and 21,000 posters to use in the Center, East, Far North, North, North West, and South West regions. Health personnel will place the posters in public places at the beginning of the MDA campaign. Each community targeted for MDA with support from USAID will receive an average of three posters to put in public places, and each CDD will receive one poster for use when conducting sensitization sessions and distributing drugs. During training, each CDD will also receive a T-shirt. The exception is CDDs in the Far North region, who will receive a smock as part of a pilot Helen Keller–Cameroon and the MOH are conducting there this year. Supervisors from the regional level, the district level, and the health area level will also receive smocks. Health area heads will brief the CDDs on the message printed on all materials. The T-shirts and the smocks will enable quick identification of the CDDs and the supervisors, to guarantee their visibility, and add credibility to the intervention in the community. Act | West will rely on the upcoming MDA field supervisions to provide feedback on the use and impact of these materials. Supervisors will use the supervision grids, which already include questions about communication materials.

#### **Training**

No training was conducted during the reporting period. Training activities will begin in April 2020 at the earliest, assuming the MDA moves forward in May 2020.

## **Supervision for MDA**

From November 2019 to January 2020, Helen Keller–Cameroon and the MOH national level (PNLO and CCU) provided technical and financial support to the East and Center regions to supervise data collection and analysis for the FY19 MDA. This enabled the following:

The regional and the district management teams ensured the completeness of data collected in visited communities.

The MOH (national), Helen Keller, and regional and district personnel provided support to the health area level personnel and to the CDDs in filling out the data collection tools.

The MOH (national) and Helen Keller provided support to the regional level during data analysis.

Supervisors from Helen Keller and from the regional level provided systematic feedback to supervisees at each lower level visited to reinforce their skills on data analysis and MDA follow up. Helen Keller–Cameroon supervised priority communities that reported low coverage in FY18 and HDs with new DMOs on board (on the assumption that they have little experience in managing NTD MDA campaigns).

## **Monitoring, Evaluation and Learning**

### *Continuation of TAS2 targeting 19 HDs (Center, Adamaoua, and Far North regions)*

The FY19 TAS2 started in July 2019 and targeted 19 HDs in three regions: Adamaoua (3 HDs), Centre (9 HDs), Far North (7 HDs). The HDs were grouped into 9 EUs. From July to mid-September 2019, seven clusters of the Kousseri HD in the Far North region were unreachable due to flooding. From September to October 2019, Helen Keller–Cameroon (through Act | West) provided the MOH with technical and financial assistance to complete the TAS2 data collection in those clusters and to review and validate the survey report. The team could not do the survey in Mada HD due to flooding. The PNLO postponed data collection in that last EU until April 2020 (to be reviewed in the COVID-19 context).

All eight EUs surveyed passed the TAS2. A total of 18 HDs are therefore eligible to undergo TAS3, furthering progress towards LF elimination in Cameroon. Below are the data from those eight EUs.

### *Validation of the report of the Trachoma Surveillance Survey in 21 HDs*

Helen Keller–Cameroon provided support to the MOH to review the FY19 TSS results conducted in 21 HDs, following comments from FHI 360 on the draft report. Act | West also provided the MOH with financial support to hold the validation meeting for the report. Participants included the MOH, Sightsavers, Helen Keller–Cameroon, and the WHO Cameroon country office. As mentioned above, Helen Keller–Cameroon and the MOH are presently developing a TOR to submit to FHI 360 for a consultant to investigate reasons for TSS failure in Goulfey and Makary HDs.

### *Preparation of the Trachoma situational analysis in three of the ten regions*

The Act | West Program supported Julie Akame (the NTD Program Manager from Helen Keller) and Pr. Emilienne Epée (the NTDs Service Manager from the MOH) to attend a workshop in March 2020 in Dakar, Senegal, organized and facilitated by Act | West to support capacity building for a trachoma situational analysis. The workshop focused on peer-to-peer exchange/reviews about areas not previously mapped for trachoma, to determine if mapping is warranted, and harmonizing pre-mapping desk review methodologies across countries. The discussions will help the country implement the trachoma situational



analysis scheduled for FY20. As a follow on, Helen Keller–Cameroon provided the National Program with support to develop the TOR for the consultant who will assist the PNLCé with the situational analysis. Following comments by FHI 360, a revised version was submitted for approval. (Note: a second TOR, currently under review with USAID, was developed to support the PNLCé with a deeper investigation of the districts that saw an increase in TF above the elimination threshold—referenced in sections related to the scope of the proposed consultancy.)

*Preparation of TAS1 in Akwaya and Trachoma Impact Survey (TIS) in the Kolofata HD and Mora IDP camp*  
Insecurity has prevented implementation of TAS1 in Akwaya and a TIS in Kolofata and Mora HDs. Helen Keller–Cameroon, the PNLCé, the PNLO, and the RDPHs for the Far North and for the South West held a meeting to discuss the feasibility of these surveys. The major recommendation was to contact other national programs, especially the Vaccination Program, to learn from their experience and possibly to integrate the TAS1 and the TIS in their interventions. Further follow up is needed, but planning may also be interrupted by the COVID-19 situation.

*Preparation of TAS2 in 35 HDs (East region, Littoral, South, and West regions) and Mada HD (Far North)*  
Act | West purchased 771 FTS kits to be used during the FY20 TAS2 in 36 HDs (including Mada HD). These arrived in Cameroon on February 20, 2020. Helen Keller–Cameroon provided the MOH with logistical support to transport the FTSs from the airport to the MOH warehouse. The Research Center for Microfilaria and other Tropical Diseases (directed by Pr. Kamgno) agreed to provide some positive control material and the PNLO will contact WHO to obtain additional material to ensure there is sufficient reagent for pre-, post-, and mid-survey checks. Helen Keller–Cameroon is also providing technical support to the PNLO to complete the survey protocol. TAS2 had an anticipated start of early April 2020, but this will be reevaluated in light of the COVID-19 situation.

### **Supervision for Monitoring and Evaluation and DSAs**

Helen Keller–Cameroon provided the PNLO with technical and financial support to supervise continuation of the FY19 TAS2. Supervision helped ensure the field team met the required sample size on time, enabling the PNLO to finalize the survey report in less than one month. Supervisors from Helen Keller and the PNLO joined the community mobilizers to strengthen sensitization in the targeted villages through door-to-door household visits, to convince parents to let their children get tested.

### **Dossier Development**

#### *LF elimination dossier development*

On February 25–26, 2020, Helen Keller–Cameroon provided the MOH with technical and financial support to hold the first meeting for developing the LF elimination dossier. The Regional NTD Advisor from FHI 360 facilitated the meeting and participants included staff from the MOH (National Program for Onchocerciasis Control, NTD National Coordination Unit), NGOs (Helen Keller, IEF, PersPective), and the research center for microfilaria and other tropical diseases. The facilitator provided guidance on the use of different templates required in the LF elimination dossier and the required data. Participants developed a timeline for preparing the LF dossier and agreed to centralize both LF survey documents (protocols, reports, and datasheets) and LF data (for MDA and morbidity) at the National Program level—given that some partners are still keeping some information at their levels. The deadline for this first task was April

2020 (to be confirmed if this deadline was met). The next meeting is planned for May 2020. The complete timeline of tasks is being prepared and will be provided to Helen Keller–HQ and FHI 360 by early May.

#### *Trachoma elimination dossier development*

Development of the trachoma elimination dossier has been on hold due to limited availability of the PNLCé. A meeting was planned for March 2020 to discuss progress on dossier development work; however, PNLCé staff were deployed to hospitals as the country went into the COVID-19 crisis. The PNLCé plans to recommence the dossier development work in the next reporting period with the consultant that will be recruited for general support to the PNLCé.

#### *MMDP Situational Analysis*

Helen Keller conducted a situational analysis of available LF and trachoma Morbidity Management and Disability Program (MMDP) data. Helen Keller adapted the tables provided in the WHO MMDP Toolkit to conduct the situational analysis and supported the MOH to collate available data on hydrocele and lymphedema and TT, including a question on data security and storage. Helen Keller compiled a report on the situational analysis and received initial feedback from FHI 360.

### Short-term Technical Assistance (STTA)

**Table 14: SHORT-TERM TECHNICAL ASSISTANCE**

Scope of work (include only short summary)	Name of consultant/s	Period of consultancy	Status (completed, in-progress)
The Regional NTD Advisor from FHI360 to facilitate the LF elimination dossier development and provide guidance on the required data and use of different templates that constitute the dossier	Dr. Ernest Mensah	February 25–26, 2020	Completed

## IR/S: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

### **Data Security and Management**

At the end of the FY19 campaign, the MOH organized the data collection as follows: CDDs wrote and submitted their reports to the nurse at the health level, along with the registers of data collected in the communities. The health area nurses collected all the reports from CDDs in their respective coverage areas and filled out the summary data sheet submitted to the HD; they kept copies of the datasheets at the health area level. The HDs analyzed the data and submitted them to the RDPH in Excel. The RDPHs collected the data from each HD and included in the regional database before submission to the central level. A data manager conducted analysis at each level.

Over the reporting period, Helen Keller–Cameroon provided technical and financial support for the FY19 data collection and analysis in two regions—Centre and East. (The four other regions—North West, South West, North, Far North—had already completed data collection.) This support permitted the rapid channeling of data from the community level to the regional level. During the annual review/planning meeting (delayed to an undetermined date—currently projected for June 2020), NTD Regional focal points will submit their datasheets to the central level for review and validation. As a last step, the data manager of the CCU will upload the datasheets in the official online national health database (DHIS2). The data manager is responsible for ensuring the data is secure and for managing access to the database, which is not public. There are different access levels for staff.

As part of preparation for the upcoming TAS2, Helen Keller and the PNLO started working on the forms for use in smartphones for electronic data capture (EDC).

### **Drug Management**

*Financial Support to PNLO for the Transport of Mectizan® and FTS from the Point of Entry (port or airport) to the National Purchasing Center for Essential Drugs and Products (CENAME)*

The Mectizan Donation Program (MDP) approved the FY20 Mectizan® order. MDP through Merck will ship 23,174,500 tablets to treat the 113 targeted HDs across the 10 regions. The expected arrival date of Mectizan® in country is April 30, 2020.

*Financial Support to PNLO for the Recovery of the Unused Ivermectin at the End of the MDA Campaign*

Act | West provided technical support to RDPH to collect remaining stocks of Mectizan® from the FY19 MDA and to return them to the regional warehouses. Given the high number of tablets (4,786,000) reported as remaining stock at the end of FY19, Helen Keller–Cameroon and the other NGOs will provide technical support to the MOH in FY20 to apply “First In, First Out” (FIFO) drug management to avoid expiration. Training materials are available for this work.

## **MAINSTREAMING AND HSS ACTIVITIES**

### **Develop NTD Sustainability Plan**

The MOH is taking leadership in organizing DSAs and there are efforts at the community/district levels in some regions to support CDDs during MDAs (e.g., mobilizing resources to fill gaps for CDD payments in the Littoral region). However, more targeted discussions are needed with the MOH to create sustainable approaches to resourcing NTD activities and building ownership at the community and district levels. Helen Keller–Cameroon will have further discussions with the MOH to see what kind of support and sustainability planning discussions can be added to the agendas for forthcoming advocacy meetings.

### **Cross-sector Coordination and Integration with Existing Platforms**

Helen Keller–Cameroon participated in the Meeting of the National Committee for the Control of Schistosomiasis and Soil Transmitted Helminthiasis chaired by the Ministry of Public Health. Participants included representatives of NGOs (Helen Keller, SightSavers, PersPective, International Eye Foundation, Good Neighbors) and other ministries (Communication, Basic Education, Secondary Education, Water). During the meeting, the Coordinator of the National Programme for SCH–STH Control presented the results of the FY19 deworming campaign (not Act | West funded). Based on the weaknesses identified, the Minister of Public Health recommended that sensitization and communication around deworming should be reinforced and data collection tools should be harmonized throughout the health system. He also emphasized that decentralized territorial collectivities should be more involved in the implementation of deworming activities.

The Helen Keller Nutrition program has been working actively for the past two years to obtain mayors' support for the fight against malnutrition within the framework of the Scaling Up Nutrition (SUN) initiative. They succeeded to put in place a network of mayors engaged for Nutrition actions. The MOH, with support from Helen Keller, will approach the network to seek their support for NTD interventions in communities.

## **SUCCESS STORIES AND BEST PRACTICES**

Through a webinar, Helen Keller–Cameroon shared its experience using EDC with the ONA platform during a TAS1. Participants included other Helen Keller countries that are conducting LF interventions (MDAs and DSAs) using USAID funding. The presentation highlighted that EDC makes the data management process more reliable, reduces the overall duration of the survey, minimizes the number of errors due to data transfers from paper forms to computers, and permits follow up of uploading data. Finally, it allows early detection and correction of errors in the data collected.

In the Far North region, community members from Mokolo 1 health area (in Mokolo HD) mobilized XAF 539,300 (around US\$1,079) to motivate their CDDs after the drug distribution period. These populations also provided their CDDs with meals during the drug distribution period. The meal was shared in the courtyard of the traditional chief.

In the North region, Helen Keller–Cameroon and the NTD regional team identified all the CDDs who have over five years of experience and good track record working in the OV MDA campaign. During the MDA routine training, they were asked to supervise their fellow CDDs during the drug distribution period and to report any issue to their respective chiefs of health area. This practice increased the number of field supervisors (with no additional costs) during the drug distribution period, and it reduced the number of CDD registers with inconsistent data.

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

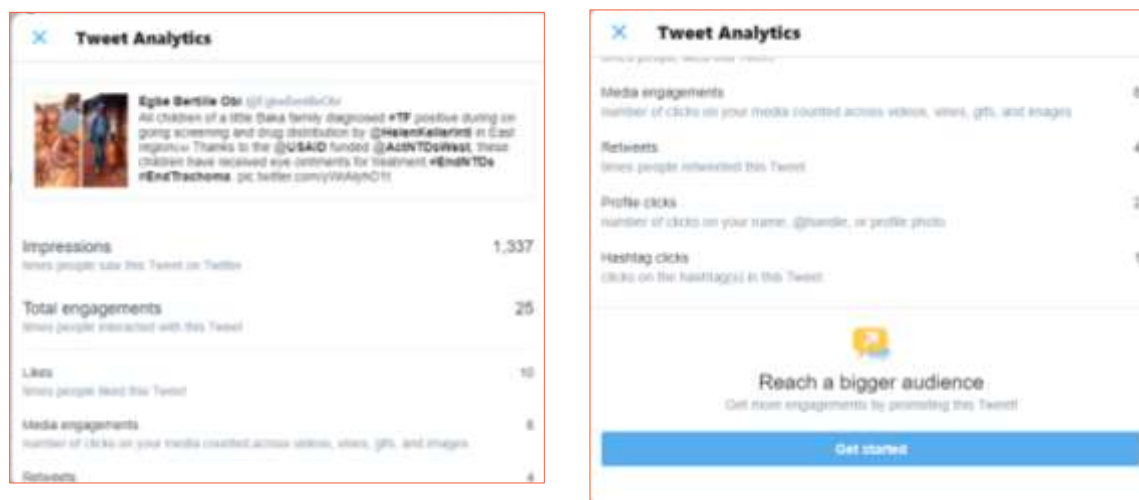
**Table 15: CHALLENGES/RESOLUTIONS**

1. Challenge encountered	2. Solutions	3. Status 4. (resolved, pending)
During the MDA that took place from August to October 2019, some people across the country refused Mectizan® due to concerns over SAEs.	The health personnel and the CDDs are continuing efforts to sensitize communities to the importance of the medication, using the opportunity of field visits conducted under other health programs such as the immunization program. Specific training has been included on SAEs in the Littoral, Center, and South regions. These efforts will need to be continued in subsequent campaigns.	Pending
From August to November 2019, working during the rainy season was a major challenge. Some CDDs took proper care of their registers but some had torn covers because of the rains. The CDDs also had difficulties moving door to door to conduct census and treatment.	Most CDDs tried to distribute Mectizan® on days without rain. Others used personal items such as umbrellas and rain boots to ease movement in wet areas. In addition, Helen Keller is continually working with the MOH and partners to improve MDA planning/timeliness of FAAs in order to ensure that MDA implementation occurs outside the rainy season.	Pending
In the South West region, it was difficult to complete activities in the specified time due to the insecurity resulting from the social crisis. CDDs could not treat some communities (especially in the Fontem HD) due to restrictions from separatist fighters.	The regional level allowed more time (one additional month) to some very difficult areas under Bakassi HD, Mudemba HD, Akwaya HD, for them to be able to complete the distribution. The regional-level delegation decided not to treat the communities where they could not ensure the safety of CDDs and other health personnel.	Resolved
In the North West and the South West regions, there were misconceptions about the medication—that a different/unfamiliar drug was being distributed (a result of rumours during the crisis in those regions), leading to an increase in the number of refusals.	The regional level is doing continuous sensitization of the population on the role of Mectizan® in the control of OV. In this case, heavy emphasis has been on ensuring the public that this is the same drug that has been distributed/accepted for over 20 years.	Pending

## COMMUNICATION

In October 2020, Helen Keller–Cameroon led a cascade training on communications under the Act | West program for relevant country office staff. In October and November 2020, Helen Keller–Cameroon published a tweet about the program (see link and tweet analytics below).

<https://twitter.com/EgbeBertilleObi/status/1181540290890489857/photo/2>



<https://twitter.com/EgbeBertilleObi/status/1194743209068503040?s=20>



Helen Keller–Cameroon played a key role in raising awareness around the celebration of the first World NTDS Day (WND) on January 30, 2020. To prepare for the ceremony, Helen Keller–Cameroon and the MOH held a meeting and agreed on *potential avenues* for “making noise” about this WND. These included:

Write and disseminate press releases in English and French to radio and TV stations (NTDs Overview, what is Cameroon doing in the domain, Policy/Program).

Book and participate in radio/TV programs to discuss the WND, Cameroon’s Efforts to #BeatNTDs (key achievements) and the way forward.

Contact NGOs working in the domain to mobilize their communication units in support of WND.

The NTD National Coordinator enrolled the National NTD program on the WND website, as required. On January 30, the Helen Keller Cameroon country office collaborated with the MOH in celebrating WND through the following activities:

Production of World NTDs Day message stickers (messages from the WND website), which were then shared and posted at MOH NTD Program Offices and the Helen Keller office.

Printing of roll-ups posted at the Helen Keller office from January 30 throughout February.

Press releases on World NTD Day (on NTD Overview, what Cameroon is doing, Policy/Programs) were broadcast in French and English on national radio (click on icons below for sample press release broadcasted).



World-NTD-Day-Co  
mmunique de Press



Twitter dialogue, tweets, and retweets of messages and videos featuring World NTD Day and work done by the country office:

<https://twitter.com/EgbeBertilleObi/status/1222931055189090309?s=20>

<https://twitter.com/EgbeBertilleObi/status/1222925502677233669?s=20>

<https://twitter.com/EgbeBertilleObi/status/1222921868879040512?s=20>

On February 5, 2020, the Helen Keller–Cameroon country office joined a Twitter dialogue to encourage the WHO Executive Board to officially establish January 30 as World NTD Day:

<https://twitter.com/EgbeBertilleObi/status/1225070965295587328?s=20>



## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 16: FY20 ACTIVITY	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Activity 1: National Annual Meeting for the Review/Planning of NTDs activities						
Activity 2: Regional Annual Meeting for the Review/Planning of NTDs activities						
Activity 3: Assessment Meeting of the Subcommittees of the National OV & LF						
Activity 4: Act   West Project FY21 Work Plan Development Workshop						
Activity 5: Support to the PNLCé to develop and validate the Trachoma Strategic Plan for 2020-2025						
Activity 6: Support to PNLCé for a workshop to develop a trachoma transition						
Activity 7: Workshop to develop NTD indicators for the PBF system						
Activity 8: Workshop to discuss TSS Results for Goufey and Makary HDs						
Activity 9: Meeting to validate the national strategic plan (2019-2023) for LF morbidity and disability management						
Activity 10: Central and Regional Coordination Meetings in 10/10 Regions and 189/189 Health Districts (no cost)						
<b>NTD Secretariat</b>						
Activity 1: Quarterly meetings for the NTDs technical committee						
<b>Training</b>						
Activity 1: Training of health personnel in the 113 HDs for the OV MDA campaign and 2 HDs for the Trachoma MDA campaign						
Activity 2: Training of CDDs within in the 113 HDs for the OV MDA campaign and 2 HDs for the Trachoma MDA campaign						
Activity 3: National Workshop to Review NTD Training Modules for District and Health Areas Staff						
<b>MDA Supervision</b>						
Activity 1: Supervision of OV MDA campaign in 113 HDs for the OV MDA and 2 HDs for the Trachoma MDA						
<b>Monitoring and Evaluation</b>						
Activity 1: Trachoma Impact Survey in the Kolofata HD and Mora IDP camp: (the planning of this activity depends on the security situation in the HDs)						
Activity 2: TAS2 in 12 Evaluation Units in 35 HDs in the EAST, LITTORAL, SOUTH and WEST Regions						
Activity 3: Trachoma situational analysis in 3 out of 10 regions						
<b>Dossier Development</b>						
Activity 1: Trachoma elimination dossier development (quarterly meetings, PNCLÉ)						
Activity 2: LF elimination dossier development (three meetings, PNLO)						
<b>Drug Management</b>						

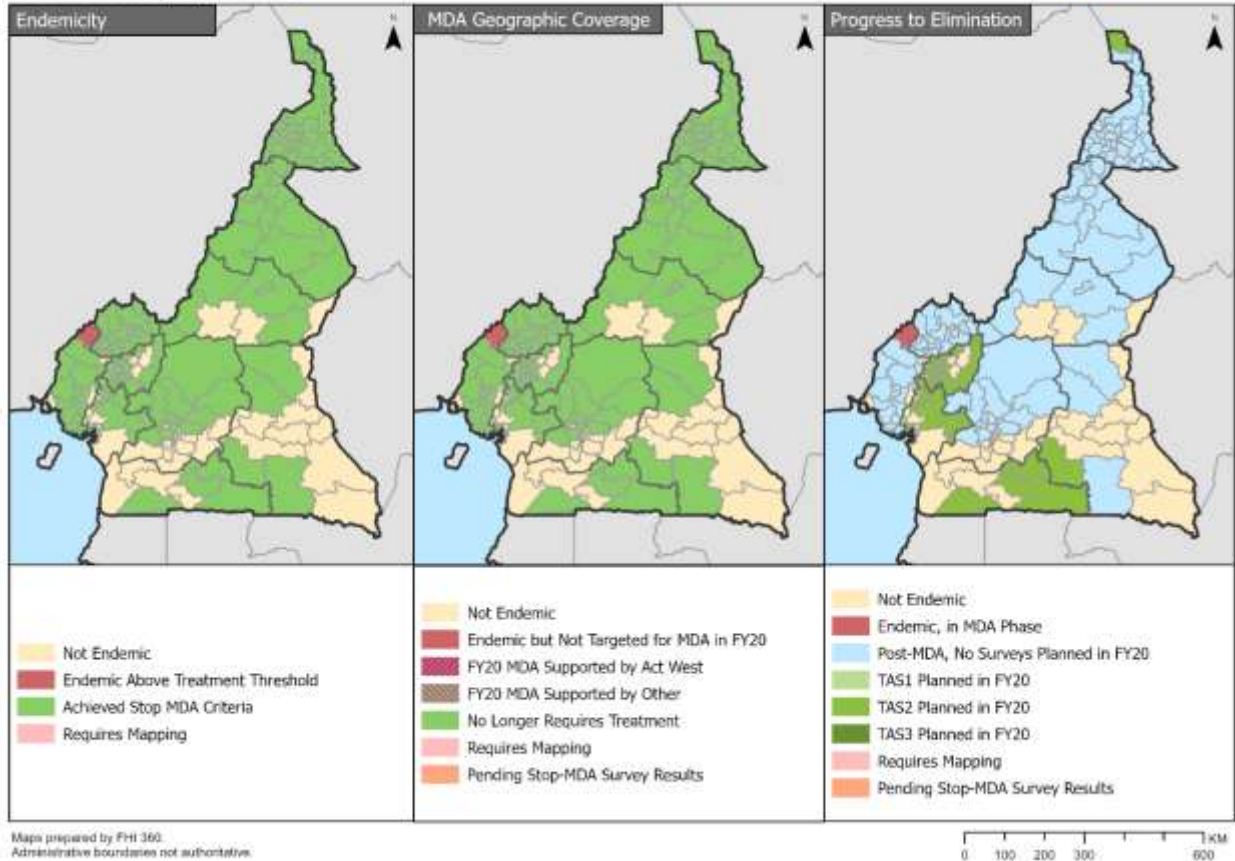
Table 16: FY20 ACTIVITY	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
Activity 1: Capacity building of the data managers of the 113 HD endemic to OV in the use of inventory management tools						
Activity 2: Financial Support to PNLO for the Transport of Ivermectin and FTS from the Point of Entry (port or airport) to the National Purchasing Center for Essential Drugs and Products (CENAME)						
Activity 3: Financial Support to PNLO for the Recovery of the Unused Ivermectin at the End of the MDA Campaign in the 113 HDs						
Integration and HSS Activities (IR2)						
Activity 1: Regional Advocacy Meetings to improve local fundraising to support the NTDS program (with mayors of the Littoral and West regions)						
Activity 2: Support the MOH in improving coordination of NTD Activities						

*Planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.*

## MAPS

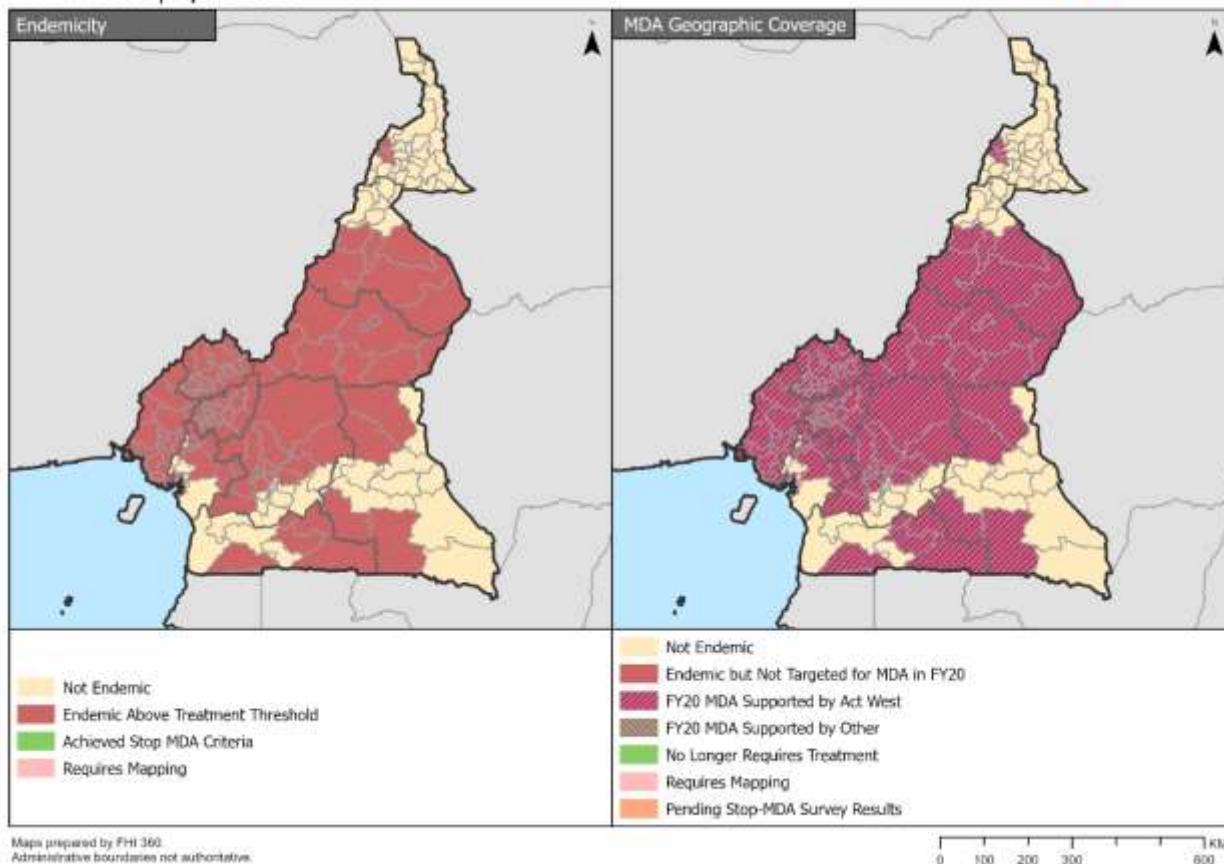
### Lymphatic Filariasis

Cameroon | April 2020



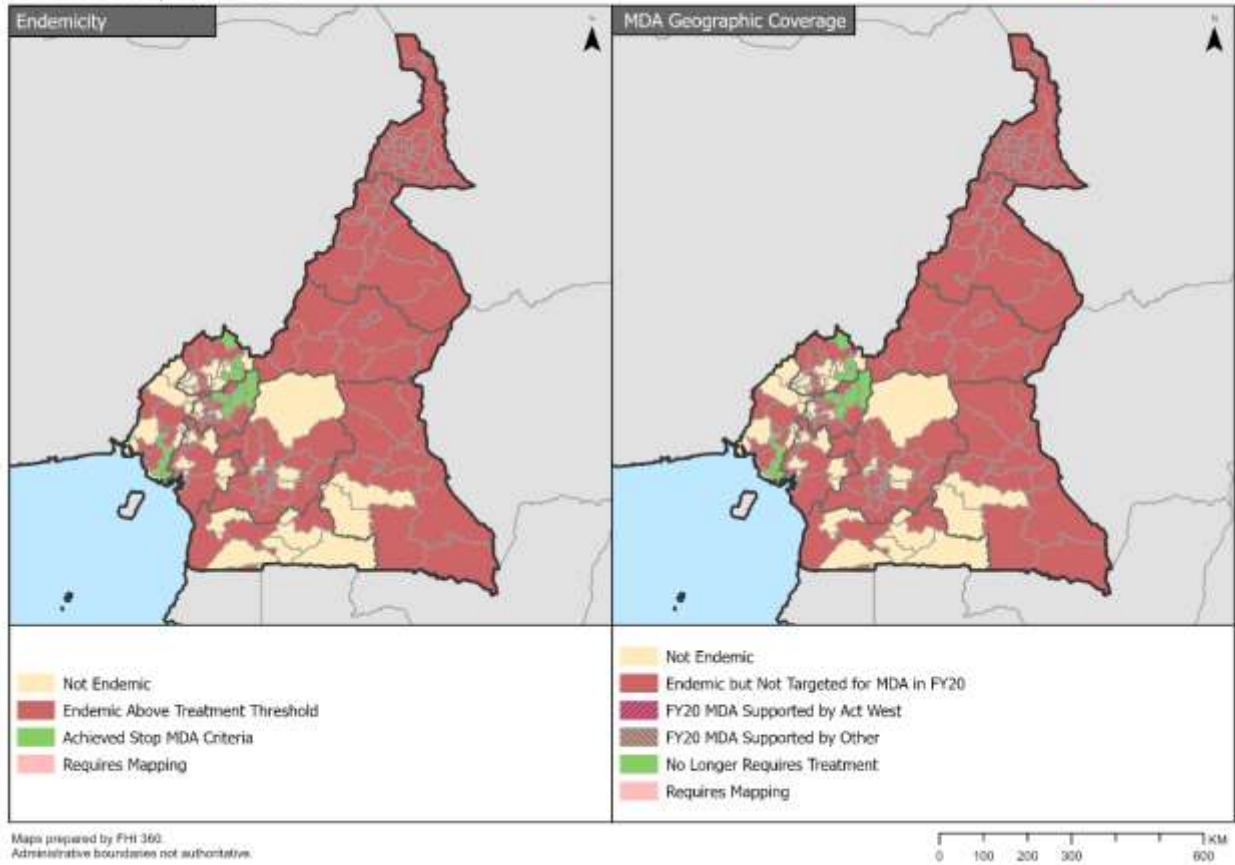
## Onchocerciasis

### Cameroon | April 2020



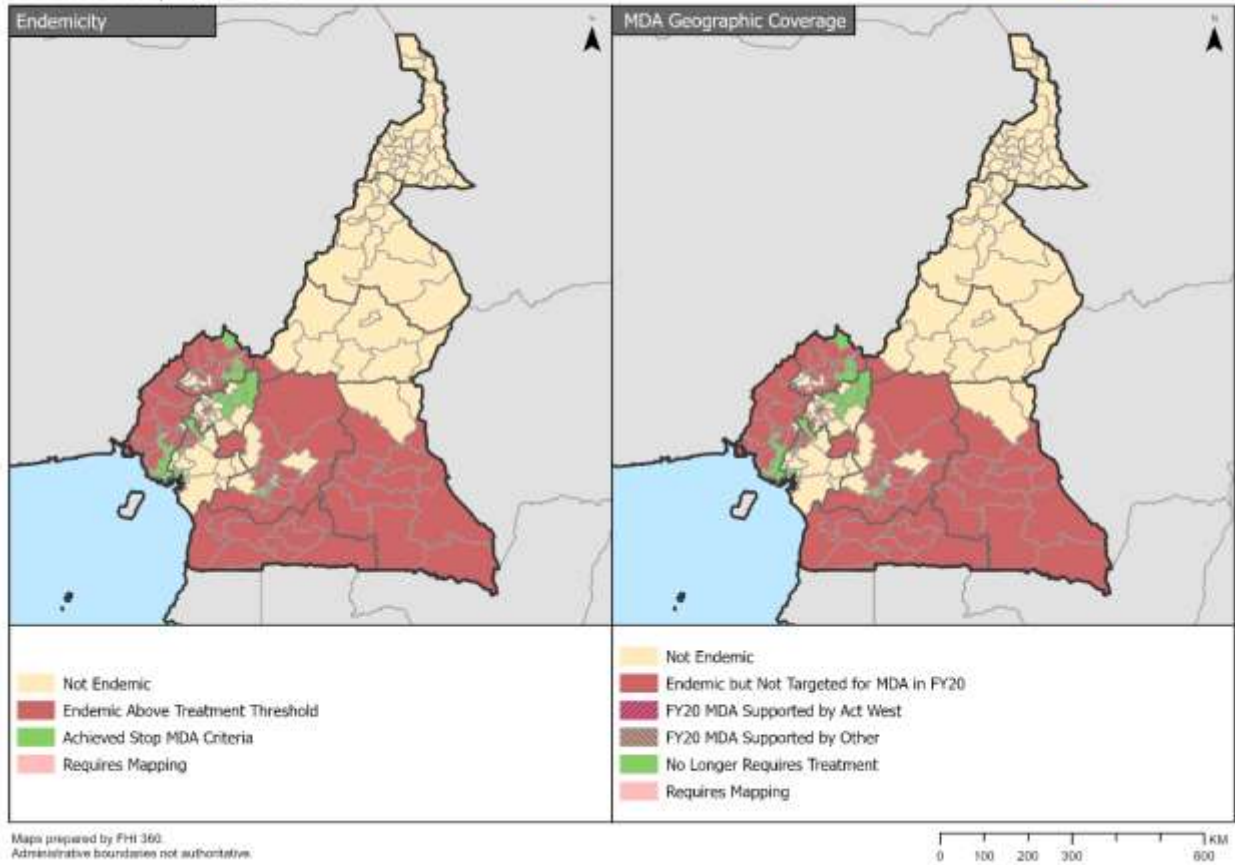
## Schistosomiasis

### Cameroon | April 2020



## Soil-Transmitted Helminths

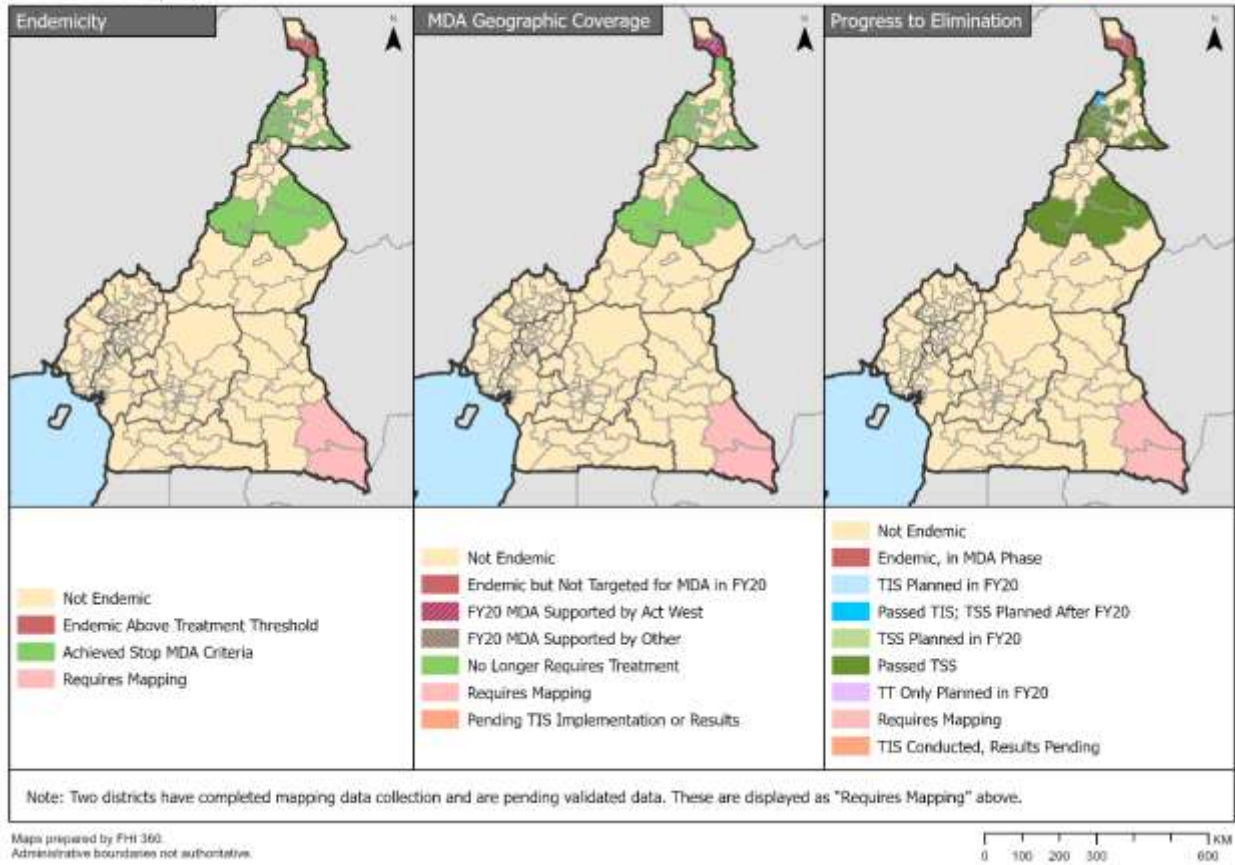
Cameroon | April 2020





# Trachoma

Cameroon | April 2020







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Act to End NTDS | West FY20 Semi-annual Report (SAR): October 1, 2019–March 31, 2020

Act to End  
**NTDs**  
W E S T

**fhi360**  
THE SCIENCE OF IMPROVING LIVES

# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**COTE D'VOIRE**

# TABLE OF CONTENTS

LIST OF TABLES .....	175
ACRONYMS AND ABBREVIATIONS .....	176
EXECUTIVE SUMMARY .....	178
PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....	179
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES PROGRESS TO IMPLEMENTATION OF ACTIVITIES.....	179
<i>Strategic Planning</i> .....	179
<i>NTD SECRETARIAT</i> .....	180
<i>Building Advocacy for a Sustainable National NTD Program</i> .....	180
<i>MDA Coverage</i> .....	180
<i>Social Mobilization to Enable PC-NTD Program Activities</i> .....	180
<i>Training</i> .....	180
<i>Supervision for MDA</i> .....	181
<i>Monitoring, Evaluation and Learning</i> .....	181
<i>Supervision for Monitoring and Evaluation and DSAs</i> .....	182
<i>Dossier Development</i> .....	182
<i>Short-term Technical Assistance (STTA)</i> .....	182
IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	182
<i>Data Security And Management</i> .....	182
<i>Drug Management</i> .....	182
MAINSTREAMING AND HSS ACTIVITIES (IR2).....	183
<i>Develop NTD Sustainability Plan</i> .....	183
<i>SCH, STH, Post-validation/Verification Surveillance</i> .....	184
<i>Cross-sector Coordination and Integration with Existing Platforms</i> .....	184
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	184
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	185
MAPS.....	188

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020 .....	180
TABLE 2: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019-MARCH 2020) .....	181
TABLE 3: SHORT TERM TECHNICAL ASSISTANCE.....	182
TABLE 4: CHALLENGES/RESOLUTIONS.....	184
TABLE 5: FY20 ACTIVITIES .....	185

## ACRONYMS AND ABBREVIATIONS

<b>AE</b>	<b>Adverse Event</b>
<b>ALB</b>	Albendazole
<b>APOC</b>	African Programme for Onchocerciasis Control
<b>BMGF</b>	Bill & Melinda Gates Foundation
<b>BCC</b>	Behavior Change Communication
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDD</b>	Community Drug Distributor
<b>CDTI</b>	Community-Directed Treatment with Ivermectin
<b>CEMV</b>	Center for Medical and Veterinary Entomology
<b>CENI MTN CP</b>	Committee of National and International Experts for PC-NTDs (equivalent to an OV expert committee)
<b>CIND</b>	Integrated NTD Database
<b>CMFL</b>	Community Microfilarial Load
<b>CNCAM</b>	National Commission for Coordinating Supplies of Essential Medicines and Strategic Health Products
<b>CNER</b>	National Committee on Ethics and Scientific Research
<b>COGES</b>	Management Committee
<b>CSAS</b>	Head of Health Service
<b>CSE</b>	Epidemiological Surveillance Manager
<b>CSR</b>	Rural Health Center
<b>CSU</b>	Urban Health Center
<b>DGS</b>	Office of the Director General of Health
<b>DHIS2</b>	District Health Information System 2
<b>DOLF</b>	Death to Onchocerciasis and Lymphatic Filariasis
<b>DPML</b>	Department of Pharmacy, Medicines, and Laboratories
<b>DPPEIS</b>	Department of Forecasting and Health Information Planning and Evaluation
<b>DQA</b>	Data Quality Assessment
<b>DR</b>	Regional Directorate
<b>ECD</b>	District Management Team
<b>ERS</b>	Regional Health Team
<b>ESPC</b>	Front-Line Health Facility
<b>ESPEN</b>	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
<b>FAA</b>	Fixed Amount Award
<b>FHI 360</b>	Family Health International
<b>FTS</b>	Filariasis Test Strip
<b>GET</b>	Global Elimination of Trachoma
<b>GSK</b>	Glaxo Smith Kline
<b>GTMP</b>	Global Trachoma Mapping Project
<b>HD</b>	Health District
<b>HKI</b>	Helen Keller International
<b>HSS</b>	Health Systems Strengthening
<b>ICRC</b>	International Committee of the Red Cross
<b>ICT</b>	Immuno-Chromatographic Test
<b>IDA</b>	Triple Drug Therapy with Ivermectin, Diethylcarbamazine, and Albendazole
<b>IEC</b>	Information, Education and Communication

<b>IVM</b>	Ivermectin
<b>LF</b>	Lymphatic Filariasis
<b>LNSP</b>	National Public Health Laboratory
<b>LOE</b>	Level of Effort
<b>LSTM</b>	Liverpool School of Tropical Medicine
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDA</b>	Mass Drug Administration
<b>MDP</b>	Mectizan Donation Program
<b>MRU</b>	Mano River Union
<b>MSHP</b>	Ministry of Health and Public Hygiene
<b>NPSP</b>	New Public Health Pharmacy
<b>NTD</b>	Neglected Tropical Disease
<b>OCP</b>	Onchocerciasis Control Programme
<b>OV</b>	Onchocerciasis
<b>PC</b>	Preventive Chemotherapy
<b>PGP</b>	Pharmacy Preparer-Managers
<b>PNDAP</b>	National Program for Development of Pharmaceutical Activity
<b>PNLMTN-CP</b>	National Program for Control of Preventive Chemotherapy-Neglected Tropical Diseases
<b>PNLSGF</b>	National Program for the Control of Schistosomiasis, Soil-transmitted Helminthiasis and Lymphatic Filariasis
<b>PNSO-LO</b>	National Program for Eye Health and Onchocerciasis Control
<b>PZQ</b>	Praziquantel
<b>RAFET</b>	Reseau Africain Francophone des Experts du Trachome
<b>RDT</b>	Rapid Diagnostic Test
<b>RGPH</b>	General Census of Population and Housing
<b>RPRG</b>	Regional Programme Review Group
<b>SAC</b>	School-Age Children
<b>SAE</b>	Serious Adverse Event
<b>SAFE</b>	Surgery, Antibiotics, Facial cleanliness, Environmental improvements
<b>SCI</b>	Schistosomiasis Control Initiative
<b>SCH</b>	Schistosomiasis
<b>SOP</b>	Standard Operating Procedure
<b>STH</b>	Soil-Transmitted Helminths
<b>TAS</b>	Transmission Assessment Survey
<b>TBD</b>	To Be Determined
<b>TEO</b>	Tetracycline Eye Ointment
<b>TF</b>	Trachomatous Inflammation – Follicular
<b>TIPAC</b>	Tool for Integrated Planning and Costing
<b>TT</b>	Trachomatous Trichiasis
<b>UFR</b>	Training and Research Unit
<b>WAHO</b>	West African Health Organization
<b>WASH</b>	Water, Sanitation, Hygiene
<b>WHO</b>	<b>World Health Organization</b>

## EXECUTIVE SUMMARY

FHI 360 is leading the implementation of USAID’s Act to End Neglected Tropical Diseases | West (Act | West) program in Côte d’Ivoire, following the closeout of the successful END in Africa project in September 2018. The Act | West Program is supporting the Côte d’Ivoire Ministry of Health and Public Hygiene (MSHP)’s National Program for Control of Preventive Chemotherapy NTDs (PNLMTN–CP). This semi-annual report outlines the progress made during Q1 and Q2 of year two (FY20) of the Act | West covering the period October 1, 2019–March 31, 2020. FHI 360, in collaboration with the NTDP, undertook the activities outlined in the FY20 work plan. The activities included: technical assistance to quantify drugs and tests, coordination, sustainability plan, capacity building of MSHP/NTDP staff and training on DSA implementation.

As of March 2020, and following recent redistricting, Cote d’Ivoire’s epidemiological situation shows that 97 HDs and 99 HDs are endemic for Onchocerciasis (OV) and lymphatic filariasis (LF) respectively, while 90 HDs are co-endemic for OV and LF, 7 HDs are OV-only, and 9 districts are LF-only. While 113 HDs are endemic for soil-transmitted helminths (STH), only 40 were considered a public health problem. All 113 HDs are endemic for schistosomiasis (SCH), and 40 HDs are currently endemic for trachoma. Mapping is completed for LF, OV, SCH, and STH, while the mapping for trachoma is ongoing. The total number of endemic districts may be revised once mapping in all suspected districts is complete.

Some key activities that have taken place include a validation workshop for a national PC-NTD operational action plan for CY20 facilitated by FHI 360, training on CIND for data managers of 28 HDs and 10 regions (FHI 360), and capacity building for pre-TAS investigators. Further, in preparation for MDAs that will take place in the second half of FY20, FHI 360 provided technical and financial support to the NTDP to carry out the development and procurement of information and communication materials for the LF/OV MDA campaign. Of note, Act | West made great strides in Cote d’Ivoire on the development of an NTD Sustainability Plan, a joint effort by Deloitte, FHI 360, HKI, and the NTDP. This process included the completion of the draft Landscape Analysis, Sustainability Maturity Model workshop, TIPAC, dissemination workshop and the sustainability planning workshop. The last month of the reporting period was affected by the global COVID-19 pandemic that restricted implementation of activities that contribute to MDA and DSA and supervision of MDAs and DSAs.

In the final six months of FY20, FHI 360 and its partners will carry out key project activities including MDA, data validation, impact survey, pre-TAS implementation in 46 HDs, monitoring and evaluation of data quality, and validation of the sustainability plan. FY21 workplan development and validation will also take place in second semester. Finally, the program will hold an annual review meeting for developing and submitting the annual report to USAID.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES PROGRESS TO IMPLEMENTATION OF ACTIVITIES

#### Strategic Planning

Act | West Côte d'Ivoire finalized the FY20 FAAs with HQ support. The 15 FAAs were approved by USAID and signed with the NTDP. The project also provided support to the PNLMTN-CP to submit a request to ESPEN regarding historical OV data. Moreover, the project and ITI conducted phone call discussions on redistricting for the provision of Zithromax for the next trachoma MDA. The NTDP submitted its Trachoma Elimination Monitoring Form (TEMF) to the WHO by the March 2 deadline and has submitted its physical inventory report to ITI required for the FY20 drug shipment for the MDA.

Act | West Côte d'Ivoire provided support to conduct the USAID LF Best Practices Regional Workshop in Abidjan on January 14–16, 2020. This joint workshop between Act|West and Act|East programs saw participation of 14 out of 15 USAID-supported countries. The meeting outcomes are explained in overall project report submitted by FHI 360.

FHI 360 supported the NTDP to conduct a workshop to validate Côte d'Ivoire's national PC-NTD operational action plan (PAO) for calendar year (CY) 2020 on February 5–6, 2020 in Jacqueville. Participants included representatives of the MSHP's senior management team, the Act | West Program (FHI 360, HKI, AIM, Schistosomiasis Control Initiative (SCI), and Sightsavers. Key outputs related to the PAO included review of the 2019 PAO, defining goals for 2020, development of a costed dashboard, development of a calendar for monitoring and evaluation (M&E) activities, and validation of the PAO document. The PAO for 2020 has six specific goals: 1) intensify advocacy and partnership with all stakeholders for effective fight against PC-NTDs; 2) strengthen the technical capacity of human resources at all levels of the health system pyramid; 3) conduct activities for behavior change and social norms; 4) treat at least 90% of the target population of PC-NTDs; 5) ensure the management of PC-NTDs-related morbidities; and 6) conduct M&E activities.

At a workshop in Yamoussoukro on February 26–28, 2020, Act | West and ACCELERATE jointly supported the PNLMTN-CP to update Côte d'Ivoire's Trachoma Action Plan (TAP) for 2021–2023. Participants included representatives of MSHP's senior management team and other ministries such as Education, Water and Sanitation; FHI 360 program manager, the Act | West trachoma technical advisor; the Bill & Melinda Gates' REACH<sup>13</sup> project team and Sightsavers. The objectives of the TAP workshop were to update the national plan to eliminate trachoma as a public health problem, including the present situation of trachoma endemicity in Côte d'Ivoire and the activities and resources needed to reach the elimination targets in Côte d'Ivoire. The NTDP hopes to circulate the draft of the TAP for comment in May.

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<sup>13</sup> REACH is a Bill and Melinda Gates Foundation-funded project which will use the NTD MDA platforms (trachoma in FY20) to distribute azithromycin to decrease childhood mortality.

**NTD SECRETARIAT**

Act | West strengthened the MSHP's NTDP secretariat by providing office equipment for day-to-day coordination of NTD program activities including workshops and other coordination meetings. This included purchasing two cameras for PNLMTN-CP to improve quality of pictures as deliverables. As in years past, Act | West financially supported the availability of reliable local internet provider to ensure the Secretariat receives uninterrupted internet service to facilitate effective program implementation.

**Building Advocacy for a Sustainable National NTD Program**

No activities were budget under this category in the FY20 work plan.

**MDA Coverage**

FY20 planned MDAs have yet to take place. Table 1 shows the targets for these MDAs.

**Table 17: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY 2020)	# District with insufficient epi coverage in FY20	# District with insufficient program coverage in FY20	Treatment targets (FY 2020) # PERSONS (1)	# persons treated (FY 2020) (2)	Percentage of treatment target met (FY 2020) PERSONS
LF (Ivermectine)	1	39,363,350			17,572,924		
LF(Albendazole)		14,058,339					
OV	1	25,904,339	*SAC only		11,564,437		
SCH (with funding from Sightsavers)		35,145,848	*SAC only		17,572,924		
LF (Ivermectine)	1	0					

**Social Mobilization to Enable PC-NTD Program Activities**

In preparation for the upcoming LF MDA in 53 HDs, the PNLMTN-CP developed a list of materials that needed to be reproduced and a procurement plan for the purchase of MDA materials which were procured in February. In total, 9,395 posters, 114,509 flyers, 45,830 t-Shirts, and 500 caps, were produced.

**Training**

FY20 MDA trainings have been postponed due to COVID-19 restrictions. However, FHI 360 with financial and technical assistance through the Act | West program supported the PNLMTN-CP to conduct two major trainings.

*Training on CIND for Data Managers*

On March 6–8, 2020, training was held on CIND for data managers of 28 HDs and 10 regions. The 3-day training covered the introduction of the CIND model, a practical exercise phase with the installation of the application on the participants' computers, and training on the use of the CIND application including



data entry and information on PC-NTDs, as well as generating appropriate reports and products and migrating all HD data into CIND.

### *Training on pre-TAS for 46 HDs*

LF MDA started in 2013 with a scale-up to reach all endemic districts by 2017. All 46 HDs that are planned for FY20 pre-TAS have so far had at least five regular MDA rounds with therapeutic coverages greater than 65%. FHI 360 provided financial and technical support to PNLMTN-CP to organize a capacity building workshop March 10–13 in Yamoussoukro for technicians for the pre-TAS in 46 HDs on the implementation protocol. Field practice was also conducted in a sentinel/spot check site, however, field work has been postponed due to COVID-19. The Act | West Quality Improvement Manager, Dr. Kisito Ogooussan, lead the training and the Regional Technical Advisor and LF Focal Point, Dr. Ernest Mensah, provided support remotely. Dr. Mensah also made a prior trip to Abidjan on February 17–20 to work with the PNLMTN-CP to review the protocol, provide guidance on site selection, and introduce electronic data capture (EDC).

**TABLE 18: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019-MARCH 2020)**

Title of training	Location	Target participants (e.g. HCW, CDD, community)	Objective/s of training	Date	Lead organization (e.g. FHI 360, HKI, HDI, WVI, Deloitte)	Key outcome/s of the training	# of participants		
							M	F	T
Training on CIND for data managers of 28 HDs and 10 regions (FHI 360)	Yakro	Data managers	Strengthen the capacity data managers to use the CIND	Mar 10-13	FH360	Setting up a database	37	5	42
Capacity workshop for pre-TAS investigators	Yakro	Lab technicians/ biologists, physicians, data entry clerks	Strengthen the capacity of central-level players and investigators on the pre-TAS implementation protocol	Mar 06-08	FHI 360	Using FTS; using smartphones to collect results	20	8	28

### **Supervision for MDA**

FY20 MDAs have been postponed due to COVID-19 restrictions, and therefore no supervision of pre-MDA or MDA activities have taken place.

### **Monitoring, Evaluation and Learning**

As mentioned above, due to COVID-19 restrictions, field work for the pre-TAS surveys did not move forward as planned immediately following the pre-TAS training.

### Supervision for Monitoring and Evaluation and DSAs

The PNLMTN-CP and FHI 360 staff provided joint supervision of the CIND training in 28 HDs and 10 regions from March 6 to 8, 2020. Supervision of planned FY20 pre-TAS have been postponed due to COVID-19 restrictions.

### Dossier Development

An LF and trachoma elimination dossier training and data entry meeting (two separate meetings) have been budgeted for FY20, but these have been postponed and dropped in planning priority due to COVID-19.

### Short-term Technical Assistance (STTA)

In FY20 Act | West budgeted to hire a local consultant to support the MOH prepare their contributions as co-lead for the 2020 World Health Assembly *Side Meeting* on NTD Sustainability. These activities have been postponed due to COVID-19. See below Table 3 with reference to STTA provided by Deloitte and HKI.

**TABLE 19: SHORT TERM TECHNICAL ASSISTANCE**

Scope of work (include only short summary)	Name of consultant/s	Period of consultancy	Status (completed, in-progress)
Conduct a joint landscape analysis relating to the sustainability outcomes	HKI/Deloitte/FHI 360	Oct 2019-Jan 2020	In-progress
Develop NTD sustainability plan	Deloitte/FHI 360	Mar 2020	completed

## IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

### Data Security And Management

No activities were budgeted under this category in the FY20 workplan.

### Drug Management

Act | West provided technical assistance to the PNMTN-CP to quantify Zithromax and the tetracycline eye ointment (TEO) required for the upcoming trachoma MDA and trachoma impact assessments (TIS). FHI 360 ACT|WEST also supported PNLMTN-CP to quantify FTS required for the next LF pre-TAS to be conducted in 46 HDs. Act | West (FHI 360 HQ) procured the FTS and TEO for the program. The FTS have arrived and been cleared, however, at the time of this report the TEO has not yet been shipped as the borders have been closed due to COVID-19.

The PNMTN-CP submitted its forecast and application for the WHO donation program for 2020 in a timely manner, but the drugs required (albendazole for STH, for school-age children [SAC] only, and Ivermectin for LF and OV) drugs have been delayed in country as expected due to managing recent dramatic increases in the clearance costs. These issues have been rectified and costs will be supported by the MSHP.

## MAINSTREAMING AND HSS ACTIVITIES (IR2)

### Develop NTD Sustainability Plan

#### *Landscape Analysis*

The Act | West team conducted the landscape analysis to provide a country snapshot on each area on the six sustainability outcomes included on the USAID sustainability framework and strategy. FHI360 and Deloitte completed the HSS component that involved interviews with key MOH actors (DIIS, MOH Finance department) and the NTDP. FHI 360 coordinated with HKI on the cross-sector (CS) component of the Landscape and Barriers Analysis to develop cross-sector interventions to be integrated in the sustainability plan. HKI hired a consultant to conduct this landscape analysis with support from Act | West regional team and in-country team. Results from both processes served as inputs for the development of the country sustainability plan.

#### *Guided Self-assessment*

FHI 360, along with Deloitte, facilitated a workshop to support the NTDP to implement the Guided Sustainability Self-Assessment (SMM) tool. This exercise allowed the NTDP to identify and prioritize their sustainability goals for next 3–5 years.

#### *World Health Assembly 2020 Sustainability side event*

The Act | West team prepared the WHA's sustainability event through discussion with the MOH for a national buy-in. HSS Lead, Act | West Cote d'Ivoire country manager and the cross-sector advisor met with the NTDP and later with the General Direction of Health (DGS) to discuss the status of the sustainability process and the WHA side event initiative. Both NTDP coordinator and DGS reiterated interest and willingness to co-sponsor the NTDs sustainability side event. The invitation for consultation was extended to the WHO disease focal point who committed to join Act | West in supporting the MOH to prepare its contribution to the NTDs sustainability side event, including submitting an application to co-sponsor the side event.

#### *Sustainability Plan Development*

FHI 360, in coordination with Deloitte and HKI-Cote d'Ivoire, supported the NTDP to develop the country NTDs sustainability plan through a 3-day workshop. Using the results of the landscape analysis and the SMM, Act | West team developed and shared with the NTDP an initial draft to support discussions during the workshop. The workshops involved intersectoral stakeholders (malaria program, nutrition program, school health and youth program, education, water and sanitation, maternal and child health program, direction de la santé Communautaire, UHC/social insurance agency, ANADER etc.) and Sightsavers. The productions of the different groups work were consolidated into the initial draft. Following the 3-day sustainability plan development, a smaller group coordinated by FHI 360 and HKI, including the MOH, the Ministry of Education, the school health and youth program, and the maternal and child health program, supported the NTDP to refine the sustainability draft during a 2-day workshop in Abidjan. The refinement process was an opportunity for the group to further discuss indicators and a process for monitoring the implementation of the sustainability plan.

## SCH, STH, Post-validation/Verification Surveillance

In FY20, Act | West will support the PNLMTN-CP in conducting STH MDA in 27 HDs where STH is co-endemic with LF, however, these activities have been postponed due to COVID-19. SCI (through ASCEND) will support all SCH/STH MDAs once they can be implemented.

## Cross-sector Coordination and Integration with Existing Platforms

### *Landscape and Barriers Analysis for Cross Sector Collaboration*

See Landscape analysis, page 14.

### *Dissemination of Landscape and Barrier Analysis results*

Act West (FHI 360, HKI) facilitated a 2-day workshop to disseminate the results of the landscape and barrier analysis and define priority intervention to strengthen cross-sector collaboration. A diverse range of stakeholders attended the workshop among which participants from the office of Prime Minister (Primature), ministry of economy and finance, global funds, water and sanitation, immunization program, mother and child health program, school health program, national insurance. The workshop was an opportunity to complete the list of the stakeholders, identify the most promising integration approaches based on criteria participants co-developed, identify barriers, propose additional criteria for integrative platform.

FHI 360 participated in the process of recruiting an HKI project manager and supported his onboarding.

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

**TABLE 20: CHALLENGES/RESOLUTIONS**

Challenge encountered	Solutions	Status (resolved, pending)
All activities will be delayed due to COVID-19 situation	Act   West will work with the NTDP to re-plan activities when the situation is better understood	Pending
Mectizan Donation Program to declare real value of drugs	The MSHP engaged in paying increased insurance fees to cover the costs of clearance	Pending
Collecting information for HSS landscape analysis through the health system	Act   West used information from the desk review and informal interview to fill the gap	Resolved
Accessing timely information for the CS landscape analysis results and report	Several reframing meetings with HKI consultant; coordination calls with HKI HQ, Cote d'Ivoire and FHI 360	Pending

## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 21: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Validation workshop for Act   West annual country work plan for FY21 (FHI 360)						
Review LF and TR morbidity situation analysis findings and develop strategic morbidity management plan (AIM)						
Annual review meeting of Act   West-supported FY20 PC-NTD activities (FHI 360)						
Workshop to validate the NTD Master Plan for 2021-2025 (FHI 360)						
Assess PC-NTD data storage and security needs (FHI 360)						
<b>NTD Secretariat</b>						
Fuel and maintenance for PNLMTN-CP's generator (FHI 360)						
<b>Building Advocacy for a Sustainable National NTD Program</b>						
Workshop to validate the PC-NTD sustainability plan (FHI 360)						
Workshop to revise and update the PC-NTD advocacy plan and include key advocacy interventions into the sustainability plan (Deloitte)*						
Meeting to validate integrated PC-NTD+WASH IEC materials (HKI)*						
Meeting to finalize and validate advocacy materials for cross-sector coordination (HKI)*						
<b>MDA Coverage</b>						
LF plus OV and/or STH MDA in 77 HDs (FHI 360)						
Trachoma MDA in 11 HDs (FHI 360)						
<b>Social Mobilization to Enable NTD Program Activities</b>						
Public criers, broadcasting on community radio, and community information meetings for LF plus OV and/or STH MDA in 74 HDs (FHI 360)						
PC NTD MDA launch ceremony (FHI 360)						
Media and broadcast plan for LF plus OV and/or STH MDA in 74 HDs (FHI 360)						
Media and broadcast plan for trachoma MDA in 11 HDs (FHI 360)						
Public criers, broadcasting on community radio, and community information meetings for trachoma MDA in 11 HDs (FHI 360)						
<b>Training</b>						
Build capacity of CDDs for LF plus OV and/or STH MDA in 74 HDs (FHI 360)						
Build capacity of supervisors for LF plus OV and/or STH MDA in 74 HDs (FHI 360)						
Build capacity of CDDs for trachoma MDA in 11 HDs (FHI 360)						
Build capacity of supervisors for trachoma MDA in 11 HDs (FHI 360)						

Table 21: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
Train a pool of 15 regional trainers for MDA (FHI 360)						
<b>Drug Supply and Commodity Management and Procurement</b>						
Workshop to finalize and validate the quantity of PC NTD drugs to be ordered (FHI 360)						
Financial support for MDA drug storage costs (ZTH) and transport costs (IVM, ALB, TEO), through contract with NPSP (FHI 360)						
Quantification and purchase of TEO for Act   West-supported TR MDA and surveys (FHI 360)						
Financial support for NPSP management costs (storage, transport to districts) of ZTH and TEO (FHI 360)						
Transport of drugs for TR MDA (ZTH and TEO) from NPSP to Act   West-supported HDs and health areas, and reverse logistics (FHI 360)						
Technical support to develop a strategy for reverse logistics for all PC-NTD MDA drugs (FHI 360)						
Supervision of incineration of empty bottles and other MDA waste in Act   West-supported HDs (FHI 360)						
Transport of materials and drugs from PNLMTN-CP warehouse to Act   West-supported HDs for the LF plus OV and/or STH MDA (FHI 360)						
Technical support to adapt supply chain SOPs for PC NTD drugs for MDA (FHI 360)						
Provide HDs supported by Act   West for MDA, with a supply of drugs for management of SAEs (FHI 360)						
<b>Supervision for MDA</b>						
Supervision of the capacity-building for the LF plus OV and/or STH MDA in 74 HDs (FHI 360)						
Supervision of the LF plus OV and/or STH MDA in 74 HDs (FHI 360)						
Supervision of capacity-building for the trachoma MDA in 11 HDs (FHI 360)						
Supervision of trachoma MDA in 11 HDs (FHI 360)						
<b>Monitoring and Evaluation</b>						
LF Pre-TAS in 46 HDs (FHI 360)						
Trachoma impact surveys (TIS) in 15 HDs (10 EUs) (FHI 360)						
22 regional data validation workshops for the LF plus OV and/or STH MDA in 74 HDs (FHI 360)						
9 regional data validation workshops for the trachoma MDA in 11 HDs (FHI 360)						
Workshop for data entry in HD-level CIND, and export of files to the PNLMTN-CP for capture in central-level CIND, in 74 HDs (FHI 360)						
Workshop to verify and monitor PC-NTD data entered in DHIS2 (FHI 360)						

Supervision for Monitoring and Evaluation and DSAs						
Supervision of CIND workshops in 74 HDs (FHI 360)						
Supervision of LF pre-TAS in 46 HDs (FHI 360)						
Supervision of TIS in 15 HDs (FHI 360)						
Dossier Development						
Meeting for training on LF elimination dossier templates and initial data entry (FHI 360)						
Meeting for training on TR elimination dossier templates and initial data entry (FHI 360)						

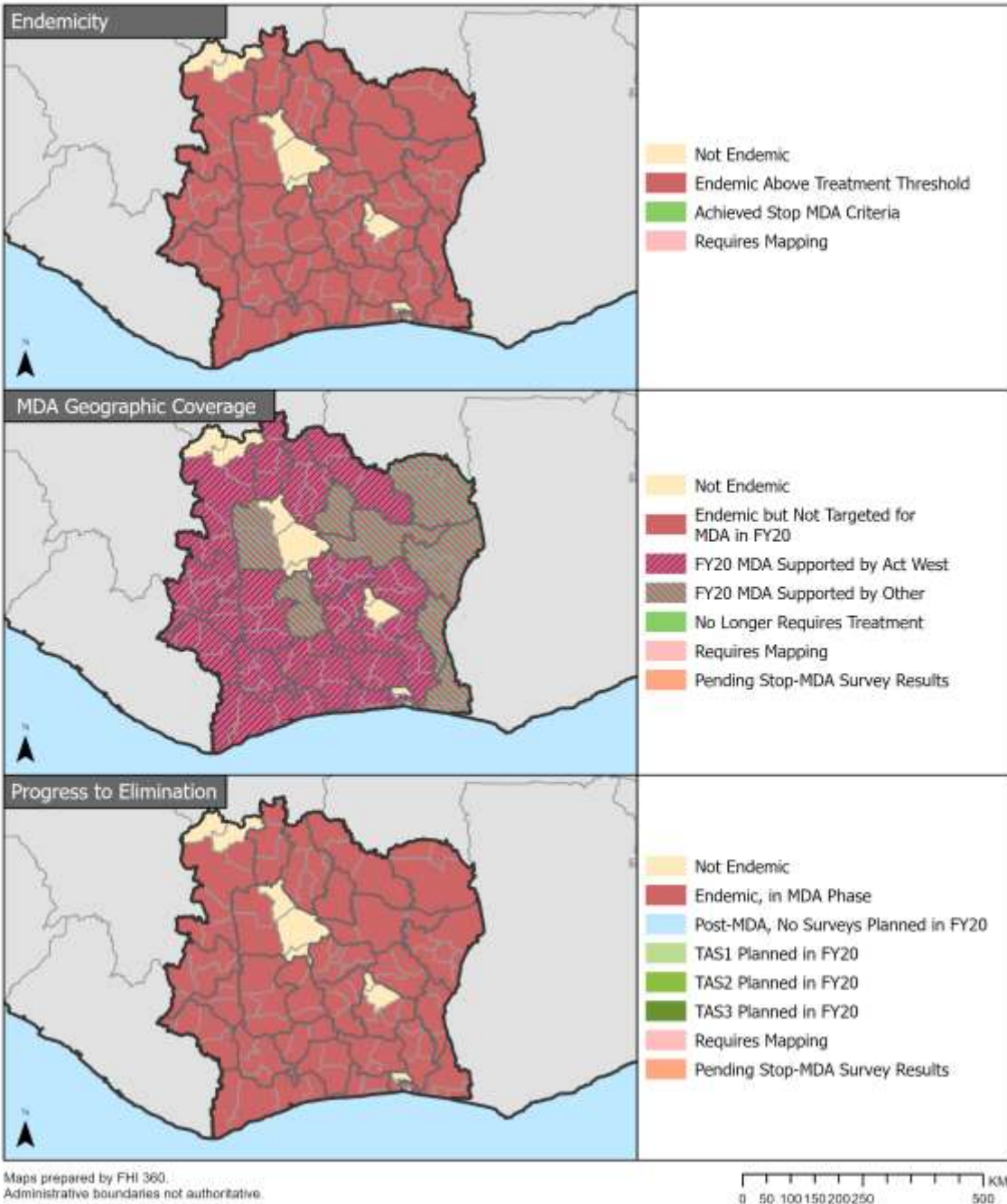
*\*- the timeline of the activities is yet to be determined in consultation with technical support partners  
All planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.*



## MAPS

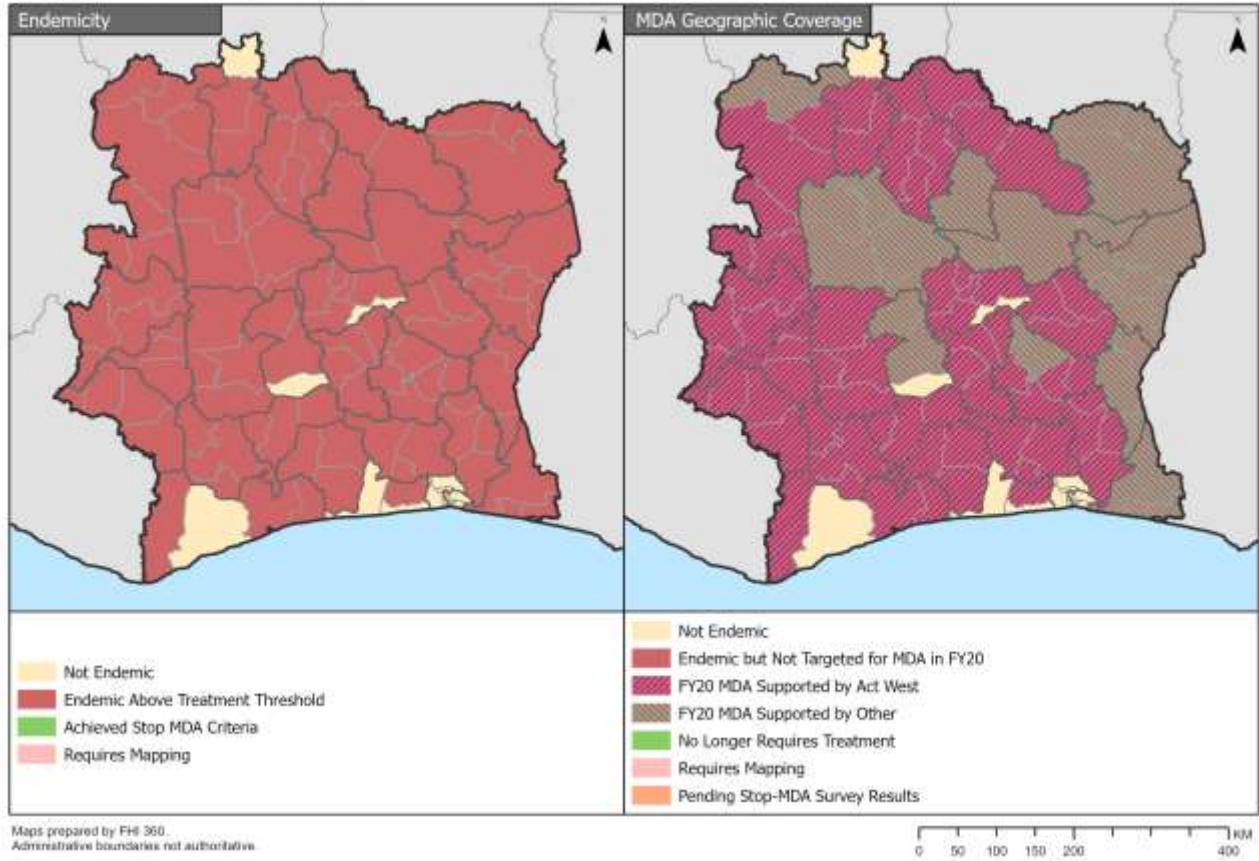
### Lymphatic Filariasis

Côte d'Ivoire | April 2020



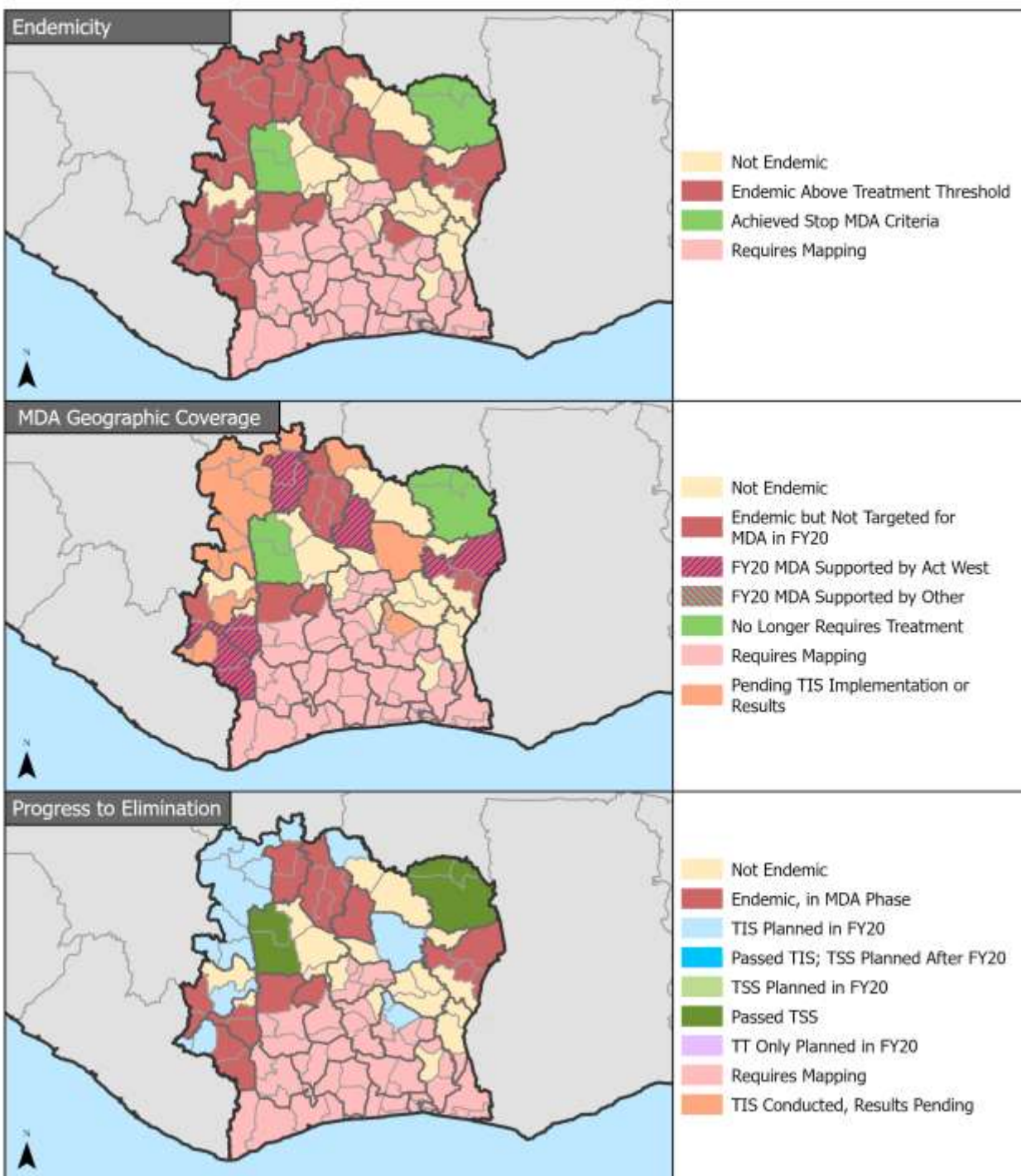
# Onchocerciasis

Côte d'Ivoire | April 2020



# Trachoma

Côte d'Ivoire | April 2020



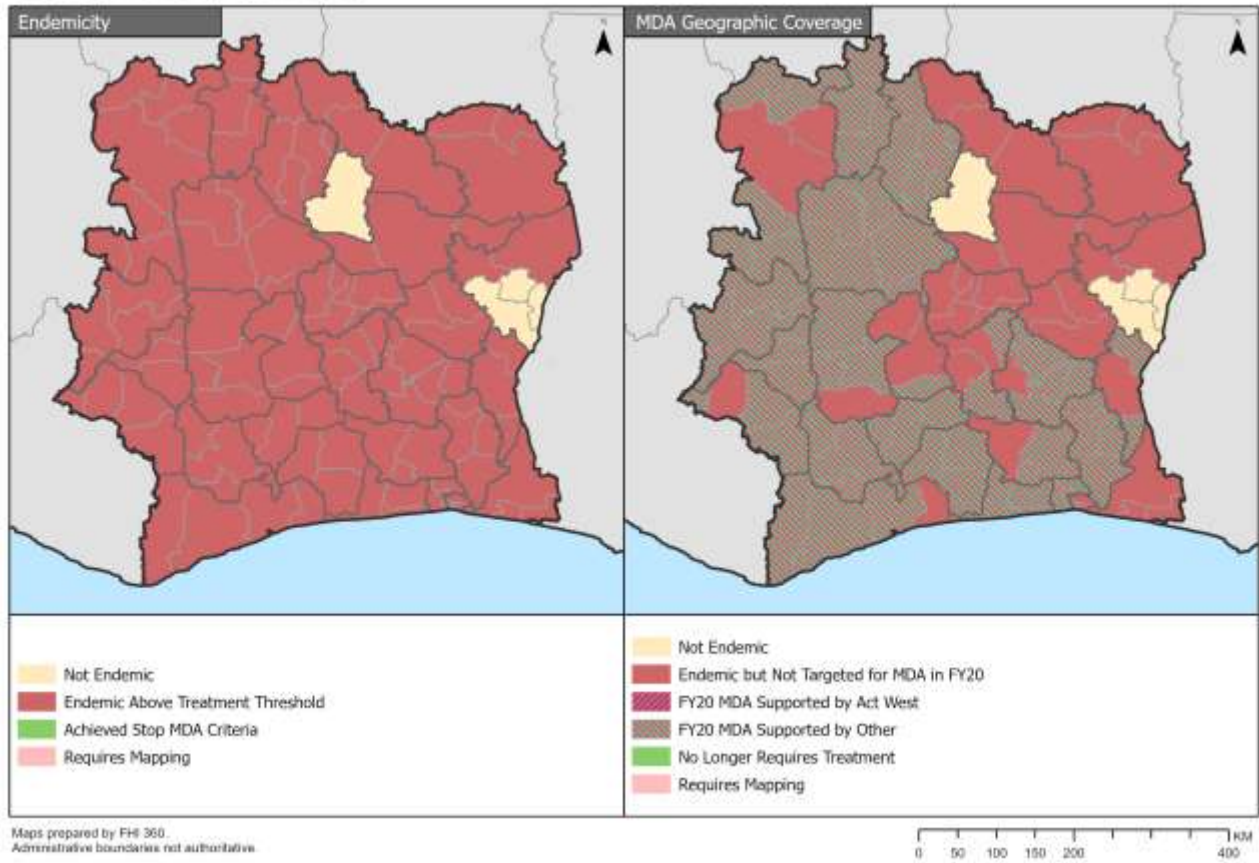
Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

0 50 100 150 200 250 500 KM



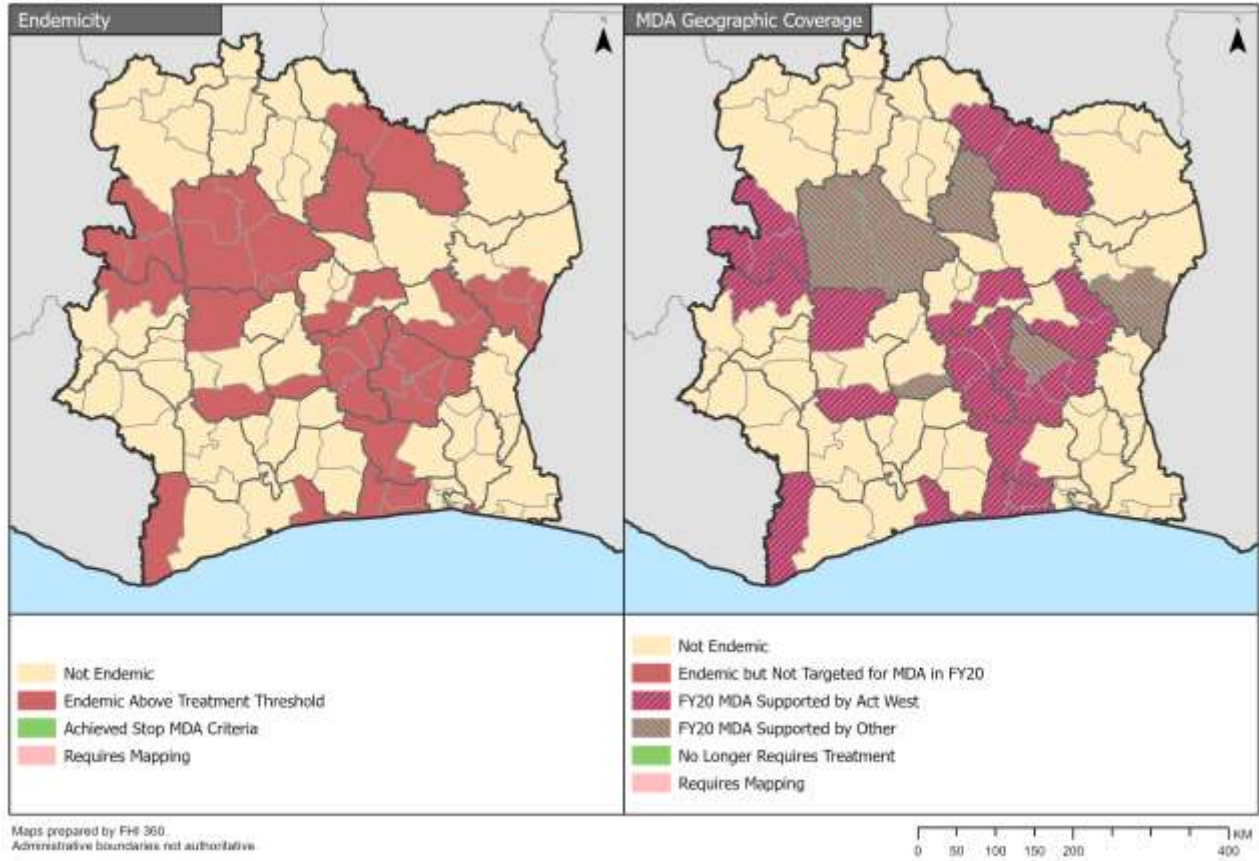
# Schistosomiasis

Côte d'Ivoire | April 2020



## Soil-Transmitted Helminths

Côte d'Ivoire | April 2020





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Act to End NTDS | West FY20 Semi-annual Report (SAR): October 1, 2019–March 31, 2020



# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**GHANA**

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## TABLE OF CONTENTS

<b>LIST OF TABLES .....</b>	<b>195</b>
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>196</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>198</b>
<b>PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....</b>	<b>200</b>
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	200
<i>Strategic planning .....</i>	<i>200</i>
<i>NTD Secretariat.....</i>	<i>202</i>
<i>Building Advocacy for a Sustainable National NTD Program.....</i>	<i>202</i>
<i>Mapping .....</i>	<i>203</i>
<i>MDA coverage.....</i>	<i>203</i>
<i>Social mobilization to enable PC-NTD program activities.....</i>	<i>204</i>
<i>Training.....</i>	<i>204</i>
<i>Supervision for MDA.....</i>	<i>204</i>
<i>Monitoring, Evaluation and Learning .....</i>	<i>204</i>
<i>Supervision for monitoring and evaluation and DSAs .....</i>	<i>204</i>
<i>Dossier Development.....</i>	<i>205</i>
<i>Short-term technical assistance (STTA) .....</i>	<i>205</i>
IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	205
<i>Data security and management.....</i>	<i>205</i>
<i>Drug management .....</i>	<i>205</i>
MAINSTREAMING AND HSS ACTIVITIES (IR2).....	205
<i>Develop NTD sustainability plan .....</i>	<i>205</i>
<i>SCH, STH, post-validation/verification surveillance.....</i>	<i>206</i>
<i>Cross-sector coordination and integration with existing platforms .....</i>	<i>206</i>
SUCCESS STORIES AND BEST PRACTICES.....	207
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	207
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	207
MAPS.....	210

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020 .....	203
TABLE 2: CHALLENGES/RESOLUTIONS.....	207
TABLE 3: FY20 ACTIVITIES .....	207

## ACRONYMS AND ABBREVIATIONS

<b>ALB</b>	Albendazole
<b>APOC</b>	African Program for Onchocerciasis Control
<b>BCC</b>	Behaviour Change Communication
<b>CDC</b>	The United States Centers for Disease Prevention and Control
<b>CDD</b>	Community Drug Distributor
<b>CDTI</b>	Community Directed Treatment with Ivermectin
<b>CMS</b>	Central Medical Stores
<b>CNTD</b>	Centre for Neglected Tropical Diseases
<b>CSIR</b>	Centre for Scientific and Industrial Research
<b>DDPH</b>	Deputy Director (Public Health)
<b>DHMT</b>	District Health Management Team
<b>DSA</b>	Disease Specific Assessment
<b>FAA</b>	Fixed Agreement Award
<b>FTS</b>	Filariasis Test Strips
<b>GES</b>	Ghana Education Service
<b>GHS</b>	Ghana Health Service
<b>GOEC</b>	Ghana Onchocerciasis Expert Committee
<b>GoG</b>	Government of Ghana
<b>HAT</b>	Human African trypanosomiasis
<b>ICCC</b>	Intra-Country Coordinating Committee
<b>IEC</b>	Information Education and Communication
<b>IVM</b>	Ivermectin
<b>LF</b>	Lymphatic Filariasis
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDA</b>	Mass Drug Administration
<b>MOH</b>	Ministry of Health
<b>NMIMR</b>	Noguchi Memorial Institute for Medical Research
<b>NTD</b>	Neglected Tropical Diseases
<b>NTDP</b>	Neglected Tropical Diseases Program
<b>OV</b>	Onchocerciasis
<b>OEM</b>	Onchocerciasis Elimination Mapping
<b>PC</b>	Preventive Chemotherapy
<b>PC NTDS</b>	Preventive Chemotherapy Neglected Tropical Diseases
<b>PPME</b>	Policy Planning Monitoring and Evaluation
<b>Pre-TAS</b>	Pre-Transmission Assessment Survey
<b>PZQ</b>	Praziquantel
<b>QI</b>	Quality Improvement
<b>RDHS</b>	Regional Director of Health Service
<b>REMO</b>	Rapid Epidemiological Mapping of Onchocerciasis
<b>RMS</b>	Regional Medical Stores
<b>RPRG</b>	Regional Program Review Group
<b>SAC</b>	School-Age Children
<b>SAE</b>	Severe Adverse Events
<b>SBCC</b>	Social and Behavior Change Communication
<b>SCH</b>	Schistosomiasis
<b>SCT</b>	Supervisors' Coverage Tool
<b>SHEP</b>	School Health Education Program
<b>SMM</b>	Sustainability Maturity Model

<b>STH</b>	Soil Transmitted Helminths
<b>TA</b>	Technical Assistance
<b>TAS</b>	Transmission assessment survey
<b>TF</b>	Transmission Focus
<b>TIPAC</b>	Tool for Integrated Planning and Costing
<b>TOR</b>	Terms of Reference
<b>TZ</b>	Transmission Zone
<b>TIPAC</b>	Tool for Integrated Planning and Costing
<b>USAID</b>	United States Agency for International Development
<b>VRA</b>	Volta River Authority
<b>WASH</b>	Water Sanitation and Hygiene
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

FHI 360 is the leading implementer of USAID’s Act to End Neglected Tropical Diseases | West (Act | West) program in Ghana, working together with other Act| West consortium partners, World Vision, Deloitte and AIM Initiative.

Over the reporting period, a Ghana-Togo cross border meeting to facilitate synchronization of onchocerciasis (OV) interventions between endemic districts across the borders of the two countries was held from November 12–13, 2019. The meeting was funded by Sightsavers and Health and Development International (HDI)/Togo through Act | West. The meeting identified and discussed common challenges and decided on key action points to implement synchronization of mass drug administration (MDA) and other collaborative activities between 22 border towns of both countries.

The Ghana Neglected Tropical Diseases Program (NTDP) conducted a two-day NTDP Activity Implementation Planning Meeting from January 23–24, 2020 in Accra to produce an annual activity schedule for NTD activities funded by USAID and other international partners.

From February 17–19, 2020, AIM Initiative organized an inception workshop in Accra to develop a new lymphatic filariases (LF) strategic plan (2020–2030) to provide the NTDP with a clear vision and roadmap on how to address the World Health Organization (WHO) priorities towards LF elimination in Ghana. Participants were drawn from the NTDP, FHI 360, World Vision, Water AID, Sightsavers, WHO, and LF experts from the Noguchi Memorial Institute for Medical Research (NMIMR).

The 5th Ghana Onchocerciasis Expert Committee (GOEC) meeting was held in Accra from March 3–5, 2020. It was attended by various disease experts, representatives from the Ghana Health Service (GHS), World Health Organization, development partners, and researchers from academia. Participants came up with a draft communiqué containing key meeting events; discussions and decisions made, pending a final draft; and a full report. A key recommendation by the GOEC was that all onchocerciasis endemic communities in Ghana should be treated twice a year.

The NTDP celebrated the maiden World NTD Day with week-long activities. The day itself was marked with a colorful durbar on January 30, 2020 in Accra. In attendance were the Greater Accra Regional Minister, Representatives of the Health Minister and Director General of the GHS, the NTD Ambassador, chiefs and queen mothers, partners, staff of the GHS, the media, and members of the community. The NTDP in collaboration with the Ghana Education Service (GES) through the School Health Education Program (GES-SHEP) implemented the school-based schistosomiasis/soil transmitted helminths (SCH/STH) MDA from November 4–22, 2019 nationwide. The MDA exercise was preceded by a Press briefing addressed by the NTDP Program Manager and the NTD Ambassador. About 1,134 GHS and GES staff were trained as supervisors for a projected 32,000 schools nationwide. Two severe adverse events (SAEs) were recorded and these were adequately resolved, without affecting the MDA exercise. The NTDP also implemented the second-round OV MDA in 88 HDs in 15 of the 16 regions of the country with support from Sightsavers. Drug distribution started on December 16, 2019 and took place over a ten-day period.

As part of activities by Act | West to guide the development and implementation of the Sustainability Plan for NTD interventions in Ghana, Deloitte and World Vision undertook a joint Landscape and Barrier Analysis exercise from October 21–25, 2019 to identify existing stakeholders at the country level, their

areas of intervention, NTD Program priorities, and opportunities at various levels within the Ghana Health Service. Deloitte followed up with a Sustainability Maturity Model through a self-guided assessment workshop from December 9–13, 2019. A two-day non-residential dissemination workshop was held to disseminate and validate the key findings, conclusions and recommendations of the Landscape and Barrier Analysis exercise, as well as to discuss avenues to strengthen cross-sector collaboration for NTDs elimination and controls in Ghana was then held in Accra from February 3–4, 2020. A Sustainability Plan Development workshop involving key country stakeholders is scheduled to take place in Accra to come out with an NTDP sustainability plan for Ghana.

The Act |West Program organized a three-day residential design workshop aimed at developing a roadmap to revamp and revitalize the Intra-Country Coordinating Committee (ICCC). The workshop was held in Aburi in the Eastern Region of Ghana from February 4–7, 2020. The workshop discussed the ICCC Terms of Reference, mandate, membership, and strategies for cross sector collaboration. Action plans and timelines of activities were developed to culminate in a high-level re-launch of the ICCC in June 2020.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### Strategic planning

##### *Ghana-Togo Cross Border Meeting*

A Ghana-Togo cross border meeting to facilitate synchronization of onchocerciasis (OV) interventions between endemic districts across the borders of the two countries was held from November 12-13, 2019. The two-day meeting took place in Ho, the Volta regional capital of Ghana. The meeting was funded by Sightsavers and HDI / Togo (through Act | West). The cross-border collaboration sought to create effective mechanisms to address population movements across the common border to assure improved MDA coverage and to treat persons who might miss the MDA. This engagement was also to facilitate exchange of programmatic information and data as well as effective planning and developing of a common plan of action to address the issues.

Present at the meeting were the NTDP Program Manager(PM) of Togo, district directors and staff of the health directorates of the 22 border districts involved (District Director and OV/NTD focal person), the Volta Regional Director of Health Service (RDHS) and the Deputy Director Public Health (DDPH), NTDP staff of Togo and Ghana as well as partners (Sightsavers Ghana, Togo; Act | West program Ghana (FHI360); and Act| West Togo (HDI). The Ghana NTDP PM was represented by the NTDP OV desk officer.

Participants discussed and agreed on timelines for some major (cross-border) activities for 2020. These activities include identification of all border communities; capturing geographic coordinates of border communities; identification of major health facilities on both sides of the border as well as their staff leads and their contact addresses; identification of key stakeholders in the border communities and holding of stakeholders' meetings; and joint monitoring and evaluation exercises. Participants also agreed to further collaborate in the areas of cross-border meetings to develop and review joint plans for NTD activities, synchronize implementation of activities, facilitate free movement across borders, discuss cost sharing, exchange information, and conduct peer review visits.

During the meeting, the country NTDP Program Managers (Ghana, Togo) met with the country Partner Program Managers (Sightsavers Ghana, Togo; FHI 360 Ghana; and HDI Togo for Act| West) to deliberate on issues of common interest and chart ways for further collaboration. It was agreed that a WhatsApp platform would be created to facilitate interactions and correspondence amongst program managers. This has been established and is in use.

##### *Activity Implementation Planning Meeting*

The NTDP held its FY20 Activity Planning Meeting from January 23–24, 2020. The NTDP used this two-day meeting to plan its multiple activities for the year with timelines and ensure synchronization of all partner activities. A workplan activity matrix with timelines was produced at the end of the meeting.

*LF Strategic Plan Development Workshop*

The AIM Initiative has been mandated by Act | West to provide technical assistance to the Ghana NTDP to develop a strategic plan for to achieve morbidity management and disability prevention (MMDP) requirements for lymphatic filariasis (LF) elimination. The strategic plan is expected to cover the key elements necessary for the development of LF elimination dossier for Ghana. In line with this, AIM Initiative organized an inception workshop to develop a new LF Strategic plan (2020–2030) from February 17-19, 2020 in Accra aimed at providing the NTDP with a clear vision and roadmap to address the WHO priorities towards LF elimination in Ghana. Participants were drawn from the NTDP, FHI 360, World Vision, Water AID, Sightsavers, WHO, and LF experts from the Noguchi Memorial Institute for Medical Research (NMIMR). The meeting reviewed the vision and mission based on NTDP mandate for LF elimination; developed strategic objectives for LF MMDP for the NTDP; reviewed the institutional capacity, organizational set-up, financial and administrative systems against the program mandate; and developed a Results and Resources Framework for the plan period. A stakeholders meeting will be held to validate the draft Strategic Plan before submission of the finalized plan to the NTDP and USAID.

*Ghana Onchocerciasis Elimination Committee (GOEC) Meeting*

The 5th Ghana OV Expert Committee (GOEC) meeting was held in Accra from March 3–5, 2020. It was attended by various disease experts, representatives from the GHS, WHO, development partners such as Sightsavers (ASCEND), FHI 360 (Act | West), and researchers from academia. A draft communique was developed and is to be finalized for distribution, and preliminary recommendations are included below. During the meeting, it was decided that the next GOEC meeting will be planned for the second week of January 2021.

Objectives of the 5<sup>th</sup> GOEC Meeting included the following:

1. Present OV prevalence data on the eastern corridor (Asukawkaw/Dayi Transmission Zone (TZ)) that has been outstanding since 2017 for discussion, action, and response.
2. Seek guidance on OV Elimination Mapping (OEM) results for Asunafo North and Dormaa West districts after survey in 2018.
3. Determine a way forward for future entomology assessments, given the lack of a dedicated program entomologist, as well as challenges with setting up a mini-laboratory for ELISA and PCR after capacity building at Professor Thomas Unnasch's laboratory at the University of South Florida (USF).
4. Assess program status for a possible revision of present elimination target from 2025 to 2030.

The GOEC made the following recommendations:

- Considering the parasitological and serological results from a recent assessment of three communities within the Kpassa enclave in the Nkwanta North district, an entomological assessment for the area should be conducted to reveal the real status of the area.
- Prior to conducting the stop-MDA survey, it is critical to have a thorough review of data sources from Noguchi Memorial Institute for Medical Research (NMIMR), Centre for Scientific and Industrial Research (CSIR), program sources, and African Program for OV Control (APOC).
- To support Ghana's OV elimination targets and ensure the smooth implementation of entomologic activities, the NTD Program needs a dedicated entomologist with two technicians to lead planned entomology activities.
- The GOEC, having considered the current status of OV in Ghana vis a vis the proposed plan of action developed within the framework of the new WHO NTD 2021–2030 roadmap, recommended that all OV endemic communities in Ghana should be treated twice a year. The



GEOC recognizes that this has implications on drug request and funding, but it is imperative for the NTDP and partners to be able to achieve OV elimination targets.

- To assure the delivery of quality coverage data, the GOEC urges the NTD Program to incorporate coverage surveys and data verification following MDAs and strengthen monitoring and supervision activities. In the next GOEC meeting, the committee requests a detailed account of where and what has been done to improve data quality.

### *Ad hoc GOEC Meeting*

An ad hoc GEOEC meeting was held on March 12, 2020 to discuss breeding sites, the possibility of utilizing data from the onchocerciasis control program (OCP) and to learn about the use of the maps to aid in identifying locations for future prospection. Meeting objectives included developing a protocol for stop-MDA surveys, identification and review of breeding sites for the remaining transmissions zones, development of a plan for prospection, and development of an official request to the Director General for support of the need for an entomologist and two entomologist technicians, and requesting the National Public Health Reference Laboratory to support entomological and epidemiological aspects of the surveys.

During the meeting, the committee developed an outline for the stop-MDA survey protocol using the Malawi protocol as a guide, and the committee identified and reviewed breeding sites for two transmission zones. However, development of the plan for prospection was assigned to selected NTDP staff with support from one of the experts (Prof. Boakye) to finalize the remaining breeding sites. The month of May was suggested for the breeding sites prospection. The committee drafted a letter, making the case to the Director-General, Ghana Health Service on the need for an entomologist and two entomologist technicians to provide technical support to the NTDP and requesting for the setting up of a special unit at the NPHRL to conduct entomological studies. In addition, the committee advocated for the laboratory scientist (Mr. Rexford Adade) to undergo an internship in blackflies study at the Centre for Scientific and Industrial Research (CSIR) laboratory. The specialist entomologists on the GOEC offered to support the NTDP in the interim with facilities available in their areas of operation until the NTDP gets the entomological department operational. A plan is needed to cover the cost for setting up and equipping the laboratory at the NPHRL. The GOEC will be requesting support from partners to enable the NTDP to carry out stop-MDA surveys in the two defined transmission zones and breeding sites prospection for the rest of the country.

### **NTD Secretariat**

FHI 360 continued administrative support to the NTDP Secretariat. The NTD program is supported with payment of utility bills (water and electricity), internet connectivity, and office stationery to ensure smooth running of the program office. Act |West also funded servicing and repairs of official program vehicles and office equipment including air conditioners, printers/copiers and a generator set. FHI 360 supports the program with technical advice and practical financial management support, including office cash management, budgeting, and accurate retirement of program expenditures.

### **Building Advocacy for a Sustainable National NTD Program**

#### *World NTD Day*

The NTDP celebrated the first World NTD Day with week-long activities, beginning with an 8 km Health Walk on Saturday, January 25, 2020, intended to create awareness on NTDs and the NTD Day celebration. About 200 participants walked from the Korle-Bu Teaching hospital through some principal

streets of Accra to the Ghana Health Service headquarters. There were a series of media engagements during the week. The World NTD Day was marked with a colorful durbar on January 30, 2020 at the Ashiedu Keteke sub-metro in the Greater Accra Region. In attendance were the Greater Accra Regional Minister, Representatives of the Health Minister and Director General of the GHS, the NTD Ambassador, Chiefs and queen mothers, partners, staff of the GHS, the media and members of the community. Act | West will discuss with the NTDP on how it can provide more support for the 2021 World NTD Day.

### Mapping

No disease mapping activities were conducted in the period under review.

### MDA coverage

In collaboration with the Ghana Education Service (GES) through the School Health Education Program (GES-SHEP), the NTDP implemented the school-based schistosomiasis/soil transmitted helminths (SCH/STH) MDA using praziquantel/albendazole targeted at children from kindergarten (KG) to junior high school (JHS), specifically for KG2–JHS3 students (age 5–15 years), in 178 HDs in all 16 regions of Ghana. This MDA was budgeted under the FY19 workplan budget and through a no-cost extension of the FAAs, was implemented in FY20. Drug distribution was carried out from November 4–22, 2019 nationwide. About 1,134 GHS and GES staff were trained as supervisors for a projected 32,000 schools' coverage nationwide. National coverage was 87.5%, with 94% of districts achieving effective coverage of at least 75%. The results are updated in the Ghana FY19 Disease Workbook. In addition, the NTDP, with support from Sightsavers, implemented the 2nd-round OV MDA in 88 HDs in 15 of the 16 regions of the country. Drug distribution started on December 16, 2019 and took place over a one and half week period.

Planned FY20 MDAs have not yet taken place. Table 1 shows the targets for FY20 MDAs. This table includes revised targets available after publication of the appendix tables, and totals may differ.

**Table 22: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY 2020)	# District with insufficient epi coverage in FY20	# District with insufficient program coverage in FY20	Treatment targets (FY 2020) # PERSONS	# persons treated (FY 2020)	Percentage of treatment target met (FY 2020) PERSONS
LF	1	12	-	N/A	971,248	-	-
OV	1	132	N/A	-	6,910,244	-	-
SCH	1	89	-	N/A	2,211,694	-	-
STH	1	89	-	N/A	2,211,694	-	-
TRA	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### **Social mobilization to enable PC-NTD program activities**

A press briefing on the school based SCH/STH MDA exercise took place at the GHS Headquarters conference room October 23, 2019. These activities were budgeted in FY19 FAAs which were provided as a no-cost extension. The NTDP organized the press briefing to serve as a medium for the media to sensitize the public, create awareness, and encourage maximum participation and cooperation for the upcoming school de-worming exercise. Present were the NTD Ambassador, representative of the Director-General of the GHS, partners, and 24 media houses.

No FY20 social mobilization activities have taken place to date.

### **Training**

No FY20 training activity was carried out over the period.

### **Supervision for MDA**

In support of the FY19 MDA mentioned above, the Act| West team was in three regions (Eastern, Volta and Central) to monitor the school-based SCH/STH MDA. This activity was funded through a no-cost extension of FY19 FAAs. The monitoring was undertaken with a checklist developed by the Act |West team and in conjunction with the NTDP checklist and team. The checklist assessed training and supervision of teachers as well as logistics and social mobilization activities undertaken at the district level towards the campaign. It also captured some best practices and challenges. The Act| West team was with the NTD Ambassador in the Eastern region at the start of the MDA exercise. A high-level AIM Initiative team was also in the Eastern region. Along with NTDP officers and some media houses, we visited schools in the New Juaben and Yilo-Krobo districts and observed the deworming exercise. This activity highlighted and raised/increased public awareness of the nationwide deworming exercise.

Generally, most schools were well-organized, with forms completed, and teachers asked relevant questions before administration of drugs. The team was on hand to correct any mistakes and offer suggestions for improvement. Apart from the challenges of bad roads, there were challenges with population estimates and inaccurate estimation of required drug quantities, leading to shortages of drugs in some schools in the Central and Volta regions. In some schools, some teachers complained about not being oriented by the focal person who attended the district training. Some teachers also expected some form of remuneration for taking part in the exercise.

Some recommendations by the district health staff and teachers include increasing and extending allowances to all affected class teachers, as well as extending the deworming exercise to senior high school (SHS1) students, since they indicated it is likely many pupils fall within the eligible age group in SHS1. The team asked the staff and teachers to investigate and gather empirical evidence to support this assertion, for consideration by the NTDP and partners.

### **Monitoring, Evaluation and Learning**

No FY20 planned DSA or M&E exercise was carried out during the period under review.

### **Supervision for monitoring and evaluation and DSAs**

No FY20 planned DSA or M&E exercise was carried out over the reporting period.

### Dossier Development

No activity to report currently.

### Short-term technical assistance (STTA)

No short-term technical assistance was secured in this reporting period.

## IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

### Data security and management

No activity to report over the period.

### Drug management

Filariasis test strips (FTS) for upcoming planned TAS and pre-TAS arrived in country in the 2nd week of March 2020. The WHO is in the process of facilitating delivery to the NTDP.

The NTDP has not started distribution of drugs, materials, or other logistics for the MDAs to the regions. Distribution was planned to commence April 2020.

## MAINSTREAMING AND HSS ACTIVITIES (IR2)

### Develop NTD sustainability plan

#### *Landscape and Barrier Analysis*

Deloitte and World Vision conducted interviews with key NTD stakeholders to gather information for the Landscape Analysis to enhance understanding of Ghana's landscape as it relates to NTD Program sustainability and multisector coordination. Deloitte and World Vision undertook this joint Landscape Analysis exercise from October 21–25, 2019, working with FHI 360 and Ghana's NTD Program to organize interviews with key GHS, and other traditional and non-traditional stakeholders on their expertise and role in NTD activities. Deloitte used the first day to complete in-depth TIPAC data analysis and discuss how to transform data into messages for targeted audiences with the NTDP Program Manager and staff.

#### *Sustainability Maturity Model Workshop*

Deloitte was in country from December 9–13, 2019 to provide technical assistance to the NTDP in the Sustainability Maturity Model through a self-guided assessment. This workshop was part of activities to 1) assist the NTDP in the development of a sustainability plan by mapping current and desired states of sustainability against a standard scale of maturity with program counterparts and 2) build capacity for sustainability by increasing knowledge of sustainability, identifying gaps, and developing solutions to address those gaps. Participants were drawn from the NTDP and Act| West FHI 360 and World Vision-Ghana teams. Participants went through the six domains of the major components of sustainability: Financing, Operational Capacity, Policy, Coordination, Strategic Information, Service Delivery. Each domain was broken down into several relevant parameters that further describe the domain. Each parameter was described across a continuum of four stages of maturity: basic, developing, advanced, and leading. Participants used these descriptions to determine where the NTD program falls along the continuum, assigning scores and providing rationales for these self-assigned scores. To inform future planning and activities, Participants identified requirements for advancing the NTDP from its current state to the desired state. Parameters were then prioritized (low, medium, high) to respond to program needs and goals.

## **SCH, STH, post-validation/verification surveillance**

None to report on over the period.

## **Cross-sector coordination and integration with existing platforms**

### *Dissemination Workshop for Landscape and Barrier Analysis*

A two-day non-residential dissemination workshop was held in Accra on February 3–4, 2020, to disseminate and validate the key findings, conclusions, and recommendations of the Landscape and Barrier Analysis exercise, as well as discuss avenues to strengthen cross sector collaboration for NTDs elimination and controls in Ghana. A draft report on the Landscape and Barrier Analysis was shared with the NTDP prior to the workshop for review and feedback. In attendance were participants from the Ghana Health Service, Ghana Education service, Ministry of Health (MOH), Ministry of Energy (Volta River Authority), Centre for Scientific and Industrial Research, NMIMR, as well as Partners- FHI 360, Sightsavers, Water AID, SMAID, WHO, AIM Initiative, and World Vision.

Key recommendations of the workshop included the need for partners at the global and national levels to align support for NTDP programs/activities to avoid duplication of efforts and allow for complementary programming, as well as the need for the NTDP to leverage on SHEP in programming to ensure sustainability as such inter-sectoral partnerships within government systems enhances local ownership. Participants also recommended that future assessments should delve deeper into the impact of the environment on NTD programming; the Environmental Health and Sanitation Department was identified as a relevant and important platform for NTD programming even at the sub-district and community levels. The NTDP was encouraged to initiate discussions with the Ministry of Special Development Initiatives on the One-Village-One-Dam program being rolled out in some rural communities and its potential impact on NTD (SCH) prevalence nationwide.

The next steps were for a multi-sector working group to be constituted to work closely with the NTDP in developing a roadmap to revamp the ICCC for NTDs. Deloitte and World Vision would collaborate with the NTDP to develop a country NTDP sustainability plan. Results from the Sustainability Maturity Model and Landscape and Barrier Analysis will be building blocks of the sustainability plan.

### *Design Workshop to Review and Develop Roadmap to Revamp and Re-vitalize the ICCC*

The Act |West program organized a three-day residential design workshop in Aburi in the Eastern region of Ghana, from February 4–7, 2020, aimed at developing a roadmap to revamp and revitalize the Intra Country Coordinating Committee (ICCC). Participants were drawn from Act| West, Sightsavers, Water AID, the NTDP, Program Managers of the Case Management NTDs, Ministry of Sanitation, Ministry of Local Government, GES, and the Health Promotion and Policy Planning Monitoring and Evaluation (PPME) Divisions of the GHS. This core working group shared their vast expertise and experiences towards the revamping and revitalizing of a multi-sectoral and resilient ICCC for sustainable NTD programming in Ghana. The World Vision facilitated sessions on the ICCC including its role; membership (structure, framework, operationalization); mandate (advocacy, resource mobilization and allocation, social mobilization, community engagement, external partnership, intra-sectorial coordination, mainstreaming); workplan (activities, time frame and monitoring plan); budgeting; administrative validation, timelines and next steps. A zero-draft of the roadmap was developed for inputs from relevant stakeholders before finalization. A high-level re-launch of the ICCC will take place in June 2020.

## SUCCESS STORIES AND BEST PRACTICES

The maiden World NTD Day was well celebrated by the NTDP with lots of advocacy activities, culminating in a grand durbar on January 30, 2020; it attracted a lot of high-profile personalities including the Regional Minister, chiefs and queen mothers, as well as media attention. Act | West will discuss with the NTDP how it can provide more support for the 2021 World NTD Day.

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

**TABLE 23: CHALLENGES/RESOLUTIONS**

Challenge encountered	Solutions	Status (resolved, pending)
Two cases of severe adverse events (SAEs) were reported during the school based SCH/STH MDA involving a 6-year-old female and a 7-year-old male. Both incidents occurred in the Shai Osudoku district of the Greater Accra region.	Both incidents were investigated by the NTDP, in collaboration with the hospital authorities, WHO, Food and drugs Authority (FDA) and the School-Health Education Program (SHEP) coordinator. Meetings were held with the families to commiserate with them and offer education on the need and processes for the MDA exercise as well as positive outcomes. The NTDP also used the opportunity to explain to the families why both events were coincidental events. Postmortem charges were covered by the NTDP.	Fortunately, both incidents were well-handled and did not adversely affect the MDA. Post-mortem results indicated cause of death to be cerebral malaria and severe anemia.

## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 24: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Technical Working Group Meeting (1 meeting)						
Intra-Country Coordinating committee meeting (1meeting)						
Annual NTDP Portfolio Review meeting (1 meeting)						
LF MDA Annual Review Meeting (1meeting-Rd 1)						
Cross-border meetings (2 meetings)						
<b>NTD Secretariat</b>						
Support for communication and Administrative costs						
<b>Building Advocacy for a Sustainable National NTD Program</b>						
Advocacy Engagement with Parliamentary sub-committee on health						
Advocacy by NTD Ambassador						
MDA Launch						
Media Engagement						
Meeting with VRA and Bui Dam Authorities (1 meeting)						
Meeting with Policy Planning Monitoring and Evaluation Division of the GHS						
<b>MDA Coverage</b>						

Table 24: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
Community based MDA for LF, OV and STH						
School based SCH MDA in 89 districts						
Second Round of OV treatment in 88 districts						
Community based SCH MDA in 55 districts						
<b>Social Mobilization to Enable NTD Program Activities</b>						
Production of IEC Materials						
Social mobilization for LF/OV/STH MDA in 138 districts						
Social mobilization for SCH/STH MDA in 89 districts						
Social Mobilization for 2nd Rd OV MDA in 88 districts						
Social mobilization for SCH/STH MDA in 55 districts						
<b>Training</b>						
National Level training of trainers- LF/OV/STH MDA in 138 districts						
Regional Level Training -LF/OV/STH MDA in 138 districts						
District Level Training -LF/OV/STH MDA in 138HDs						
Training of CDDs subdistrict level- LF, OV STH MDAs 138 HDs						
National Training-School Based SCH MDA in 89 districts						
Regional Level Training-School Based SCH MDA in 89 HDs						
District Level Training- School-Based SCH MDAs in 89 HDs						
Regional Level Training of Trainers-2nd OV MDA in 88 HDs						
District level Training -2nd Round OV MDA in 88 HDs						
Training of CDDs-Subdistrict level- 2nd Rd OV 88 districts						
National level Training-DHIMS 2						
Regional level Training- DHIMS 2						
District level Training- DHIMS 2						
Health System Strengthening Pre-service training of health workers						
<b>Drug Supply and Commodity Management and Procurement</b>						
Completion and submission of the JRSM						
Transport of drugs and materials for LF/OV/STH MDA 138 districts						
Transport of drugs and materials for SCH/STH MDA 89 districts						
Transport of drugs and materials for SCH/STH MDA 55 districts						
Drug Retrieval to Regional Medical Stores						
<b>Supervision for MDA</b>						
Supervision & monitoring of LF/OV/STH MDA by National Program Officers						
Supervision of LF/OV/STH MDA by Regional, Districts & Sub District Officers						
Sub District Supervision of LF/OV/STH by Sub District Officers						
District Level Health workers to monitor and supervise drug distribution						
National level supervision of school based SCH MDA in 89 HDs						
Regional level supervision Of School-based SCH MDA in 89 HD						
District Level to monitor and supervise School Based SCH/STH MDA in 89 HDs						
National level supervision of Community SCH in 55 HD						
Regional level supervision of Community SCH in 55 HD						
District level supervision of Community SCH in 55 HD						
Sub-district Level Health workers to monitor and supervise drug distribution in						
District level officers to supervise Updating of Community Registers						
Subdistrict level officers to supervise Updating of Community Registers by CDDs						
Supervision of program finances (Finance Monitoring)						



Table 24: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Monitoring and Evaluation</b>						
Pre-TAS in 5 districts						
TAS in 10 districts (4 EUs)						
Inclusion of program data into WHO database						
Development and Printing of SOPs						
Coverage Survey in 7 districts						
Updating of Community Registers by CDDs						
Development of Action Plans on LF Hotspots in 5 regions and 12 districts						
<b>Supervision for Monitoring and Evaluations DSAs</b>						
Supervision of LF Pre-TAS (FHI 360 staff)						
Supervision of LF TAS1 (FHI 360 staff)						
Supervision of LF TAS 3 (FHI 360 staff)						
<b>Dossier Development</b>						
Informal LF Dossier Orientation						
<b>IRS Activities</b>						
Sustainability Plan Development Workshop						
ICCC Re-launch event as multisector coordination mechanism						
Sesame NTD WASH UP Implementation*						

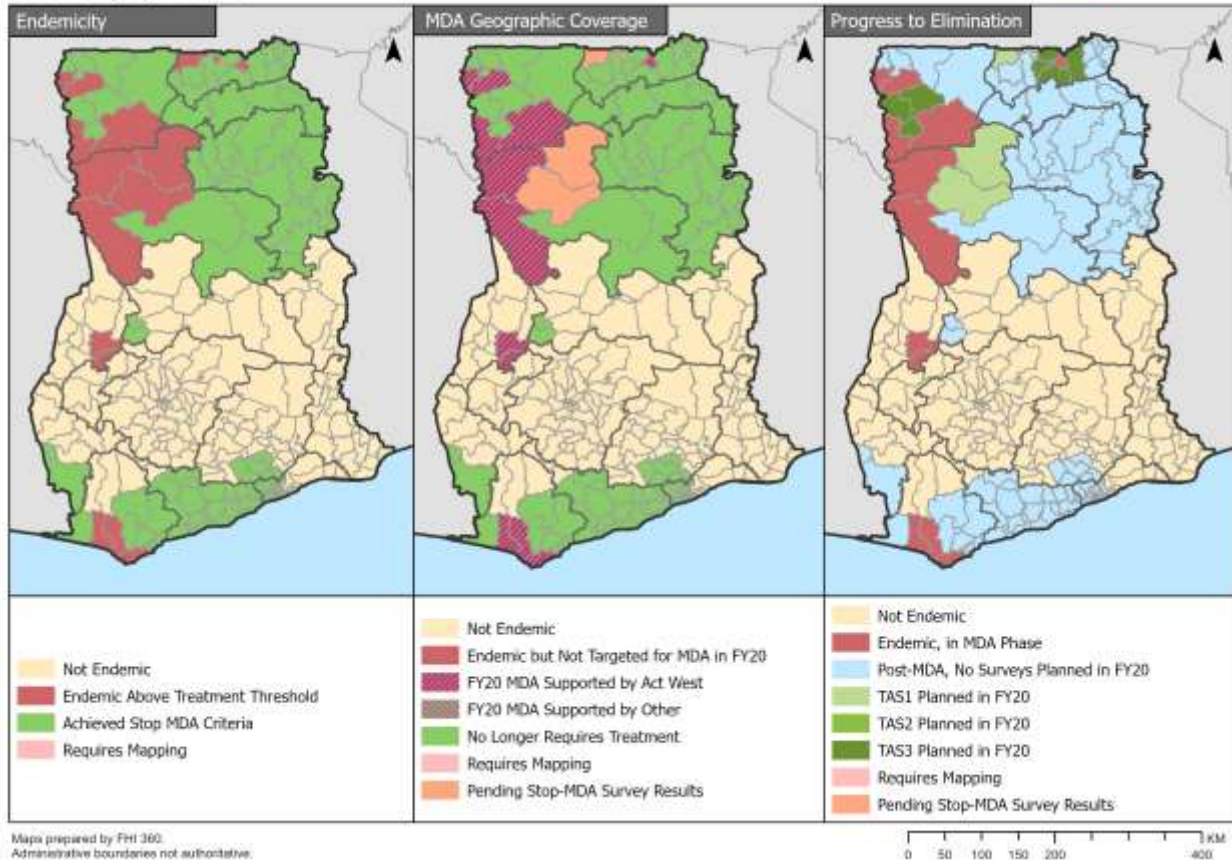
\*-the activity timeline is yet to be decided in consultation with technical support partner

*All planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.*

## MAPS

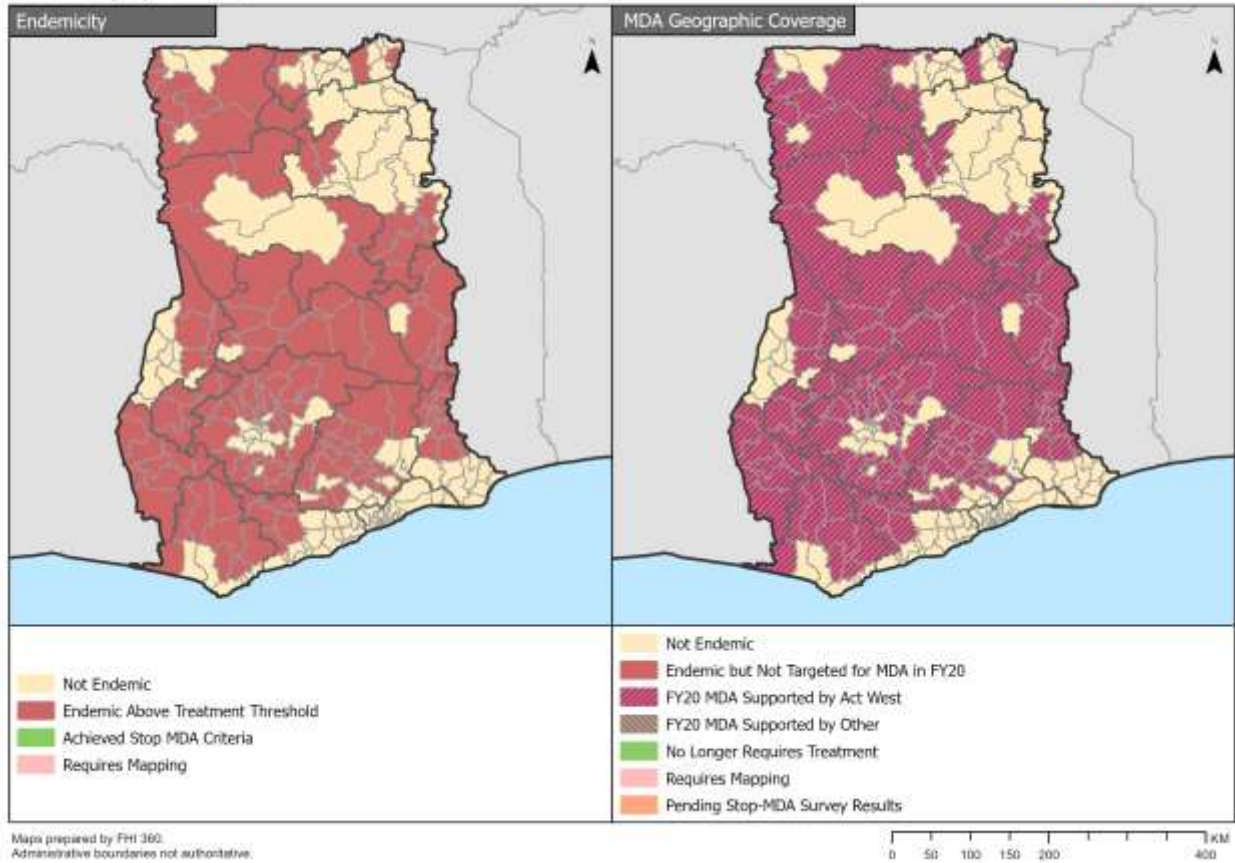
### Lymphatic Filariasis

Ghana | April 2020



## Onchocerciasis

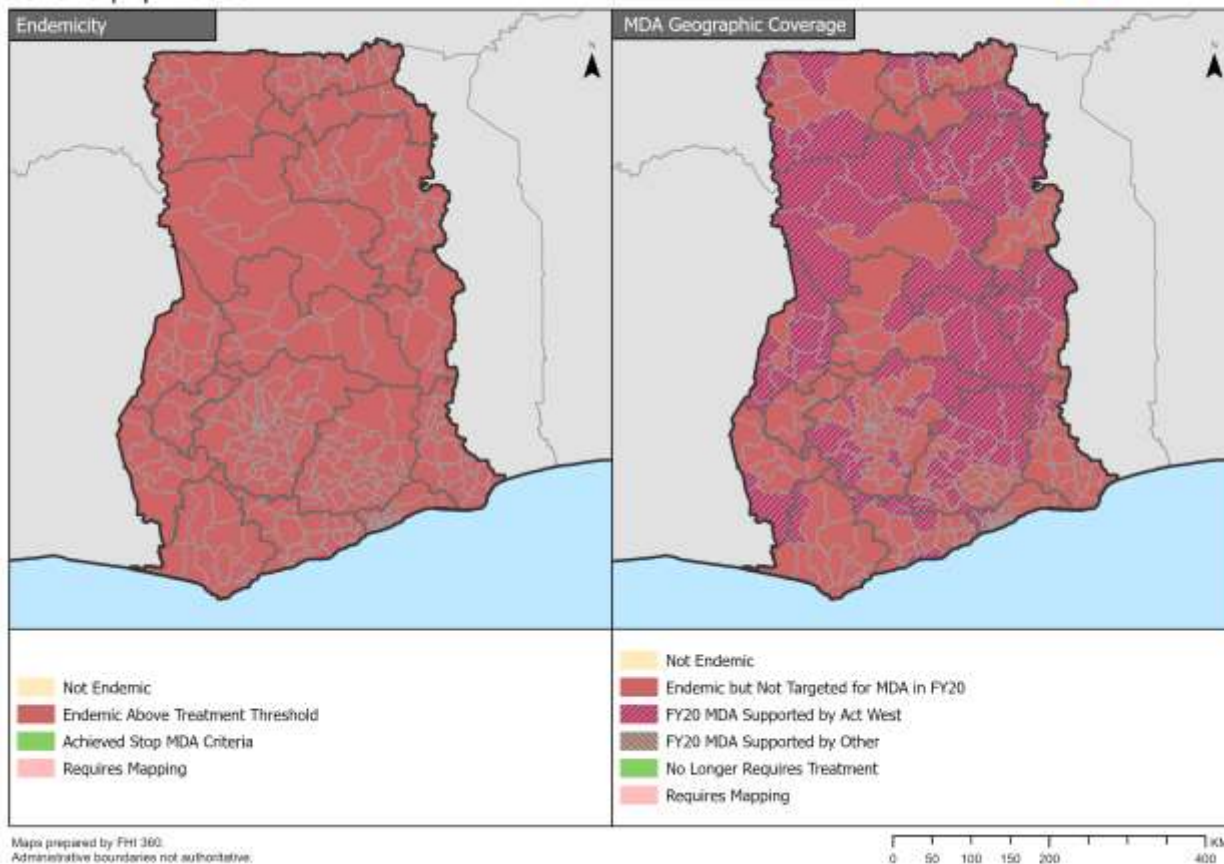
Ghana | April 2020



Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

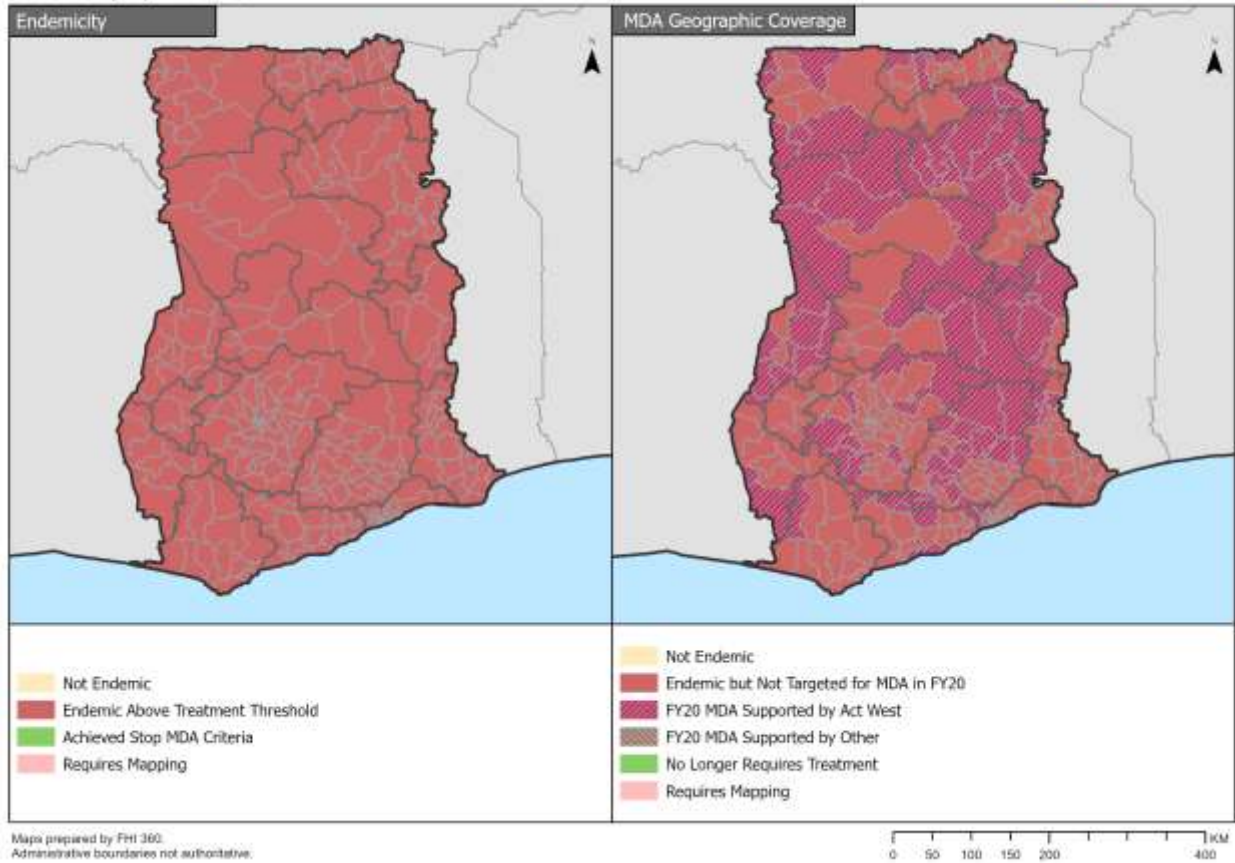
## Schistosomiasis

Ghana | April 2020



## Soil-Transmitted Helminths

Ghana | April 2020





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Act to End NTDs | West FY20 Semi-Annual Report (SAR): October 1, 2019–March 31, 2020



# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**GUINEA**



## TABLE OF CONTENTS

<b>LIST OF TABLES .....</b>	<b>215</b>
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>216</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>218</b>
<b>PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....</b>	<b>219</b>
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	219
<i>Strategic planning .....</i>	<i>219</i>
<i>NTDs SECRETARIAT.....</i>	<i>220</i>
<i>Building Advocacy for a Sustainable National NTD Program .....</i>	<i>220</i>
<i>Mapping .....</i>	<i>221</i>
<i>MDA Coverage .....</i>	<i>221</i>
<i>Social Mobilization to Enable PC-NTD Program Activities .....</i>	<i>222</i>
<i>Training.....</i>	<i>222</i>
<i>Supervision for MDA.....</i>	<i>225</i>
<i>Monitoring, Evaluation and Learning .....</i>	<i>225</i>
<i>Supervision for Monitoring and Evaluation and DSAs .....</i>	<i>226</i>
<i>Dossier Development.....</i>	<i>226</i>
<i>Short-term technical assistance (STTA) .....</i>	<i>226</i>
IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	226
<i>Data Security and Management .....</i>	<i>226</i>
<i>Drug Management.....</i>	<i>226</i>
MAINSTREAMING AND HSS ACTIVITIES.....	227
<i>Develop NTD Sustainability Plan .....</i>	<i>227</i>
<i>SCH, STH, Post-validation/Verification Surveillance .....</i>	<i>227</i>
<i>Cross-sector Coordination and Integration with Existing Platforms.....</i>	<i>227</i>
SUCCESS STORIES AND BEST PRACTICES.....	227
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	229
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	230

## LIST OF TABLES

TABLE 1: SUMMARY OF TRAINING ACHIEVED IN FY20 (OCT 2019–MARCH 2020) .....	223
TABLE 2: CHALLENGES/RESOLUTIONS.....	229
TABLE 3: FY20 ACTIVITY .....	230



## ACRONYMS AND ABBREVIATIONS

<b>ALB</b>	<b>Albendazole</b>
<b>APOC</b>	African Programme for Onchocerciasis Control
<b>ASCEND</b>	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
<b>AcceleraTE</b>	Accelerate Trachoma Elimination
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDD</b>	Community Drug Distributor
<b>CDTI</b>	Community-Directed Treatment with Ivermectin
<b>CLTS</b>	Community-Led Total Sanitation
<b>CRS</b>	Catholic Relief Services
<b>CY</b>	Calendar Year
<b>DFID</b>	UK Department for International Development
<b>DNGELM</b>	National Directorate of Major endemics and Disease Control
<b>DNPM</b>	National Directorate of Pharmacies and Drugs
<b>DSA</b>	Disease-Specific Assessment
<b>EDC</b>	Electronic Data Capture
<b>ESPEN</b>	Expanded Special Project for Elimination of Neglected Tropical Diseases
<b>EU</b>	Evaluation Unit
<b>EVD</b>	Ebola Virus Disease
<b>FHI</b>	Family Health International
<b>FOG</b>	Fixed Obligation Grant
<b>FY</b>	Fiscal Year
<b>GOG</b>	Government of Guinea
<b>HD</b>	Health District
<b>HKI</b>	Helen Keller International
<b>IEC</b>	Information, Education, and Communication
<b>INGO</b>	International Nongovernmental Organization
<b>IPA</b>	Ivermectin, Praziquantel, and Albendazole
<b>ITI</b>	International Trachoma Initiative
<b>IVM</b>	Ivermectin
<b>JAP</b>	Joint Application Package
<b>JRSM</b>	Joint Request for Selected Preventive Chemotherapy Medicines
<b>LF</b>	Lymphatic Filariasis
<b>LFOEC</b>	Lymphatic Filariasis/Onchocerciasis Elimination Committee
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDA</b>	Mass Drug Administration
<b>MOH</b>	Ministry of Health
<b>MRU</b>	Mano River Union
<b>NGO</b>	Nongovernmental Organization
<b>NTD</b>	Neglected Tropical Disease
<b>OCP</b>	Onchocerciasis Control Program in West Africa
<b>OMVS</b>	Organisation pour la mise en valeur du fleuve Sénégal (Senegal River Basin Development Organization)
<b>OPC</b>	Organization for the Prevention of Blindness
<b>OV</b>	Onchocerciasis
<b>PC</b>	Preventive Chemotherapy
<b>PCG</b>	Central Pharmacy of Guinea
<b>PGIRE</b>	Projet de Gestion Intégrée des Ressources en Eau et de Développement des usages à buts multiples (Integrated Water Resources Management Project)

<b>PNLOC/MTN</b>	National Program for the Control of Onchocerciasis and Blindness/Neglected Tropical Diseases
<b>PNLMTN</b>	National Program for NTD Control
<b>PZQ</b>	Praziquantel
<b>SAC</b>	School-aged Children
<b>SAE</b>	Serious Adverse Events
<b>SAFE</b>	Surgery–Antibiotics–Facial cleanliness–Environmental Improvements
<b>SCH</b>	Schistosomiasis
<b>SCT</b>	Supervisor’s Coverage Tool
<b>SIZ</b>	Special Intervention Zone
<b>SL</b>	Sierra Leone
<b>SNSSU</b>	National School and University Health Service
<b>STH</b>	Soil-Transmitted Helminths
<b>TAP</b>	Trachoma Action Plan
<b>TAS</b>	Transmission Assessment Survey
<b>TEO</b>	Tetracycline Eye Ointment
<b>TF</b>	Trachoma Inflammation – Follicular (active trachoma)
<b>TIS</b>	Trachoma Impact Survey
<b>TIPAC</b>	Tool for Integrated Planning and Costing
<b>TRA</b>	Trachoma
<b>TSS</b>	Trachoma Surveillance Survey
<b>TT</b>	Trachomatous Trichiasis
<b>USAID</b>	US Agency for International Development
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization
<b>ZTH</b>	Zithromax®

## EXECUTIVE SUMMARY

USAID's Act to End Neglected Tropical Diseases (NTDs) | West program is led by FHI 360 and is implemented by Helen Keller International (Helen Keller) in Guinea. This report covers activities implemented during quarter one and quarter two (October 1, 2019 to March 31, 2020) of fiscal year 2020 (FY 2020) in cooperation with the Ministry of Health of Guinea.

Guinea planned to conduct two mass drug administration (MDA) campaigns in FY20 due to the missed MDA in FY19. The first MDA (referred to as MDA 1) was planned for treatment in a total of 19 health districts (HDs) not treated in FY19 against lymphatic filariasis (LF) in 19 HDs, onchocerciasis (OV) in 17 HDs, trachoma in 1 HD, schistosomiasis (SCH) in 11 HDs, and soil-transmitted helminths (STH) in 13 HDs. The second MDA campaign (MDA 2) was planned to treat against LF in 15 HDs, OV in 17 HDs, SCH in 19 HDs, and STH in 13 HDs. Faced with the challenge of a shifting constitutional referendum and legislative elections date and protests and social unrests due to the planned elections, the timeline of the MDA 1 activities was rescheduled to March/April 2020.

Preliminary MDA 1 activities began on March 12, 2020. To date, Helen Keller–Guinea has conducted the following MDA activities with Act | West support: an FAA refresher workshop in 6 regions (Boké, Faranah, Kindia, Kankan, Labé, and N'Zérékoré) for the 19 HDs; the refresher training of 24 national supervisors in Coyah; the training of 69 trainers in the regions of Boke, Kankan, Faranah, and Mandiana; and the training of 30 journalists in Coyah. Additionally, MDA management tools were produced with support from Act | West and will be distributed prior to the start of the mass drug distribution. The drug distribution in the 19 HDs was initially delayed due to the legislative elections held on March 22, 2020. Although some training and drug logistics were completed for MDA 1 before the constitutional elections, the PC-NTD Unit at the National Program for Neglected Tropical Diseases Control (PNLMTN), in light of the worsening COVID-19 pandemic, has decided to postpone the MDA in line with the recommendations from both WHO and USAID.

During this reporting period, members of the Helen Keller–Guinea team also participated in several NTD-specific trainings including the WHO/ESPEN SCH/STH experts meeting in Brazzaville, Congo; the FHI 360 LF Transmission Assessment Survey (TAS) Workshop in Abidjan, Côte d'Ivoire; and the MOH/partners' strategic meeting on NTD technical and managerial capacity building for national executives, organized by the PNLMTN in Kindia, Guinea.

Helen Keller–Guinea also held coordination meetings with central level entities, including the Central Pharmacy of Guinea (PCG), the National Directorate of Major Endemics and Disease Control (DNGELM), and the National Program for NTD Control (PNLMTN), on topics such as the timeline of NTD activities and drug management.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### Strategic planning

Over the course of this reporting period, Act | West supported the following strategic planning activities for IR1.

#### *LF workshop*

Helen Keller–Guinea and Dr. Mamadou Siradiou Baldé, Monitoring & Evaluation Specialist of the PNLMTN, attended the LF TAS workshop, organized by USAID and FHI 360 in Abidjan, Côte d’Ivoire from January 14–16, 2020. The workshop brought together FHI 360, Helen Keller, WHO AFRO/ESPEN, USAID, CDC Atlanta, and the Act | East and Act | West country programs to review best practices for LF TAS implementation and strengthen the skills of the national program teams to implement high quality LF surveys. During this training, the WHO and USAID partners shared several presentations on the LF guidelines and survey protocols. The meeting also provided a framework for exchanges among participants on each country’s expertise in order to share M&E best practices.

Helen Keller’s Act | West team also held a side meeting to discuss:

- Implementation of the supervisor’s coverage tool (SCT) for FY20 MDAs
- Upcoming country-specific workshops, trainings, and quality improvement plans
- Cameroon’s experience and best practices using electronic data capture (EDC) for LF surveys

Following discussions from the side meeting, Dr. Benoît Dembélé, Quality Implementation Lead, organized a webinar that highlighted the use of the ONA platform for EDC during TAS surveys to obtain better quality data. Recommendations included immediately treating individuals who tested positive along with their families and rigorously following-up with the positive individuals after conducting TAS.

- Guinea will implement lessons learned from this side meeting and webinar during the implementation of SCT during MDA 1 in the 4 HDs planned for pre-TAS (Boke, Gaoual, Mandiana and Gueckedou HDs) after their fifth round of MDA. Please see “Training of PNLMTN staff on SCT” below for more detail on what is planned.

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#### *LF/OV experts committee meeting*

On January 21–23, 2020, Helen Keller–Guinea attended the LF/OV experts committee meeting in Conakry, Guinea. The meeting was organized by the PNLMTN with support from Act | West and Sightsavers. In attendance were representatives from central level entities (PNLMTN, DNGELM), the WHO-Guinea office, NGOs (Sightsavers, Catholic Relief Services), and international and national LF/OV experts. The purpose of the meeting was to provide guidance on how to provide quality implementation of priority national OV elimination activities in Guinea: planning for finalization of OV elimination plan 2020–2030, OV elimination mapping, and organization of yearly cross border meetings with Sierra Leone, Côte d’Ivoire and Guinea Bissau.

The major recommendation from the meeting was to organize cross-border meetings with Sierra Leone, Côte d'Ivoire, and Guinea Bissau once a year. The goal of these cross-border meetings would be to plan and conduct a synchronized MDA with each country, while considering the movement of populations across borders. A cross-border meeting is planned in Q4 of FY20 with Sierra Leone as part of Guinea's Act | West Program workplan. Helen Keller–Guinea and Helen Keller – Sierra Leone have had informal discussions about the scope of this cross-border meeting and will continue exploring solutions to synchronize MDA. In the past, these cross-border meetings (the Manu River series) have not led to firm actions or improvements. Act | West will be open to support cross-border meetings provided they involve the cross-border HDs involved and the agenda and participants are approved in advance. A cross-border meeting should also include the following deliverables: 1) reports from the meetings, shared shortly afterwards and 2) clear outputs—action items, with specific responsibilities assigned and timelines for completion.

Other recommendations from the LF/OV experts committee meeting include finalizing the identification of potential simulium (black fly) breeding sites and the identification of epidemiological survey sites; determining budgets, funding, and timelines for the implementation of priority elimination activities mentioned above; and establishing an eye health unit within the PNLMTN as Guinea does not have a distinct ocular health program as recommended by West African Health Organization (WAHO).

The committee identified and assigned rapporteurs to finalize the OV elimination plan; a timeline for doing so will be decided next semester.

#### *MDA planning and FAA refresher workshop in 6 regions*

- Helen Keller – Guinea supported the PNLMTN to carry out MDA planning and FAA refresher workshops from February 15–22, 2020 in 6 regions. A meeting was held in each region targeted for the Act | West-supported MDA (6 regions encompassing 19 HDs in total). The participants included HD managers, finance managers, regional health managers, and PNLMTN staff. The purpose of the workshops was to present the FAAs and provide a clear understanding of the FAA requirements for each HD and regional authority. At the end of each workshop, the HD and regional managers each signed their respective FAAs. A total of 27 FAAs have been signed to date, including two MOH central level FAAs, 19 HD FAAs, and 6 health region FAAs.

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#### **NTDs SECRETARIAT**

During the reporting period, Act | West provided support to the PNLMTN to purchase network connectivity for PNLMTN mobile phones for communication and internet connection. Currently, HKI is in the process of procuring equipment, internet installation, and a one-year subscription within PNLMTN premises. It is expected that the internet installation will be operational by the end of May.

#### **Building Advocacy for a Sustainable National NTD Program**

##### *Participation in MOH/partners' strategic meetings*

With support from Act | West, Helen Keller – Guinea's NTD Coordinator participated at the technical and managerial capacity building workshop on NTDs for national executives, organized by the PNLMTN. The workshop held January 27–31, 2020 in Kindia, Guinea, was funded by WHO/ESPEN and facilitated by a WHO consultant. The purpose of the workshop was to improve the skills of PNLMTN staff for better integrated management of activities. Twenty-five participants attended the workshop, including representatives from the PNLMTN and the NGO Jeunesse Secours. The main recommendations of this workshop were as follows:

- Include an NTD communication training, which will train managers in writing and publishing NTD articles, in the Operational Action Plan of the NTD program.
- Improve cross-sectoral collaboration (such as WASH and education) during NTD MDA campaigns.
- Sustain and to expand the training of journalists on NTDs at all levels. As journalists are essential in transmitting NTD stories and mobilizing populations to take part in MDAs, the MOH and other partners agreed the training of journalists in transmitting accurate NTD information is important for current and future social mobilization efforts.
- Provide trainings for entomologists and laboratory technicians for NTD activities such as DSAs.

## Mapping

No mapping is required in Guinea in FY20.

## MDA Coverage

### *Production of MDA tools*

During this reporting period, Act | West provided support to produce MDA management tools. A total of 3,200 CDD registers, 306 HD-level training modules, 130 SAE Forms, 570 supervision forms for HDs and health centers, 11 delivery slips, 10,832 frequently asked questions (FAQ) cards, and 1,850 dose poles for the 19 HDs targeted for MDA 1 were produced with Act | West support. These tools were delivered to the HDs for use during the MDA campaigns.

### *Implementation of MDA*

According to the timeline of activities approved for the Act | West FY20 workplan, the PNLMTN planned to conduct the following MDA campaigns in 19 HDs during this reporting period:

- LF/OV/STH MDA in 8 HDs
- LF/OV/STH/SCH MDA in 11 HDs via triple therapy (IVM+ALB+PZQ)
- Trachoma MDA in Dinguiraye HD

Guinea experienced the challenge of a shifting legislative election date, including a constitutional referendum vote to extend the country's presidential term limit. Several protests against the planned elections occurred in Guinea in the months leading up to the elections, resulting in some deaths. MDA 1 activities were postponed during this reporting period to March 2020 as the social unrest significantly impacted the timeline of MDA activities. The elections finally took place on March 22, 2020; however, at the time of the announced election date, MDA 1 activities were already underway in the targeted HDs. To ensure the safety of the MDA teams, Helen Keller–Guinea and the PNLMTN agreed to pause MDA 1 activities and have the MDA teams return to Conakry until after the elections. The following MDA 1 activities were completed from March 12–18, 2020: orientation of community leaders and training of health center managers.

On March 12, Guinea's government announced the first confirmed case of COVID-19 in Conakry in the days following the elections. Helen Keller–Guinea and the PNLMTN held meetings to assess the security situation in-country as well as the COVID-19 context in Guinea. At that time, the MOH determined that MDA 1 activities could continue in the 19 HDs, and the following mitigation measures would be taken as a response to COVID-19:

- Purchase hand soap for CDDs during the drug distribution

- Publish new component on proper handwashing techniques during the CDD trainings and during the house-to-house drug distribution
- Limit participants to 20 or less during CDD training sessions at each health center
- MDA supervision teams from Conakry, including PNLMTN staff, external supervisors, and Helen Keller–Guinea Staff, must test negative for COVID-19 in order to acquire approval to travel outside of Conakry

However, in light of WHO and USAID recommendations and the rapidly increasing number of cases in Guinea, along with the first cases of COVID-19 at HD level, on April 9, 2020, the PNLMTN decided to postpone MDA 1. As of April 15, 2020, the number of COVID-19 cases in Guinea has risen to 404.

### **Social Mobilization to Enable PC-NTD Program Activities**

#### *PC-NTD orientation workshop for community leaders in 19 HDs*

With Act | West support, the PNLMTN and Helen Keller–Guinea supervised the PC-NTD orientation workshops for community leaders in 19 HDs. Workshops were held on March 12, 2020 at the district level and on March 14, 2020 at the rural health center level. A total of 2,868 community leaders were oriented on PC-NTDs. The purpose of this orientation workshop was to inform and sensitize community leaders on the diseases to be treated and request their involvement in the mobilization and sensitization of the populations. Workshop themes included:

- Information on the targeted NTDS (symptom and consequences of NTDS)
- Importance of MDAs
- Messages that will be used during the MDAs

At the end of the workshop, the community leaders made a commitment to be actively involved in sensitizing and mobilizing the population before and during the MDA campaign.

#### *Interviews with local officials on PC-NTDs on national TV and local radio*

Due to COVID-19, the planned interviews with local officials on PC-NTDs have been postponed. However, MDA messages will be broadcast on local radio two days before the drug distribution and during the six days of distribution.

#### *National MDA Campaign Launch*

Due to COVID-19, in particular the government restriction of gatherings of more than 20 people, the MDA national launch ceremony and MDA launches at the regional and district level were all postponed, prior to the overall postponement of MDA 1.

### **Training**



**Table 25: SUMMARY OF TRAINING ACHIEVED IN FY20 (OCT 2019–MARCH 2020)**

Title of training	Location	Target participants e.g. HCW, CDD, community	Objective/s of training	Date	Lead organization (e.g. FHI 360, HKI, HDI, WVI, Deloitte)	Key outcome/s of the training	# of participants		
							M	F	T
Training of national supervisors	Coyah	National supervisors	Strengthen capacity of national supervisors on MDA management	October 26-27, 2019	HKI	24 supervisors trained with Act   West funding	16	8	24
Training of national trainers	Kindia, Kankan, N'Zérékoré	National trainers	Strengthen capacity of national trainers on MDA management	November 23-25, 2019	HKI	24 trainers trained with Act   West funding	21	3	24
Training of journalists	Coyah	Journalists	Strengthen capacity of journalists for their involvement in the elimination and control of NTDS	January 24-25, 2020	HKI	30 journalists trained with Act   West funding	23	7	30
Training of external supervisors	Conakry	External supervisor	Strengthen the capacity of external supervisor	March 5-7, 2020	HKI	12 external supervisors trained with Act   West funding	7	5	12
Training of PNLMTN Staff on SCT	Conakry	PNLMTN Staff	Strengthen the capacity of participants on the utilization of SCT for the MDA	March 4, 2020	HKI	25 PNLMTN staff trained on SCT with Act   West funding			25
Training of Health center Staff	In the 19 targeted HDs	Health center managers or other staff in the targeted HDs.	Strengthen capacity on distribution methods, drug management, side effects and data management for MDA	Marc 16-18, 2020	HKI	A total of 529 supervisors were trained with Act   West support.			529

*Training of national supervisors*

With supervision from Helen Keller-Guinea's NTD Coordinator and NTD Program Assistant, the PNLMTN conducted national supervisors' training from October 26–27, 2019 in Coyah, Guinea. A total of forty national supervisors were trained, 24 with support from Act | West and 16 with support from Sightsavers. The purpose of the training was to strengthen the capacity of national supervisors on MDA interventions, distribution methods, data management, drug management, and side effects.

The main themes included a general overview of NTDs (disease knowledge, strategies to combat NTDs, drug distribution methods, drug management, and side effects management); MDA data management tools (register, new ZTH guideline, drugs delivery card); and how to conduct MDA supervision and use supervision tools.

*Training of trainers at regional levels in Boké, Kankan and Faranah*

On November 23–25, 2020, Act | West supported the training of trainers for the upcoming MDA in 19 HDs, which was facilitated by MOH staff from the PC-NTD unit. The trainings took place in Kindia, Kankan, Mamou, and N'Zérékoré regions. The Helen Keller–Guinea team supervised the trainings in the regions of Kindia, Kankan, and N'Zérékoré. The trainings aimed to strengthen the capacity of trainers by providing an overview on NTDs, drug distribution methods, drug management, side effects management, and data management. Overall, 69 trainers were trained, 24 with support from Act | West, 29 with support from Sightsavers, and 16 with support from CRS/OMVS.

*Training of journalists*

- In Guinea, rumors have been responsible for concerns over participation in many community-led health interventions (for example, during the Ebola epidemic and the Sightsavers-supported SCH-MDA in 2019). The COVID-19 pandemic has caused further rumors. As part of awareness-raising and social mobilization, Helen Keller–Guinea supported the training of journalists on PC-NTD control from January 24–25, 2020 in Coyah, Guinea. The training was organized by the PNLMTN and included thirty journalists from national, private, and rural radio stations. The purpose of the training was to strengthen the capacity of journalists for their involvement in the elimination and control of NTDs. The agenda included an overview of NTDs (disease knowledge, strategies for combating NTDs, and side effects management); screening of NTD films; and communication activities (awareness-raising, social mobilization, advocacy) that can be done during the MDA. At the end of the training, the journalists committed to using what they learned through this training to better inform the public about the elimination and control of NTDs in Guinea. Following the training, a platform of NTD journalists was created for NTD partners to easily keep journalists up to date about NTDs through this platform. For the MDA 1 for example, journalists were informed about the MDA dates and activities using this platform.

*Training of external supervisors*

Helen Keller–Guinea organized the training of external supervisors for MDA activities from March 5–7, 2020 with Act | West support. The training took place at the Helen Keller–Guinea office and was facilitated by the PNLMTN and Helen Keller NTD staff. A total of 12 external supervisors (five women and seven men) participated. The training provided participants with an overview of NTDs, treatment strategies, and key aspects of MDA supervision such as the use of supervision tools, data management, side effect management, and the use of smartphone technology for data collection via the Ona Platform. Helen Keller–Guinea will provide the smartphones to external supervisors. These smartphones purchased with Act | West support in FY 2019.

*Training of PNLMTN staff on SCT*

Helen Keller–Guinea staff took part in a virtual training on the use of SCT during MDAs, provided by Dr. Benoît Dembélé, Helen Keller’s Quality Implementation Lead. Following this training, Helen Keller–Guinea NTD staff facilitated the training of 25 PNLMTN staff on the use of SCT for the MDAs, as Dr. Dembélé was unable to travel to Guinea due to security concerns surrounding the elections. The PNLMTN staff training was held on March 4, 2020 and focused on strengthening the capacity of national supervisors on the use of SCT during MDAs. Training topics included how to:

- Identify the population to be surveyed
- Identify the areas of supervision
- Obtain a list of all households using registers or household counting
- Randomly select 20 households
- Select and interview individuals
- Interpret results
- Develop and implement an action plan for the use of SCT

The main recommendations from the trainings were to include a component on SCT in the training materials for the training of health center staff, and to implement the use of SCT during the MDAs particularly in the 4 HDs targeted for pre-TAS in FY20. (Original plans were to implement SCT during MDA in a total of 11 HDs; in the preparation for the MDA, HKI determined that given that this will be the first use of SCT in the country, and an insufficient number of teams have been trained to cover the full 11 HDs, during MDA 1 the SCT will be used in a smaller number of priority HDs.) External supervision is also planned in 12 HDs during the MDAs.

*Training of health center managers*

The PNLMTN and Helen Keller–Guinea supervised the training of health center staff in 19 HDs from March 16–18, 2020 with Act | West support. The purpose of the training was to strengthen distribution methods, drug management, side effects, and data management for MDA. A total of 529 supervisors were trained in the 19 targeted HDs. The training focused on strengthening the capacity of participants on MDA interventions, distribution methods, drug management, adverse events, and data management. The health center managers will then conduct the training of CDDs for the MDA with support from PNLMTN and Helen Keller supervisors.

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**Supervision for MDA**

- Helen Keller–Guinea conducted supervision of the MDA trainings mentioned above for MDA 1.

- 

**Monitoring, Evaluation and Learning***Trachoma Surveillance Survey (TSS) Protocol Development*

- Helen Keller–Guinea supported the PNLMTN in developing a TSS protocol in 4 HDs (Kankan, Koundara, Mandiana, and Siguiri), which will be split into 8 EUs. These HDs were originally planned to be surveyed in FY19 but later postponed to FY20 due to the suspension of activities following the Sightsavers-supported SCH MDA in 2019. The protocol has been reviewed by FHI 360 and approved by Tropical Data.

The survey was initially planned for March 2020 but has been postponed due to delays in the arrival of Tetracycline Eye Ointment (TEO) in Guinea. The COVID-19 pandemic temporarily halted the shipment of medications from Europe and later, when the TEO shipment had been cleared to ship, no flights were

available to Conakry. However, given the ongoing COVID-19 situation in-country, these surveys were ultimately postponed.

### *Trachoma Impact Survey (TIS)*

It should be noted that due to the delay in the implementation of trachoma MDA in Dinguiraye HD, the TIS planned in this HD will be moved back to FY 2021, 6 months following the MDA.

### **Supervision for Monitoring and Evaluation and DSAs**

- No supervision for M&E and DSA activities was conducted during the reporting period.
- 

### **Dossier Development**

No dossier development activities were carried out during the reporting period.

### **Short-term technical assistance (STTA)**

- No short-term technical assistance was provided during the reporting period.
- 

## **IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL**

### **Data Security and Management**

- During this period, with Act | West support, Helen Keller purchased a computer for the PNLMTN to be used for the NTD integrated database (paid for in FY19, delivered in FY20). No other data security or management activities took place during the reporting period. Currently in Guinea there is a system to check the MDA data at each level (community, district and national program levels). This system includes checking MDA registers at the health center level, along with a cross-checking made at the HD level during the review meetings attended by national supervisors. During FY20, Act | West will support the PNLMTN in implementing this system and updating the NTD integrated database.

### **Drug Management**

#### *Problem-solving for issues with drug management*

Helen Keller–Guinea held a brainstorming meeting on drug management on November 13, 2019 at the Helen Keller–Guinea office. Participants included representatives from DNGELM, the PCG, the PNLMTN, and HKI. The main topics discussed during this meeting were the status of expired medicines from FY19 and the drug destruction procedure; the Tripartite Contract Clauses (HKI-PCG-PNLMTN) for FY20; and the reverse logistics of post-campaign drugs.

Following the meeting, a new plan for reverse logistics in FY20 was developed. The process will be as follows:

1. The day after the MDA 1 campaign, PCG staff will recover any remaining drugs from the 19 HDs supported by Act | West and deliver them to PCG storage warehouses at the regional level. The drugs will remain at the regional level to be used for the next campaign.
2. Opened containers of NTD drugs are not stored at PCG warehouses (they only store containers with original seals). These containers are stored at HD offices under PNLMTN management, where the PNLMTN will conduct an inventory check (during the HD-level review meetings, at no additional cost) and store the drugs to be used for the next campaign. The PCG will work with

the PNLMTN to ensure that this stock is factored into the PCG's inventory reports. It should be noted that the PNLMTN recruited a pharmacist in early FY20.

3. The day after the MDA 2 campaign, PCG staff will recover any remaining drugs from the 19 HDs supported by Act | West and deliver them to regional PCG storage warehouses at the regional level. The drugs will remain at the regional level to be used for the FY 2021 campaign.

## MAINSTREAMING AND HSS ACTIVITIES

### Develop NTD Sustainability Plan

No NTD sustainability plan activities were carried out during the reporting period.

### SCH, STH, Post-validation/Verification Surveillance

#### *HKI participation in WHO/ESPEN meeting on SCH*

With support from Act | West, Helen Keller–Guinea attended the WHO/ESPEN meeting on SCH from October 22–24, 2019 in Brazzaville, Congo. Participants included SCH and STH experts from across 30 countries. The purpose of the meeting was to inform experts on the WHO's new SCH control strategy, which now recommends the implementation of SCH MDA at the sub-district level. Guinea currently collects SCH data by district and, therefore, the MDA is implemented at district level for all school-aged children.

The main topics discussed included the steps and targets for SCH and STH based on the new roadmap after 2021, scientific information and guidelines for SCH and STH, mapping and M&E of SCH and STH programs, the link between advocacy and information sharing, and possible implementation of SCH MDA at the sub-district level.

The main recommendation of this meeting was to incorporate WHO's new strategy into future MDAs after FY20, to achieve SCH and STH control goals.

### Cross-sector Coordination and Integration with Existing Platforms

No cross-sector activities were carried out during the reporting period.

## SUCCESS STORIES AND BEST PRACTICES

#### *Importance of social mobilization activities: testimony of the Prefect of Forécariah*

In March 2019, Guinea experienced issues with the distribution of praziquantel (PZQ) tablets (600 mg) in the Sightsavers-supported HDs of Coyah, Dubreka and Fria. Several (non-serious) adverse events were reported during the MDA in these HDs. These 3 HDs were PZQ-naïve (all with a SCH baseline prevalence between 1 to 9.9 percent). News of the adverse events quickly spread through social media and led to the suspension of all future PC-NTD activities by the MOH. This event impeded all planned Act | West activities in Guinea FY19 and called for a reinforcement of social mobilization activities in FY20 to ensure community buy-in for MDA activities. This reinforcement included new activities such as the training for journalists, to inform them about NTDs in Guinea and ensure that they can provide accurate information to the Guinean population about MDAs. Special attention was also given to other social mobilization activities such as the orientation of community leaders, to ensure that these leaders can advocate for MDA activities within their communities.

During the orientation of community leaders in Forécariah HD, Mr. Alhasane Camara, Prefect of the Forécariah HD, delivered a mobilizing speech encouraging community leaders and pushing for their involvement in the fight against NTDS.



*Figure 6: The Prefect of Forécariah, in uniform and his general secretaries in front of the community-based stakeholders*

“I would like to remind the different participants of this meeting of all the difficulties that neglected tropical diseases brought to our families before the arrival of the drugs against NTDS. Since my arrival here, I myself have had to take these de-worming drugs and I have seen results on my health. I salute the initiative of the Ministry of Health and its partner Helen Keller who has been working for many years to fight these diseases in our country.

This meeting initiated by the partner Helen Keller is salutary, because it was important to bring together all opinion leaders to reassure them and also to put an end to false rumors about drugs. From now on, I will include the efficient coverage during MDA campaigns for NTDS in the contracts outlining the objectives of each sub-prefect.

Sub-standard MDA coverage in a sub-prefecture will simply mean that the sub-prefect has not played their role in sensitizing and mobilizing their community to take the drugs during the campaign. Your inaction would contribute more to maintaining a living environment for these diseases. We—all those present here: sub-prefects, priests, youth presidents, presidents of women's groups—must participate in sensitization efforts so that our population no longer suffers from these diseases.”



Figure 7: Community meeting in the health district of Forécariah in the presence of the Prefect of Forécariah

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

In FY20, Guinea planned to conduct two MDAs six months apart. MDA 1 was delayed due to shifting constitutional referendum and legislative elections date, and protests and social unrests related to the planned elections. The COVID-19 pandemic has shifted the timeline of the drug distribution for MDA 1 to a date in the future (to be confirmed). Helen Keller–Guinea had worked with the MOH, FHI 360, and USAID to implement proper mitigation measures to ensure that the drug distribution can continue safely during the COVID-19 pandemic, but given the escalation of COVID-19 cases, the MOH has postponed all community based interventions which might further spread the virus. The table below details solutions provided for the challenges mentioned above.

**TABLE 26: CHALLENGES/RESOLUTIONS**

Challenge encountered	Solutions	Status (resolved, pending)
Social unrest and an unpredictable timeline for the elections	Reprogramming Act   West activities according to the new dates Close coordination with the PNLMTN to analyze the safety of field activities and determine the best time timeline for the MDA	Resolved as the elections have taken place, though there is a possibility of further social unrest.
Implementing MDA during COVID-19	Analyzing COVID 19 situation in Guinea Reviewing MDA planning strategy taking into account proper mitigation measures	Pending as MDA was ultimately postponed by MOH in line with WHO and USAID guidance



## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 27: FY20 Activity	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Act   West project Launching meeting in Conakry *						
Annual NTD review meeting in Kindia for 19 HDs and six regions						
Cross border meeting on LF/OV MDA coordination between Guinea and Sierra Leone in Mamou						
Work plan meeting FY21 in Conakry						
<b>NTD Secretariat</b>						
Internet installation, equipment and subscription for a year						
Support for communication costs						
<b>Building Advocacy for a Sustainable National NTD Program</b>						
<b>MDA Coverage</b>						
Implementing of LF/OV/STH/SCH/TRA MDA in 19 HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
Review meetings in district level and regional level						
Production and use of MDA management tools						
<b>Social Mobilization to Enable NTD Program Activities</b>						
PC-NTD orientation workshops for community leaders in 19 Act-West-supported HDs (completed in semester 1 for MDA 1; MDA 2 will not take place in FY20 *)						
MDA campaign launch ceremonies in national level and in 19 Act-West-supported HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
National and local broadcasting about PC-NTDs on national TV and national and local radio in 19 HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
Town Criers for Act West-supported MDA in 19 HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
Mobile sound system for Act West-supported MDA in 19 HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
<b>Training</b>						
Training of health center staff, teachers, and CDDs for MDA in 19 HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
Training for TIS/TSS surveyors						
Pre-TAS training *						
<b>Drug Supply and Commodity Management and Procurement</b>						
Storage of PC-NTD MDA drugs at Central Pharmacy of Guinea						
Transport of PC-NTD MDA drugs from HD to distribution points in the 19 Act West-supported HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
HKI verification of PC-NTD MDA drugs from the PCG warehouse to the 19 HDs (completed in semester 1 for MDA 1; MDA 2 will not take place in FY20 *)						
Return of unused PC-NTD MDA drugs from 19 Act West supported HDs to Regional Pharmacies of Guinea of six regions						
Monitoring of drug inventory reports						

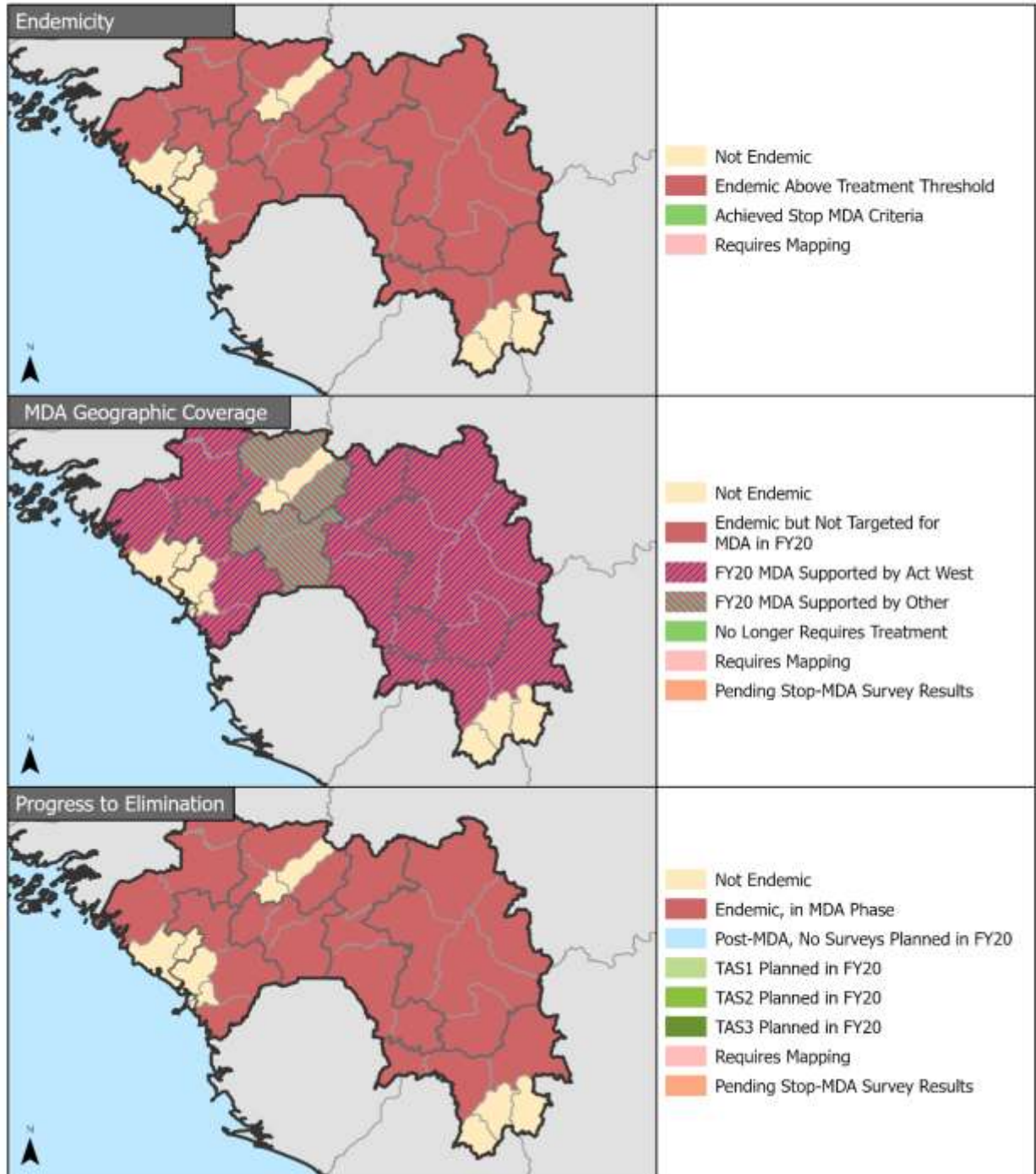
Table 27: FY20 Activity	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
Bi-monthly meeting to update the status of PC-NTD MDA drugs						
Meeting on quantification and filling of Joint Request for Selected PC Medicines						
Procurement of TEO						
<b>Supervision for MDA</b>						
Supervision of LF/OV/STH/SCH and/or trachoma MDA in 19 HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
External LF/OV/STH/SCH MDA supervision in 12 HDs (for MDA 1 only; MDA 2 will not take place in FY20 *)						
<b>Monitoring, Evaluation, and Learning</b>						
TSS in four HDs/eight EUs						
TIS in 1 HD/1 EU *						
TSS in six HDs/seven EUs *						
Pre-TAS in four HDs/four EU *						
<b>Supervision for Monitoring and Evaluations DSAs</b>						
Supervision of TSS in four HDs/eight EUs						
Supervision of TIS in 1 HD/1 EU *						
Supervision of TSS in six HDs/seven EUs *						
Supervision of Pre-TAS in four HDs/four EU *						
<b>Integration and HSS activities</b>						
Meetings of the NTD Steering Committee (two times)						
PC-NTD technical working group quarterly meetings (four meetings)						
Support/Training of the Guinean network of parliamentarians for NTD control						
<b>Dossier Development</b>						
Elaboration of the trachoma elimination dossier in Kindia (CY20)						

\* = Will not take place in FY20 due to restrictions and/or delays related to COVID-19.

## MAPS

### Lymphatic Filariasis

Guinea | April 2020

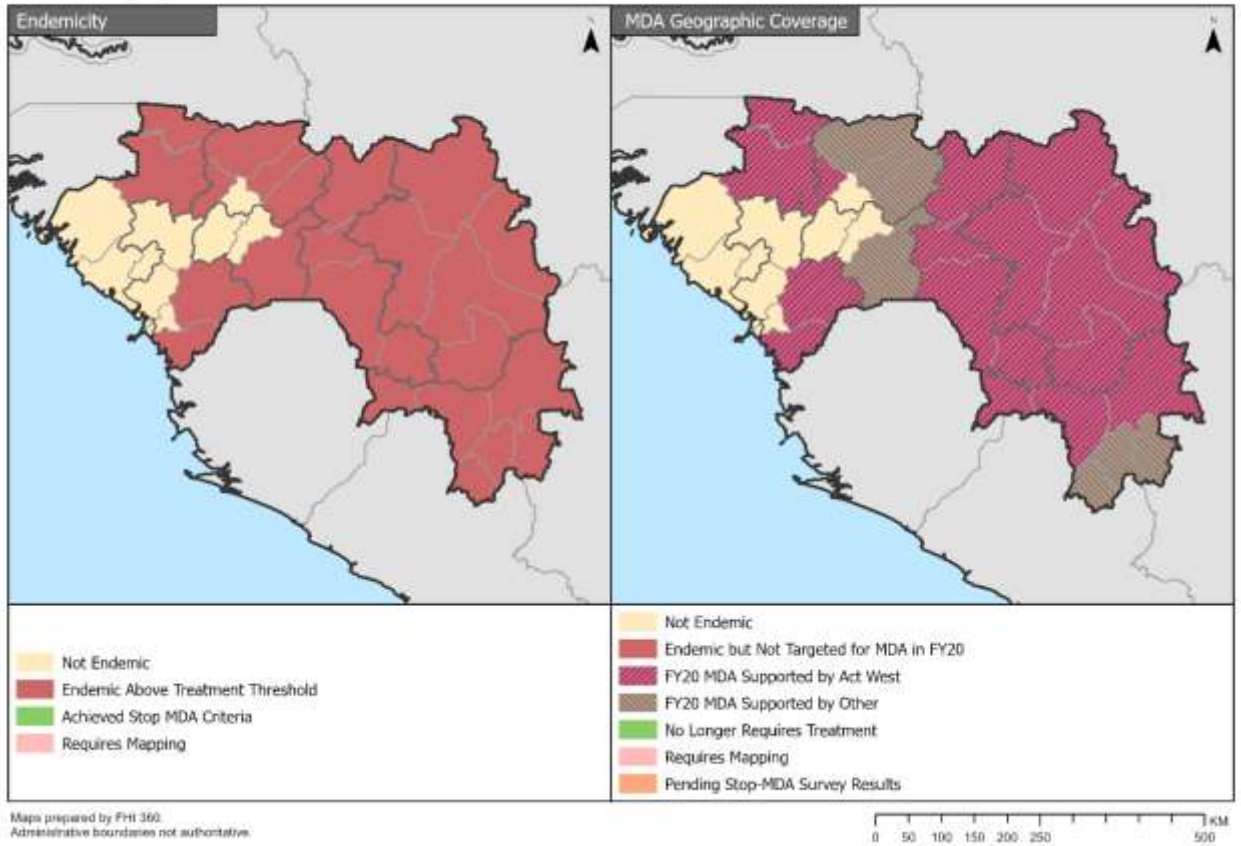


Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

0 50 100 150 200 250 300 350 400 450 500 KM

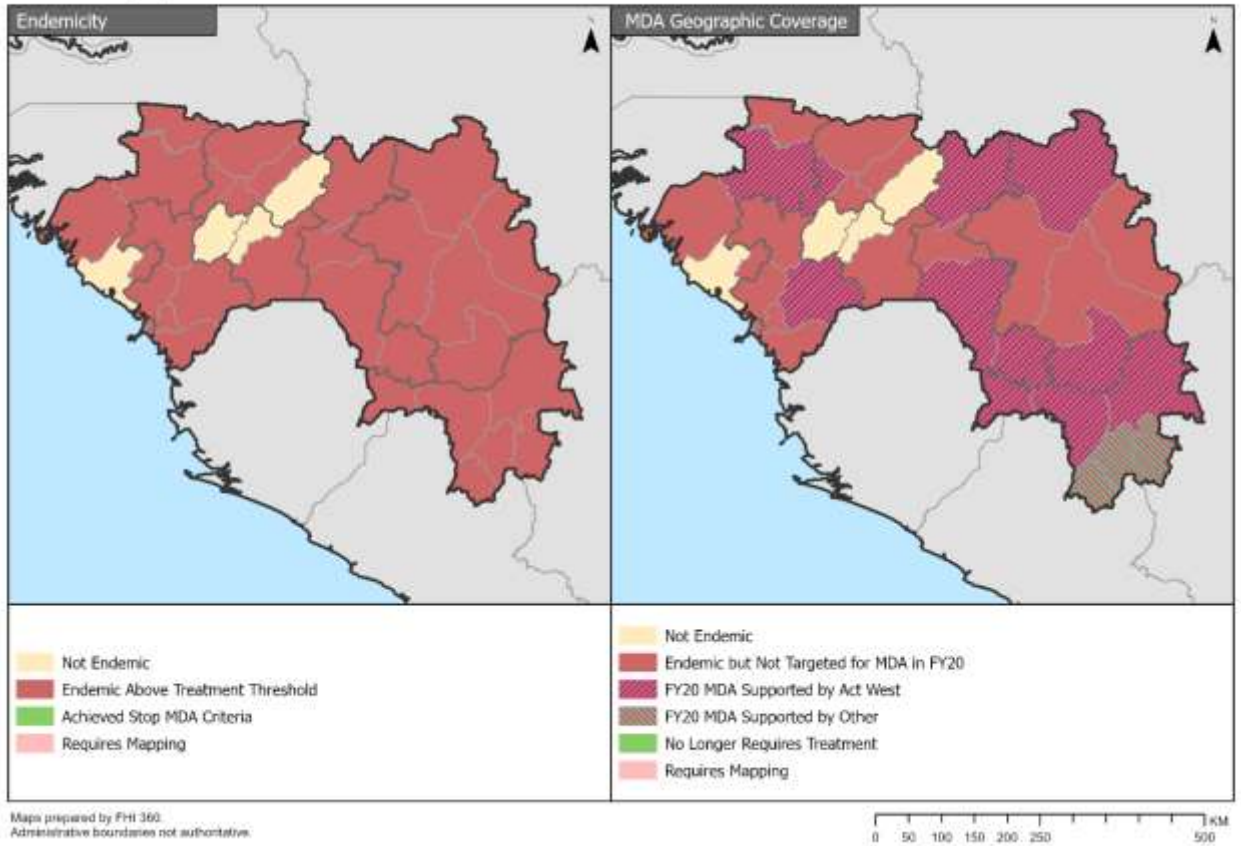
# Onchocerciasis

## Guinea | April 2020



# Schistosomiasis

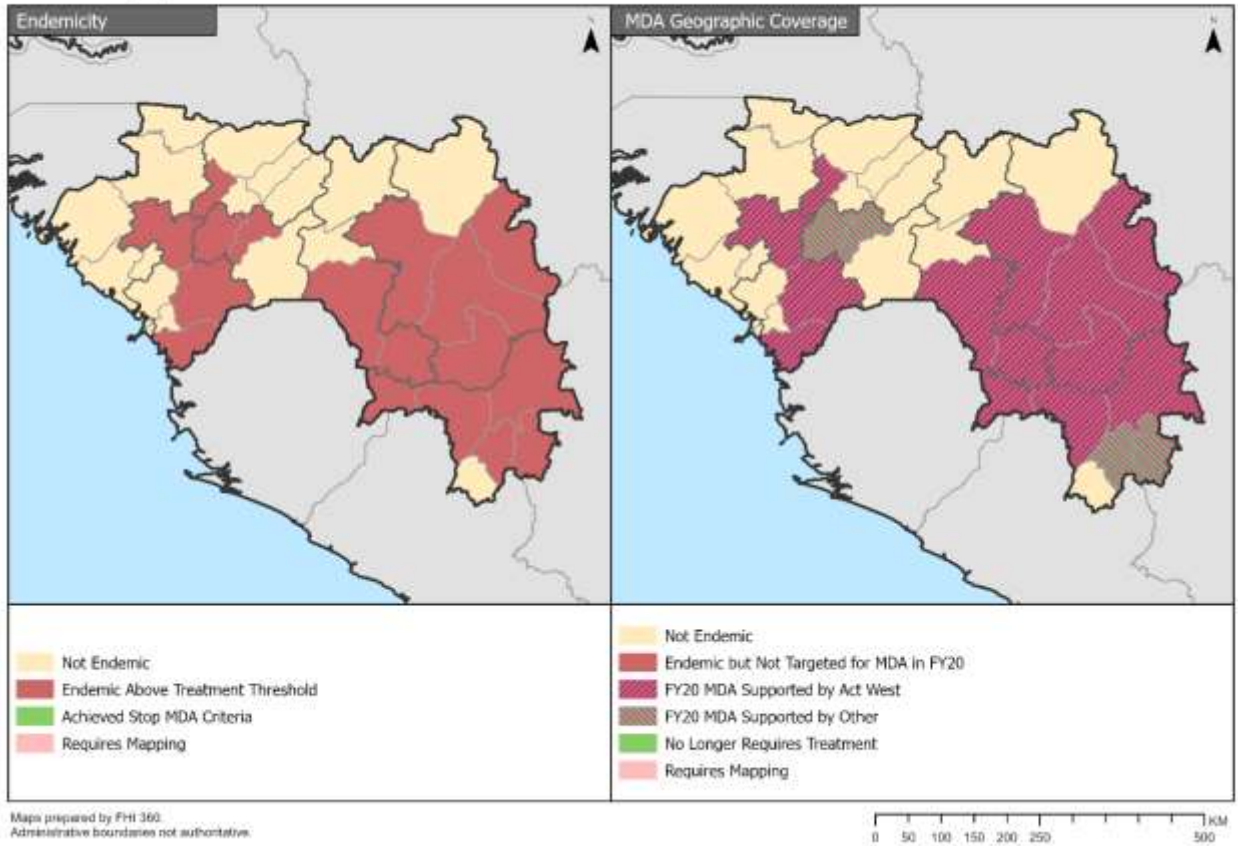
Guinea | April 2020





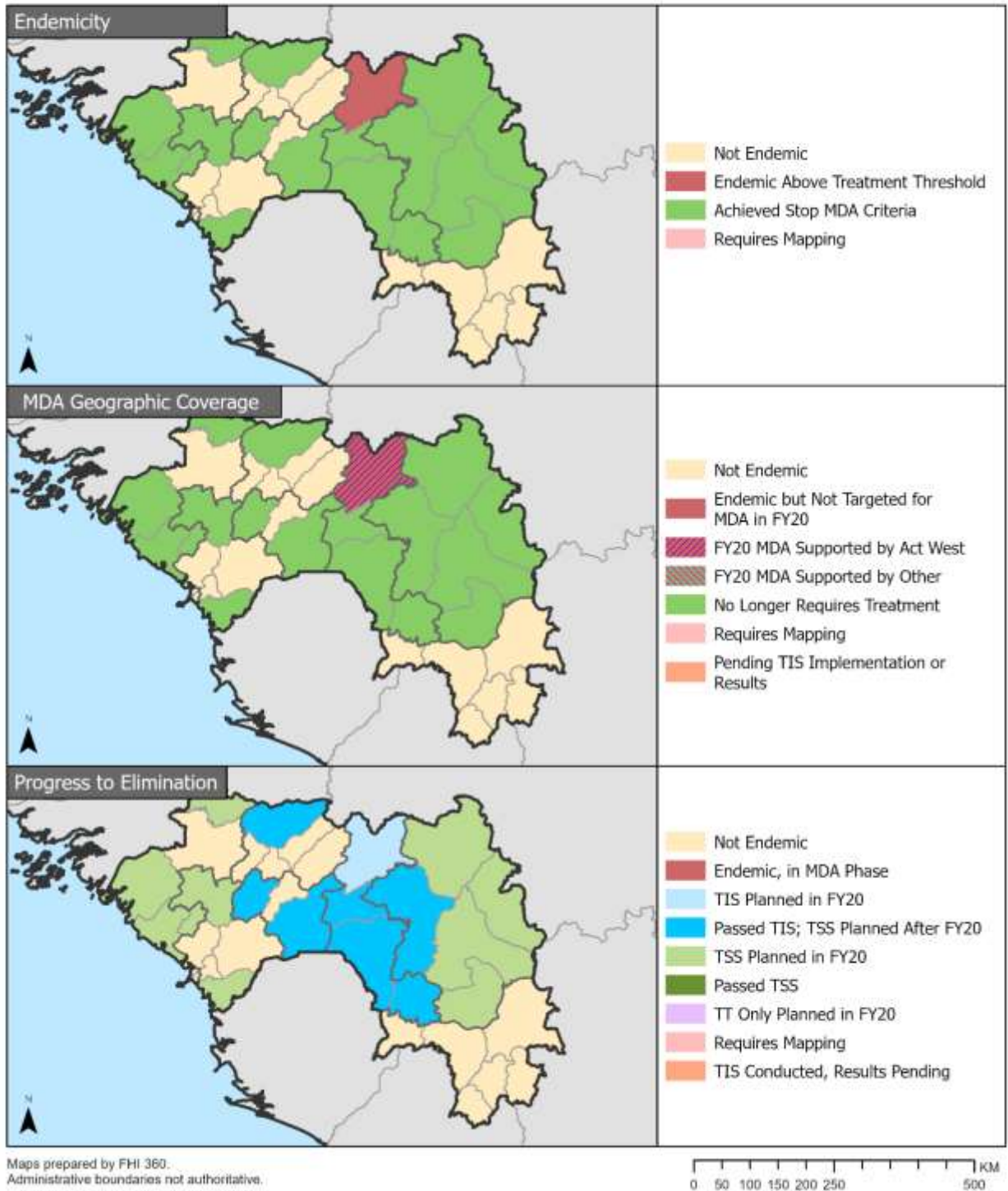
## Soil-Transmitted Helminths

### Guinea | April 2020



# Trachoma

## Guinea | April 2020







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Act to End NTDS | West FY20 Semi-Annual Report (SAR): October 1, 2019–March 31, 2020



# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**MALI**

# TABLE OF CONTENTS

LIST OF TABLES .....	238
ACRONYMS AND ABBREVIATIONS.....	239
EXECUTIVE SUMMARY.....	241
PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....	242
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	242
<i>Strategic planning</i> .....	242
<i>Monitoring, Evaluation and Learning</i> .....	245
<i>Supervision for monitoring and evaluation (M&amp;E) and Disease Specific Assessments (DSAs)</i> .....	245
<i>Dossier development</i> .....	245
<i>Short-term technical assistance (STTA)</i> .....	246
IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	246
<i>Data security and management</i> .....	246
MAINSTREAMING AND HSS ACTIVITIES.....	247
<i>Dissemination of landscape analysis findings and validation workshop</i> .....	247
<i>SCH, STH, post-validation/verification surveillance</i> .....	247
<i>Cross-sector coordination and integration with existing platforms</i> .....	247
SUCCESS STORIES AND BEST PRACTICES.....	248
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	248
<i>COVID-19 in Mali</i> .....	248
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	250
MAPS.....	252

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2019 .....	243
TABLE 2: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020 .....	244
TABLE 3: CHALLENGES/RESOLUTIONS.....	249

## ACRONYMS AND ABBREVIATIONS

<b>AE</b>	<b>Adverse Event</b>
<b>ALB</b>	Albendazole
<b>ASACO</b>	Community Health Association
<b>CAP</b>	Centre d'attitude professionnelle (Center of Professional Attitude)
<b>CD</b>	Country Director
<b>CDD</b>	Community Drug Distributor
<b>CDTI</b>	Community-Directed Treatment with Ivermectin
<b>CHW</b>	Community Health Worker
<b>CNHF</b>	Conrad N. Hilton Foundation
<b>CNIECS</b>	<i>Centre National d'Information, d'Education et Communication pour la Santé</i> (National Center for Health Information, Education, and Communication)
<b>CSCOM</b>	<i>Centre de Santé Communautaire</i> (Community Health Center)
<b>CSREF</b>	<i>Centre de Santé de Référence</i> (Referral Health Center)
<b>CTC</b>	Technical Coordination Committee
<b>CY</b>	Calendar Year
<b>DGSHP</b>	General Directorate of Health and Public Hygiene
<b>DNS</b>	<i>Direction Nationale de la Santé</i> (National Health Directorate)
<b>DPLM</b>	<i>Division de la Prévention et de la Lutte Contre la Maladie</i> (Division of Disease Prevention and Control)
<b>DRS</b>	<i>Direction Régionale de la Santé</i> (Regional Health Directorate)
<b>DSA</b>	Disease Specific Assessment
<b>DTC</b>	<i>Directeur Technique du Centre</i> (Technical Director of the Health Center)
<b>END Fund</b>	End Neglected Tropical Diseases Fund
<b>EU</b>	Evaluation Unit
<b>FELASCOM</b>	<i>Fédération Locale de l'Association de Santé Communautaire</i> (Local Federation of Community Health Associations)
<b>FERASCOM</b>	<i>Fédération Regionale de l'Association de Santé Communautaire</i> (Regional Federation of Community Health Associations)
<b>FTS</b>	Filariasis Test Strip
<b>FY</b>	Fiscal Year
<b>HD</b>	Health District
<b>HIS</b>	Health Information System
<b>HQ</b>	Headquarters
<b>ICT</b>	Immunochromatographic Test
<b>INDB</b>	Integrated NTD Database
<b>INRSP</b>	<i>Institut National de Recherche en Santé Publique</i> (National Institute of Research and Public Health)
<b>IRS</b>	Intermediate Result–Sustainability
<b>IVM</b>	Ivermectin
<b>JRSM</b>	Joint Request for Selected PC Medicines
<b>LF</b>	Lymphatic Filariasis
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCD</b>	<i>Médecin-Chef de District</i> (Health District Chief Medical Officer)
<b>MDA</b>	Mass Drug Administration
<b>MOH</b>	Ministry of Health
<b>MRTC</b>	Malaria Research and Training Center
<b>MSHP</b>	<i>Ministère de la Santé et de l'Hygiène Publique</i> (Ministry of Health and Public Hygiene)
<b>NTD</b>	Neglected Tropical Disease
<b>NTDP</b>	National NTD Program
<b>OMVS</b>	<i>Organisation pour la Mise en Valeur du Fleuve Sénégal</i> (Organization for the Development of the Senegal River)
<b>ORTM</b>	<i>l'Office de Radio diffusion Télévision du Mali</i> (Office of Radio and Television of Mali)
<b>OV</b>	Onchocerciasis

<b>PC</b>	Preventive chemotherapy
<b>PNEFL</b>	<i>Le Programme National d'Élimination de la Filariose Lymphatique ou Éléphantiasis</i> (National Lymphatic Filariasis Elimination Program)
<b>PNLO</b>	<i>Programme National de Lutte Contre l'Onchocercose</i> (National Onchocerciasis Control Program)
<b>PNLSH</b>	<i>Programme National de Lutte Contre de La Schistosomiase/Geo Helminthes</i> (National Schistosomiasis/STH Control Program)
<b>PNSO</b>	<i>Programme National de Soins Oculaire</i> (National Program for Eye Health)
<b>PPMTNS</b>	<i>Projet de lutte contre le paludisme et les MTN au Sahel</i> (Project to Fight Malaria and NTDS in the Sahel)
<b>PZQ</b>	Praziquantel
<b>SAC</b>	School-Age Children
<b>SAFE</b>	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
<b>SDPLM</b>	Sub-Directorate for Disease Prevention and Control
<b>SCH</b>	Schistosomiasis
<b>SCI</b>	Schistosomiasis Control Initiative
<b>STH</b>	Soil-Transmitted Helminths
<b>TA</b>	Technical Assistance
<b>TAS</b>	Transmission Assessment Survey
<b>TEO</b>	Tetracycline Eye Ointment
<b>TF</b>	Trachomatous Inflammation—Follicular (Active Trachoma)
<b>TIS</b>	Trachoma Impact Survey
<b>TRA</b>	Trachoma
<b>TSS</b>	Trachoma Surveillance Survey
<b>TT</b>	Trachomatous Trichiasis
<b>SDPFIS</b>	Sub-Directorate of Health Planning, Training and Health Information
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization
<b>PNSO</b>	Eye Care National Program
<b>PNLSH</b>	Schisto and Soil Transmitted Helminth National Program
<b>PNELF</b>	National LF Program
<b>PNLO</b>	National Oncho Program
<b>THA</b>	Human African Trypanosomiasis
<b>PNLL</b>	Leprosy National Program
<b>PNEVG</b>	Guinea Worm National Program

## EXECUTIVE SUMMARY

In Mali, USAID's Act to End Neglected Tropical Diseases (NTDs) | West (Act | West) program is implemented by Helen Keller International and World Vision (WV) for the health system strengthening (HSS) component. In addition to Helen Keller, other partners such as Sightsavers, Population Services International (PSI), and the World Bank (WB) provide technical and financial assistance to the Ministry of Health and Social Affairs (MOH) in efforts towards the control and elimination of NTDs. The MOH is responsible for the implementation of NTD control and elimination activities. The Ministry has a General Directorate of Health and Public Hygiene (DGSHP), 11 Regional Health Directorates (DRS), and 75 health districts (HD). At the DGSHP level, there are four programs covering the five preventive-chemotherapy (PC) NTDS: the National Lymphatic Filariasis Elimination Program (PNEFL), National Onchocerciasis Control Program (PNLO), National Schistosomiasis and Soil-Transmitted Helminths Control Program (PNLSH), and National Program for Eye Health (PNSO).

This reporting period covers program activities carried out during quarters one and two of fiscal year 2020 (FY20) (October 1, 2019 to March 30, 2020). During this period, Helen Keller–Mali along with Act to End NTDS | West support took part in strategic planning meetings including a meeting of the NTD Technical Coordination Committee (CTC) and a national data review meeting to review FY19 MDA data. Helen Keller–Mali also conducted a workshop to finalize NTD indicators for DHIS2 and participated in a lymphatic filariasis (LF) transmission assessment survey (TAS) workshop in Abidjan, Cote D'Ivoire organized by FHI 360. A dissemination workshop to review and validate the results of the cross-sector situational analysis was also held during the reporting period with Act | West support and technical support from World Vision Mali, Helen Keller–Mali, World Vision HQ, and Deloitte.

Preparations for the TAS 1 in 15 HDs and TAS 3 in 14 HDs are underway, and protocols for both surveys have been submitted to FHI 360 for review. However, delays in the arrival of filariasis test strips (FTS) in country have led to delays in the implementation of TAS during this reporting period. Mali also experienced delays in the arrival of PZQ drugs during this reporting period. Drugs originally expected in country in March 2020 are pending delivery, and the Act | West-supported MDA in 35 HDs for schistosomiasis (SCH) and 5 HDs for soil-transmitted helminths (STH) is postponed until June 2020.

The recent COVID-19 pandemic has impacted the implementation of Act | West activities in Mali. As of April 15, Mali has 148 confirmed cases of COVID-19. The government has implemented the below mitigation measures to prevent spread of the virus:

- Restrictions on public gatherings of 50 or more people
- All workshops and symposia are prohibited, and schools and universities are closed
- Land and air borders are closed, and access is severely restricted for cargo ships

All Helen Keller–Mali staff are currently working from home, and all Act | West supported field activities have been postponed until the month of June 2020 (estimated). The TAS surveys and MDA (which will be door-to-door and in health facilities) are planned to start in June 2020 pending the evolution of COVID-19 in Mali.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### Strategic planning

During the reporting period, Act | West supported the below strategic planning meetings and activities:

#### *National Data Review Workshop (FY 2019)*

The FY19 Act | West-supported MDA for SCH in 14 HDs began in September 2019, with final activities concluding in October 2019. Helen Keller–Mali attended the national data review workshop for FY19 NTD activities from October 23–24, 2019, during the reporting period with Act | West support. The aim of this workshop was to validate the results of the 2019 activities for the control and elimination of preventive chemotherapy NTDs. Workshop participants included national program representatives, WHO, technical and financial partners (Helen Keller, Sightsavers, the World Bank, World Vision, Population Services International, and The Carter Center), research institutes, regional health directorates, and NTD focal points. A review, correction, and analysis of the FY19 MDA data from the different regions was conducted during the meeting. Results from this analysis showed that all Act | West-supported districts achieved effective SCH MDA coverage (75% epidemiological and 80% programmatic coverage rates). The results of OV MDA, with funding from other partners, was also reviewed. FY19 survey data was also reviewed, and results showed that all targeted districts passed their impact and surveillance assessments in FY 2019. MDA and survey results are further detailed in the Monitoring & Evaluation (M&E) section below.

#### *Technical Coordination Committee (CTC) Meeting*

On December 5, Helen Keller–Mali participated in the CTC meeting at the DGSHP. Participants included MOH staff, Helen Keller, Sightsavers, and PSI. During the meeting, participants reviewed drug management procedures in Mali including how to improve the reverse logistics process of MDA drugs after the MDA campaigns. For the FY20 MDA, participants recommended that the DGSHP send updated guidance on reverse logistics to all regional directors prior to the MDA to ensure that all regions follow the same procedure.

#### *Completion of the Environmental Mitigation and Monitoring Report (EMMR)*

During the reporting period, Helen Keller–Mali, in coordination with the MOH, completed the FY19 EMMR report, which detailed the country's overall biomedical waste management system. The report was submitted to FHI 360 on November 1, 2019.

#### *NTD Secretariat*

During the reporting period, Act | West supported the transportation (taxi, fuel) and communication (telephone, internet) costs for national coordinators of the four NTD control programs (PNEFL, PNLO, PNLSH, PNSO) and the PNLMTN pharmacist responsible for the management of NTD drugs.

#### *Building advocacy for a sustainable national NTD program*

Not applicable, no activities were planned during the reporting period.

*Mapping*

Not applicable, no activities were planned during the reporting period.

*MDA coverage*

During the reporting period, Mali completed the remaining FY19 SCH MDA activities (targeting school-age children), particularly the MDA in 2 HDs in Bamako region and the National MDA data review meeting. The FY19 MDA campaign was conducted during the rainy season and the closing of school for the summer, which made it more difficult to reach targeted children (5–14 years of age). As a result, Helen Keller–Mali, other NTD partners, and the MOH emphasized enhanced communication and MDA supervision necessary to meet the programmatic coverage rates required. During the MDA campaigns, community drug distributors (CDDs) developed strategies to find the target population such as a door-to-door strategy and going to households during periods when children are most likely to be at home (i.e., in the morning before they go to work in the fields, and in the evening after they return from the fields). These strategies resulted in effective coverage during the MDA, despite the challenges mentioned above.

In the Bamako region, a total of 32 MOH supervisors, 90 health center managers, and 860 CDDs were trained in the 2 HDs (urban communes) funded by Act | West. District and regional level MDA data review meetings were held on October 11 and 16 for the SCH MDA in Bamako region. **A total of 538,243 PZQ tablets were distributed to 282,211 school-aged children out of 275,343 targeted, for a program coverage rate of 100.54%.** This high coverage rate was due to the emphasis placed on supervision, engagement of the authorities of these two HDs, and the implementation of the door-to-door strategy mentioned above.

As the FY19 National MDA data review was also conducted during this reporting period, the below table details coverage results for the FY19 MDA. Overall, an average of 96.38% programmatic coverage rates were achieved in the 14 HDs.

**Table 28: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2019**

NTD	# Rounds of annual distribution	Treatment target (FY 2019) # Districts	# District with insufficient epi coverage in FY 2019	# District with insufficient program coverage in FY 2019	Treatment targets (FY 2019) # PERSONS	# persons treated (FY 2019)	Percentage of treatment target met (FY 2019) PERSONS
LF	N/A						
OV	N/A						
SCH	1	14	0	0	1,914,213	1,844,947	96.4%
STH	N/A						
TRA	N/A						



Due to delays in the arrival of PZQ drugs in Mali, the FY20 MDA for treatment of SCH and STH in 35 and 5 HDs respectively is planned for June 2020 after the end of Ramadan and an analysis of how the COVID-19 pandemic has evolved in Mali.

**Table 29: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY 2020) # Districts	# District with insufficient epi coverage in FY 2020	# District with insufficient program coverage in FY 2020	Treatment targets (FY 2020) # PERSONS	# persons treated (FY 2020)	Percentage of treatment target met (FY 2020) PERSONS
LF	N/A						
OV	N/A						
SCH	1	35			3,314,738		
STH	1	5			477,913		
TRA	N/A						

As part of the FY20 Joint Request for Selected PC Medicines (JRSM), Mali submitted to the WHO (September 2019) a request for 8,339,047 PZQ pills, an amount based on treating for SCH by HD level as per the FY20 workplan. During this reporting period, Helen Keller–Mali noted that a purchase order of only 4.42 million praziquantel pills was issued by the WHO for the upcoming FY20 MDA and proceeded to coordinate with the WHO HQ office, the WHO regional office in Mali, and the PNLSH to resolve this discrepancy (further details outlined in the drug management section). The WHO has since confirmed that Mali will not be receiving an additional amount of PZQ drugs in FY 2020, therefore Helen Keller–Mali and the PNLSH will conduct an analysis of which HDs can be prioritized for treatment of SCH, given the amount of PZQ pills expected in country. The results of the analysis will be shared with FHI 360 and USAID for feedback in April 2020. In preparation for the MDA, Helen Keller has submitted all FAAs to FHI 360, and all FAAs are now approved.

#### *Social mobilization to enable PC-NTD program activities*

No social mobilization activities were carried out during the reporting period as social mobilization activities for the FY19 MDA all took place in September 2019. Social mobilization activities are planned in June 2020, along with the FY20 MDA campaign. These activities include the production of awareness messages, communication tools and the organization of the national MDA campaign launch and regional launches. The FAAs related to these activities have been approved.

#### *Training*

No training activities were carried out during the reporting period. Training activities are planned in June 2020 along with the MDA campaign. These activities include a training of trainers at the regional level in two regions (Kayes and Ségou) and in the district of Bamako, a training of health center managers at the HD level, and a training of community drug distributors (CDDs) by health center managers in the districts targeted for MDA with Act | West support. The FAAs related to these activities have been approved.

The training of NTD program and research institution staff on the use of FTS and electronic data capture (EDC) during TAS surveys was planned in April 2020 but will now be conducted in June 2020 along with the FY20 TAS activities.

#### *Supervision for MDA*

During the reporting period, Helen Keller–Mali supervised the PZQ MDA in 2 HDs (Commune IV and Commune V) in Bamako region with Act | West support. The campaign began at the end of September 2019 and continued into early October, benefiting from the beginning of the school year to reach the targeted school aged children. The supervision of MDA in these 2 HDs was conducted by 32 MOH supervisors and Helen Keller–Mali staff. An emphasis on quality supervision was essential in reaching effective coverage in these 2 HDs. Helen Keller–Mali also supervised the FY19 MDA data review meetings at the district and regional level in Bamako region held on October 11 and 16 and the national data review workshop for FY19 NTD activities on October 23–24, 2019.

No other supervision of MDA activities was conducted during the reporting period, as the FY20 MDA is now planned in June.

#### **Monitoring, Evaluation and Learning**

##### *LF TAS Workshop in Abidjan, Cote D'Ivoire*

During the reporting period, Act | West supported the participation of Dr. Modibo Keita, Helen Keller–Mali NTD Program Coordinator, and Dr. Massitan Dembele, PNEFL Coordinator at the LF TAS Workshop in Abidjan, Cote d'Ivoire from January 14–16, 2020. The workshop brought together FHI 360, Helen Keller, WHO AFRO/ESPEN, USAID, CDC Atlanta, and the Act | East and Act | West country programs to review best practices for LF TAS implementation and strengthen the skills of the national program teams to implement high quality LF surveys. The workshop objective was to enable National Programs in USAID-supported countries to implement high-quality TAS and to respond to failures in LF-related disease specific assessments (DSA). Recommendations of the workshop were to continue holding stakeholder strengthening workshops, update the WHO Transmission Assessment Survey Manual for National Elimination Programs, and make all TAS evaluation tools available for all users.

##### *Protocols for TAS 1 IN 15 HDs and TAS 3 in 14 HDs*

During the reporting period, Helen Keller–Mali supported the PNEFL in developing the protocols for the FY20 Act | West-supported TAS 1 and TAS 3. The TAS 1 was originally planned in FY19 with World Bank support but the World Bank was unable to continue this financial support, and the surveys were included in the Act | West FY20 workplan.

The protocol for TAS 3 is now final after review from Helen Keller–HQ and FHI 360, and the protocol for TAS 1 is will be shared with FHI 360 soon. As mentioned, the FY20 TAS 1 in 15 HDs and TAS 3 in 14 HDs is postponed to June 2020. The FTS for the upcoming surveys arrived in Mali in February 2020.

#### **Supervision for monitoring and evaluation (M&E) and Disease Specific Assessments (DSAs)**

No supervision for M&E and DSAs conducted during the reporting period.

#### **Dossier development**

No dossier development activities were conducted during the reporting period. The LF elimination dossier development is planned for June 2020. The trachoma elimination dossier development is funded by the Conrad N. Hilton Foundation in Mali through Helen Keller, The Carter Center, and Sightsavers. A

national consultant was hired to complete the elimination dossier with Hilton Foundation funding, and dossier submission is expected by the end of 2020.

### **Short-term technical assistance (STTA)**

No STTA activities conducted during the reporting period. Helen Keller will hire a consultant to support the development of the LF elimination dossier in June 2020.

## **IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL**

### **Data security and management**

#### *Workshop to Finalize NTD Indicators on DHIS2*

The Act | West program supported a workshop to finalize NTD indicators in DHIS2 held February 25–29th. The workshop was facilitated by a representative of the Planning and Statistics Units (CPFIS) division of the MOH's Information Systems with participation from Helen Keller–Mali. Participants included staff from the DGSHP, the MEASURE Evaluation program, the national NTD programs (PNSO, PNLSH, PNEFL, PNLO) and other technical partners. During the workshop, participants reviewed and updated NTD data recording forms, programmed the forms into DHIS2, and added NTD indicators into the DHIS2 platform.

Participants also discussed other topics regarding DHIS2 such as the feasibility of using the platform for EDC during surveys. As a result of discussions, the PNEFL has decided to use the DHIS2 Android platform for the upcoming FY20 TAS surveys in Mali. Helen Keller–Mali will provide TA to the PNEFL to develop the appropriate data collection forms for the surveys on this platform.

#### *Drug management*

During the reporting period, Act | West supported reverse logistics activities for the FY19 MDA drugs from December 5–7, 2019, in the Act | West-supported regions of Ségou and Mopti. A total of 22,200 ALB tablets were recovered from Mopti region and 64,000 PZQ tablets from Ségou region. A total of 1,246,000 IVM tablets were also recovered from Kayes, Koulikoro, Sikasso, and Gao regions with funding from other partners. The MDA drugs will be stored at the national warehouse in Bamako to be used for the FY20 MDAs.

Helen Keller–Mali also assisted the PNLSH in responding to questions from WHO on the FY20 JRSM order and following up on the status of the PZQ drugs for the FY20 MDA. As mentioned in the MDA coverage section, Mali submitted to WHO a request for 8,339,047 PZQ pills for the FY20 MDA, but they will only be allocated 4.42 million pills in FY20 according to recent communications with WHO.

During this reporting period, Helen Keller–Mali coordinated with the WHO HQ office, the WHO regional office in Mali and the PNLSH to resolve this discrepancy (through a series of emails to WHO and meetings with the PNLSH). As a response to these changes, Helen Keller–Mali and the PNLSH will conduct an analysis of which HDs can be prioritized for treatment of SCH given the amount of PZQ pills expected in country. To avoid further discrepancies or delays in FY 2021, Helen Keller–Mali would like to set up a meeting with WHO-HQ, WHO-regional, FHI 360's Supply Chain Specialist, and the MOH to review the drug ordering process in Mali and review the submitted JRSM form to ensure calculations are correct.

During the reporting period, Helen Keller procured 22,440 FTS for Mali with Act | West support. This stock arrived on February 20, 2020 and is currently awaiting customs clearance.

The table below provides information on the stock of NTD drugs in Mali:

	Drug need for FY 2020	Current stock	Drug request for 2020	
			Requested	Status
<b>Albendazole 400 mg</b>	0	2,285,400	0	The country has not requested albendazole.
<b>Praziquantel</b>	10,400,065	1,528,000	8,339,047	WHO has approved 4,419,000 tablets. A PO has been submitted and drugs will arrive later in the country.
<b>Ivermectin</b>	11,321,000	1,707,000	11,321,000	Drugs received in the national warehouse in March 2020.

## MAINSTREAMING AND HSS ACTIVITIES

Act | West program supported the implementation of Intermediate Result–Sustainability (IRS) activities in Mali, through technical support from World Vision Mali (cross sector component), Helen Keller–Mali, and Deloitte (HSS component).

### Dissemination of landscape analysis findings and validation workshop

From February 24–26, Act West facilitated a dissemination workshop to review and validate the results of the cross-sector situational analysis. The workshop was held by World Vision – Mali with technical support from WV HQ and the FHI 360 regional team. The purpose of the situational analysis was to:

- Identify mechanisms for intersectoral collaboration to ensure the sustainability of interventions in the fight against NTDs;
- Identify barriers and opportunities for intersectoral collaboration;
- Identify existing service delivery platforms; and
- Establish the basis for developing a roadmap for intersectoral coordination.

The final stakeholder situational analysis report will incorporate participants' feedback and comments and will be shared with FHI 360 in April.

### SCH, STH, post-validation/verification surveillance

No post-validation/verification surveillance activities were budgeted during the reporting period. Please refer to the MDA coverage section above for SCH/STH activities conducted during the reporting period.

### Cross-sector coordination and integration with existing platforms

#### *Workshop to develop the roadmap for intersectoral coordination*

Following the validation meeting above, a 3-day workshop to develop the roadmap for intersectoral coordination was planned in March 2020. During the first day, the participants conducted brainstorming sessions focused on components and features of the intersectoral collaboration platform to be developed (governance, the secretariat and the collaboration mechanism of the platform, the different

members of the collaboration platform, the mission of the platform and the different commissions). The group faced challenges moving towards content that required contribution from decision makers (which institution should host the coordination mechanism, which institution should assume the secretary role, the role of office of prime Minister and role of MOH on the creation process, etc.) and decided to postpone the rest of the work to ensure that appropriate decision makers are around the table. The rest of the workshop is postponed to a later date due to COVID-19, although World Vision is looking at virtual options for the workshop.

## SUCCESS STORIES AND BEST PRACTICES

No success stories to report during this period, as MDA and DSA activities have not started.

During the reporting period, Mali encountered challenges regarding the FY20 PZQ drug request as previously mentioned. Though there are delays in the arrival of the drugs and ultimately a lower than expected allocation of PZQ pills for the MDA, Helen Keller–Mali’s proactive actions to resolve the issue can be seen as an example of best practices. This also highlights the close collaboration with the PNLSH to develop a strategy for which HDs will conduct the MDA.

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

### COVID-19 in Mali

Mali experienced its first confirmed COVID-19 cases on March 24, 2020 in the cities of Bamako and Kayes. The first two cases were both from foreign travel—a 49-year-old woman and a 62-year-old man returned from France on March 12 and 16—who appeared asymptomatic on arrival. By April 13, 2020, 123 cases of COVID-19 were confirmed, with some cases involving community spread. Since March 17, public gatherings of 50 or more people, workshops, symposia, schools, and universities have been closed or prohibited. Land and air borders are also closed, or access is severely restricted (authorization of cargo ships). The government of Mali has put in place control and mitigation measures for COVID-19, including epidemiological surveillance. A pandemic response plan has been drawn up along the lines of the Ebola experience. Awareness campaigns on prevention (adoption of life-saving gestures) are conducted on radio and TV and social networks (Twitter, Facebook). A toll-free number (36061), a downloadable application on Google Play (SOS Corona) to provide advice and guidance on life-saving measures, the mapping of care centers, and a COVID-19 monitoring and coordination committee are all in place.

As a result of the COVID-19 pandemic, Act | West field activities such as MDAs and surveys have been postponed to the month of June. In the next months, Helen Keller–Mali will work in close collaboration with the MOH to monitor the COVID-19 situation and determine the appropriate non-field activities that can continue.

**TABLE 30: CHALLENGES/RESOLUTIONS**

5. Challenge encountered	6. Solutions	7. Status 8. (resolved, pending)
PZQ drug order and insufficiency of drugs	Hold a meeting with all stakeholders in FY21 to review the JRSM form and any questions on the delivery process	Pending, PO has been issued for 4.42 million PZQ pills.
Delays in the procurement of FTS	Discuss with FHI 360 to coordinate the FTS procurement for FY 2021	Arrived in the country and pending customs clearance
COVID-19	Continue to review the timeline of activities with the MOH to determine which non-field activities can proceed in a modified strategy.	Pending

## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

FY20 Activity	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
National stakeholders' meeting and NTD annual review						
Technical Coordination Committee meetings and NTD Steering Committee meetings (3 covered by Act   West)						
Regional review meetings - NTD MDA Campaign (Bamako and Segou covered by Act  West)						
FY21 work planning meeting						
<b>NTD Secretariat</b>						
Support transportation for the members of the NTD Secretariat to meetings with partners (either by taxi or by driver/vehicle with related fuel costs) and communications costs (including telephone and internet)						
<b>MDA Coverage</b>						
SCH MDA in 35 districts: Bamako, Gao, Kayes, Koulikoro, Mopti, Segou, Tombouctou regions (integrated with STH MDA (PZQ+ALB) in 5 districts in Koulikoro)						
Printing of MDA reporting forms and registers						
<b>Social Mobilization to Enable NTD Program Activities</b>						
Behavior change communication materials review meeting						
National MDA campaign launch (Act to End NTDS   West will support part of the costs for transportation, refreshments and equipment rentals for the ceremony itself, per diems, and media coverage)						
Regional MDA launch ceremony (Act to End NTDS   West will support media coverage for these events and the organization of the launch ceremonies for Ségou and Bamako)						
MDA sensitization messages broadcast						
<b>Training</b>						
TOT (regional level)						
TOT (HD level)- Act   West will cover transportation costs, per diems, accommodation, office supplies, coffee breaks, and lunch						
Training of CHWs (CSCOM level) - Act   West will cover transportation costs and per diems in Bamako, Mopti, and Segou						
TAS training (Training of NTD program and research institution staff on the use of FTS and electronic data collection during TAS surveys)						
<b>Drug Supply and Commodity Management and Procurement</b>						
2021 JAP submitted to WHO (including technical support to the MSHP coordinators to complete the drug request forms)						
Drug transport from national warehouse to regions TA necessary to conduct physical inventories at the regional level during supervision and feedback and financial support for per diem and fuel to deliver the drugs at the regional level, and the WB provides the trucks)						
Drug transport from regions to distribution points (Bamako, Segou)						
<b>Monitoring and Evaluation</b>						



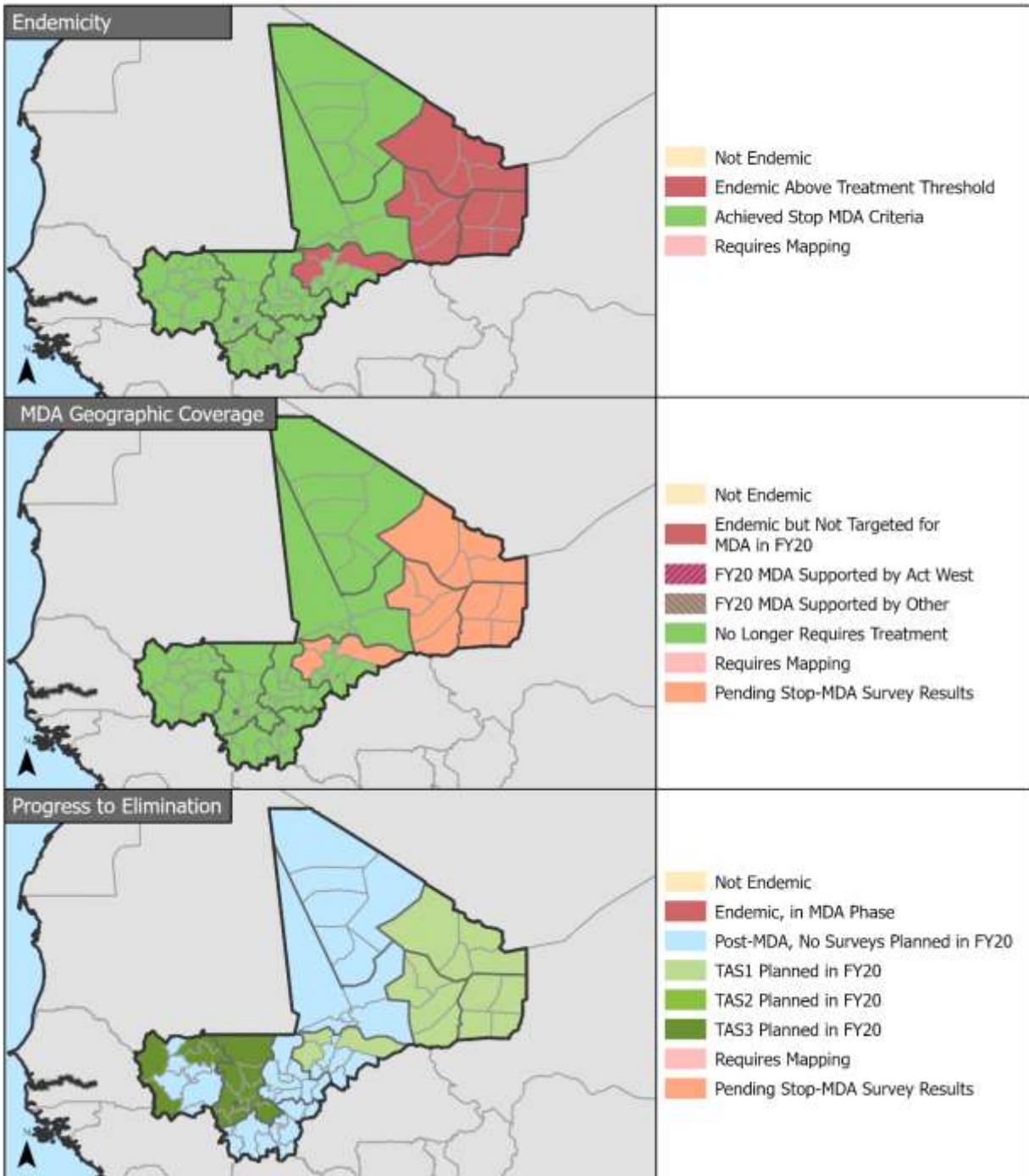
FY20 Activity	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
TAS1						
TAS3						
<b>Supervision for Monitoring and Evaluations DSAs</b>						
Supervision for TAS1						
Supervision for TAS3						
<b>Dossier Development</b>						
LF dossier development workshop						
NTDs Focal point training for DSHI2						
Enter NTD data in database						
<b>Short-Term Technical Assistance</b>						
TIPAC Data Entry						
TIPAC Data analysis						
Sustainability plan development						
NTDs indicators parameter setting workshop						
Strengthen Act-West coordination at country level to facilitate smoothly implementation of IRS activities						

*Planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.*

## MAPS

### Lymphatic Filariasis

Mali | April 2020

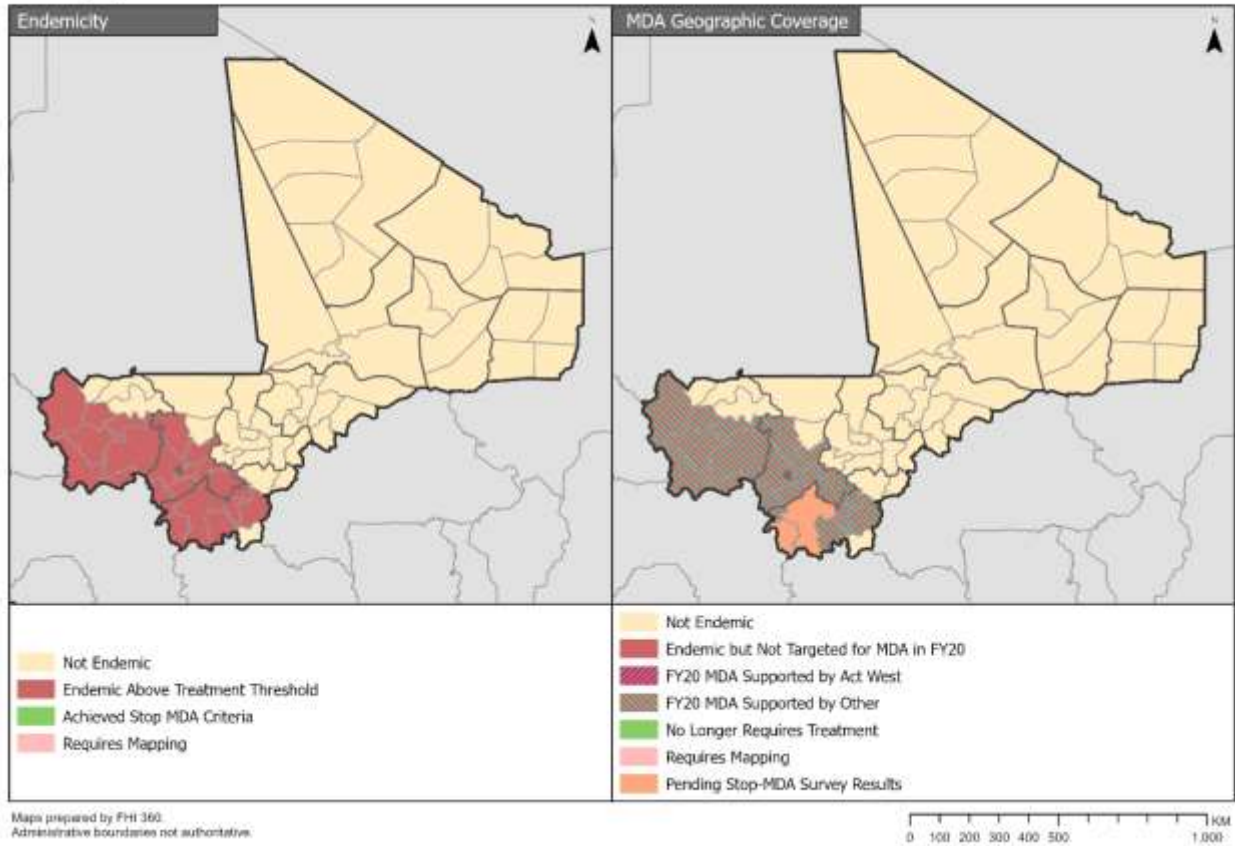


Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

0 150 300 450 600 750 1,500 KM

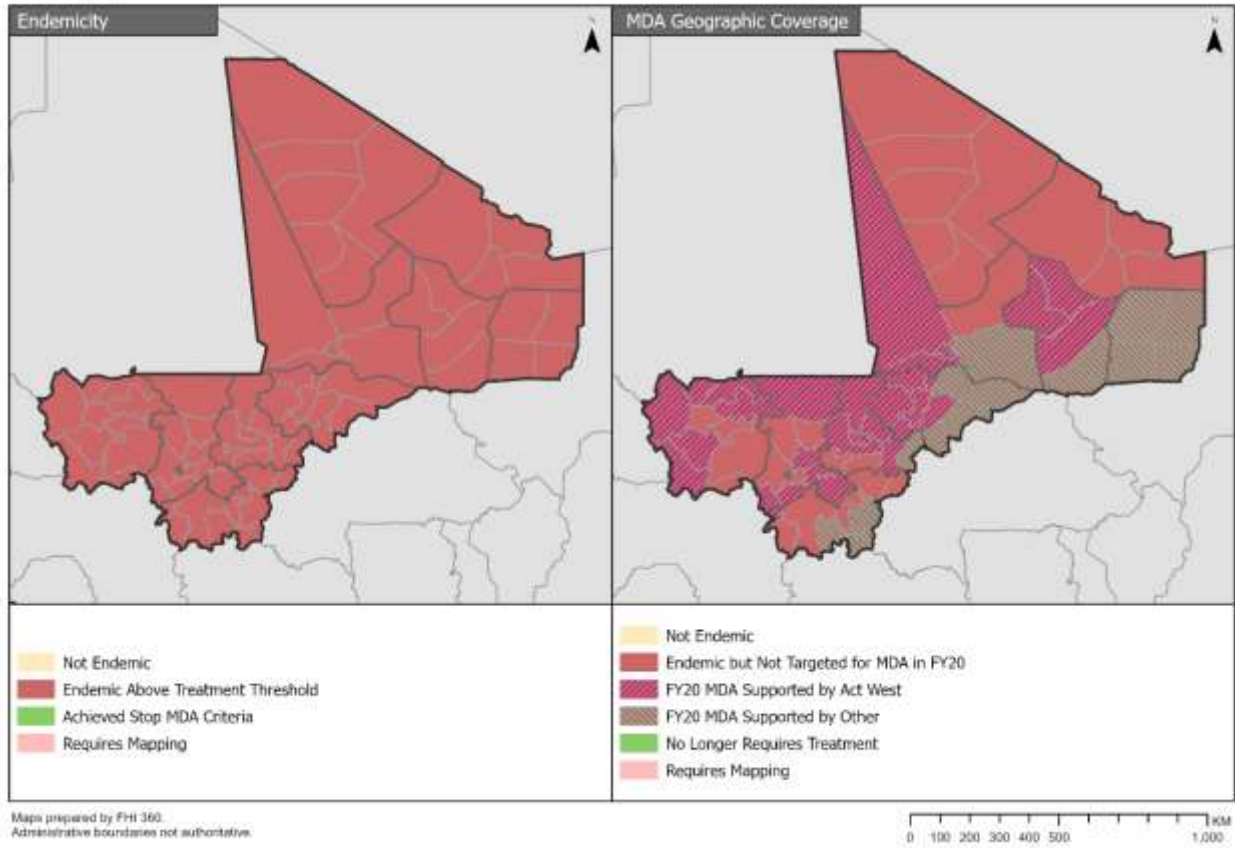
# Onchocerciasis

Mali | April 2020



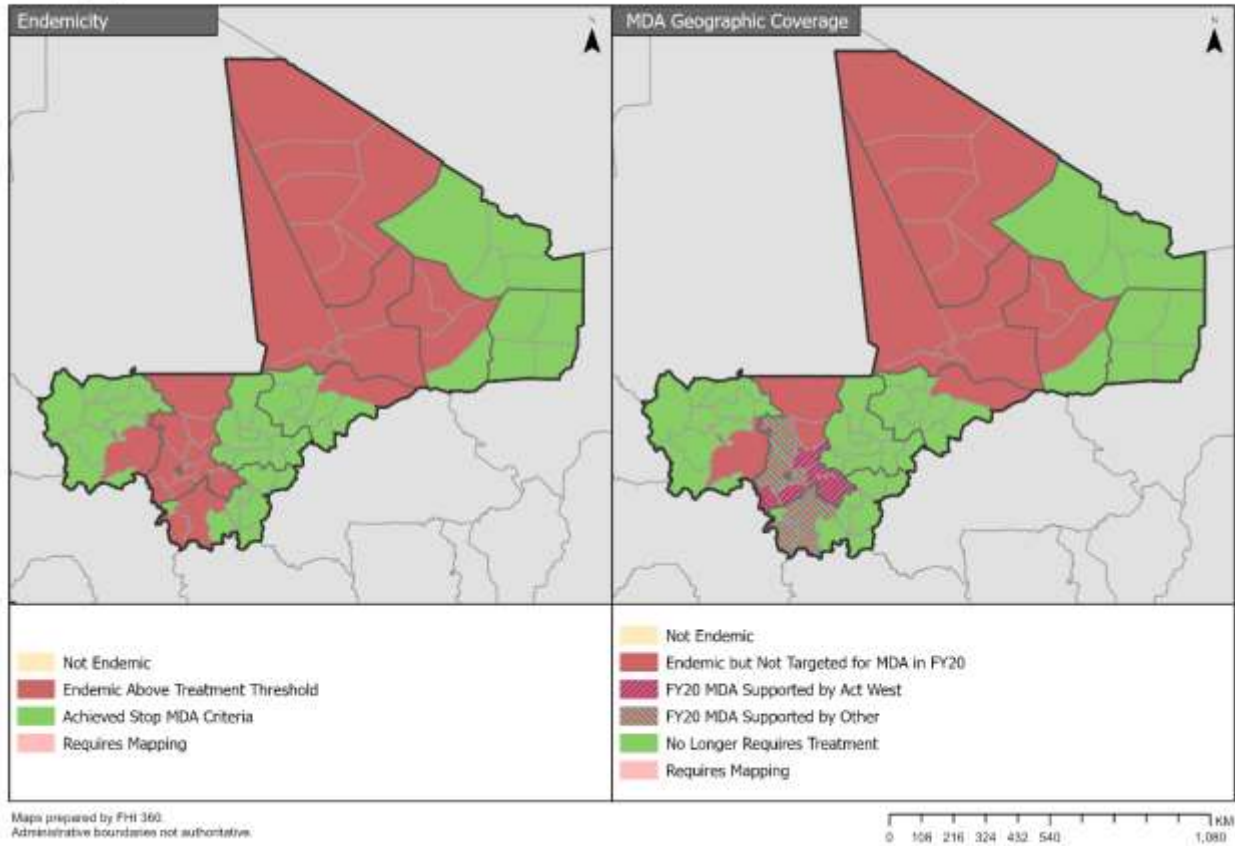
# Schistosomiasis

Mali | April 2020



## Soil-Transmitted Helminths

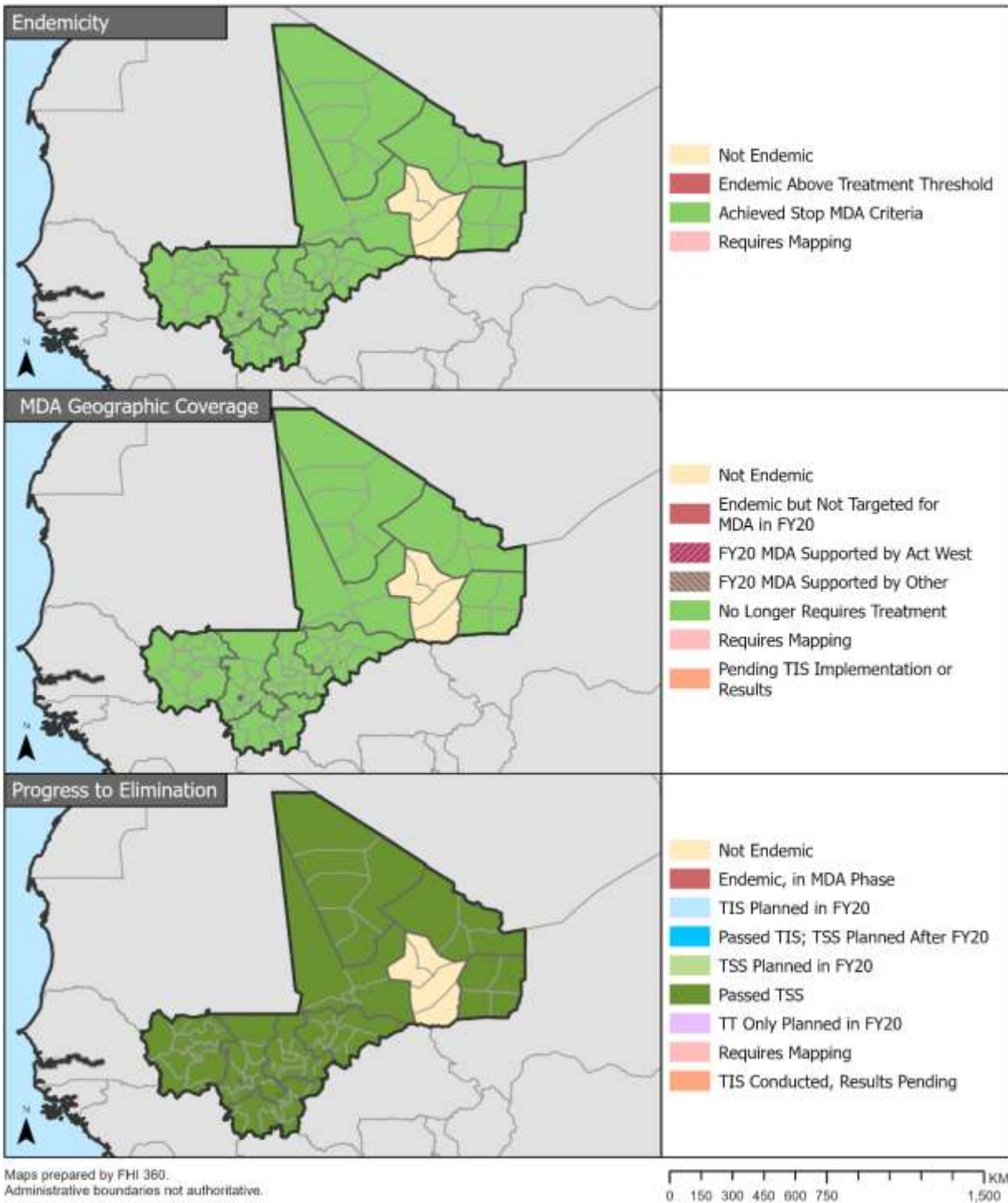
Mali | April 2020





# Trachoma

## Mali | April 2020





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Act to End NTDS | West FY20 Semi-annual Report (SAR): October 1, 2019–March 31, 2020



# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**NIGER**



# TABLE OF CONTENTS

<b>LIST OF TABLES .....</b>	<b>258</b>
<b>ACRONYMS AND ABBREVIATIONS .....</b>	<b>259</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>261</b>
<b>PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....</b>	<b>263</b>
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	263
<i>Strategic Planning .....</i>	<i>263</i>
<i>Implementation Plan Validation Workshop .....</i>	<i>264</i>
<i>NTD Secretariat.....</i>	<i>266</i>
<i>Building Advocacy for a Sustainable National NTD Program.....</i>	<i>266</i>
<i>Mapping .....</i>	<i>266</i>
<i>MDA Coverage .....</i>	<i>266</i>
<i>Social Mobilization to Enable PC-NTD Program Activities .....</i>	<i>268</i>
<i>Training.....</i>	<i>268</i>
<i>Supervision for MDA.....</i>	<i>273</i>
<i>Monitoring, Evaluation and Learning .....</i>	<i>274</i>
<i>Supervision for Monitoring and Evaluation and DSAs .....</i>	<i>276</i>
<i>Dossier Development.....</i>	<i>277</i>
<i>MMDP Situational Analysis.....</i>	<i>277</i>
<i>Short-term technical assistance (STTA) .....</i>	<i>277</i>
IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	278
<i>Data Security and Management .....</i>	<i>278</i>
<i>Drug Management.....</i>	<i>278</i>
MAINSTREAMING AND HSS ACTIVITIES.....	279
<i>Develop NTD Sustainability Plan .....</i>	<i>279</i>
<i>SCH, STH, post-validation/verification surveillance.....</i>	<i>279</i>
<i>Cross-sector Coordination and Integration with Existing Platforms.....</i>	<i>279</i>
SUCCESS STORIES AND BEST PRACTICES.....	279
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	280
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	282
MAPS.....	284

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY2020* .....	268
TABLE 2: CHALLENGES IN SUPPLY CHAIN MANAGEMENT AND CORRECTIVE ACTIONS.....	270
TABLE 3: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019–MARCH 2020) .....	272
TABLE 4 : SCT RESULTS IN IFEROUAN.....	273
TABLE 5: COVERAGE RATES FOR LF IN AGUIE AND TESSAOU .....	274
TABLE 6: SURVEYED COVERAGE FOR TRACHOMA MDA IN TESSAOUA .....	275
TABLE 7: VALIDATED EPIDEMIOLOGICAL COVERAGE IN TESSAOUA .....	275
TABLE 8: SCH AND STH PREVALENCE .....	276
TABLE 9: SHORT-TERM TECHNICAL ASSISTANCE .....	277
TABLE 10: CHALLENGES/RESOLUTIONS .....	280
TABLE 11: FY20 ACTIVITY .....	282

## ACRONYMS AND ABBREVIATIONS

<b>ALB</b>	<b>Albendazole</b>
<b>APOC</b>	African Program for Onchocerciasis Control
<b>BCC</b>	Behavior change communication
<b>CDD</b>	Community drug distributor
<b>CIND</b>	Country Integrated NTD Database
<b>CSI</b>	Center for Integrated Health ( <i>Centre de Santé Intégré</i> in French)
<b>DEP</b>	Directorate of Studies and Programming ( <i>Direction des Etudes et de la Programmation</i> in French)
<b>DPHL</b>	Pharmacy and Laboratory Directorate ( <i>Direction des Pharmacies et Laboratoires</i> in French)
<b>DQA</b>	Data quality assessment
<b>DRSP</b>	Regional Directorate of Public Health ( <i>Direction Régionale de Santé Publique</i> in French)
<b>DSA</b>	Disease Specific Assessment
<b>EPI</b>	Expanded Program on Immunization
<b>EU</b>	Evaluation Unit
<b>FAA</b>	Fixed Amount Award
<b>FTS</b>	Filariasis test strip
<b>HD</b>	Health District
<b>HDP</b>	Health Development Plan
<b>Helen Keller</b>	Helen Keller International
<b>HRA</b>	High-risk adults
<b>HSS</b>	Health system strengthening
<b>ICT</b>	Immunochromatographic test
<b>IEC</b>	Information, education, and communication
<b>INDB</b>	Integrated NTD Database
<b>IVM</b>	Ivermectin
<b>ITI</b>	International Trachoma Initiative
<b>JNM</b>	National Micronutrient Days ( <i>Journées Nationales des Micronutriments</i> in French)
<b>JNV</b>	National Vaccination Days ( <i>Journées Nationales de Vaccination</i> in French)
<b>LANSPEX</b>	National Public Health and Reference Laboratory ( <i>Laboratoire National de Santé Publique et d'Expertise</i> in French)
<b>LF</b>	Lymphatic filariasis
<b>MDA</b>	Mass drug administration
<b>MF</b>	Microfilariae
<b>M&amp;E</b>	Monitoring and evaluation
<b>MoPH</b>	Ministry of Public Health ( <i>Ministère de la Santé Publique</i> in French)
<b>NGO</b>	Non-governmental organization
<b>NTD</b>	Neglected tropical diseases
<b>NTDP</b>	Neglected Tropical Diseases Program
<b>OCP</b>	Onchocerciasis Control Program
<b>ONPPC</b>	National Office of Pharmaceutical and Chemical Products ( <i>Office National des Produits Pharmaceutiques et Chimiques</i> in French)

<b>ORTN</b>	Office of Radio and Television of Niger
<b>OV</b>	Onchocerciasis
<b>PCT</b>	Preventive chemotherapy
<b>PDS</b>	Health Development Plan ( <i>Plan de Développement Sanitaire</i> in French)
<b>PNDO/EFL</b>	National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis ( <i>Programme National de Dévolution de l'Onchocercose et d'Elimination de la Filariose Lymphatique</i> in French)
<b>PNLBG</b>	National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program ( <i>Programme National de Lutte contre la Bilharziose et les Géohelminthes</i> in French)
<b>PNLMTN</b>	National Program for Control of Neglected Tropical Diseases ( <i>Programme National de Lutte contre les MTN</i> in French)
<b>PNSO</b>	National Eye Health Program ( <i>Programme National de Santé Oculaire</i> in French)
<b>Pre-TAS</b>	Pre-transmission assessment survey
<b>PZQ</b>	Praziquantel
<b>QI</b>	Quality improvement
<b>RPRG</b>	Regional Program Review Group
<b>SAE</b>	Serious adverse events
<b>SAFE</b>	Surgery, Antibiotics, Facial Cleanliness and Hygiene, and Environmental Improvements
<b>SCH</b>	Schistosomiasis
<b>SCI</b>	Schistosomiasis Control Initiative
<b>SCT</b>	Supervisor's coverage tool
<b>STH</b>	Soil-transmitted helminths
<b>STTA</b>	Short-term technical assistance
<b>TAS</b>	Transmission assessment survey
<b>TEC</b>	Trachoma Expert Committee
<b>TEO</b>	Tetracycline eye ointment
<b>TF</b>	Trachomatous Inflammation–Follicular
<b>TIPAC</b>	Tool for Integrated Planning and Costing
<b>TIS</b>	Trachoma impact survey
<b>TSS</b>	Trachoma surveillance survey
<b>TT</b>	Trachomatous trichiasis
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water, sanitation, and hygiene
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

USAID’s Act to End Neglected Tropical Diseases (NTDs) | West program is led by FHI 360 and implemented by Helen Keller International (Helen Keller) in Niger. During the reporting period (October 1, 2019–March 31, 2020), many of the fiscal year 2020 (FY20) planned activities were carried out.

In December 2019, Act to End NTDs | West supported a successful mass drug administration (MDA) campaign for lymphatic filariasis (LF) in the Agadez region. The MDA was conducted earlier than initially planned to avoid expiration of ivermectin (IVM). Two health districts (HDs)—Arlit and Ifrouane—were treated, with epidemiological coverage rates of 78.4 percent and 82.8 percent, respectively. These are well above the 65 percent threshold recommended by the World Health Organization (WHO), indicating that both districts will move on to the pre-transmission assessment (pre-TAS) survey in June 2020 after now completing five rounds of effective MDA. Prior to the MDA, Helen Keller directly transported IVM and albendazole (ALB) to the districts and organized advocacy meetings with regional governors and district officials to gain the support of key stakeholders. Act | West supported social mobilization activities to encourage participation in the campaign, including dissemination of radio and television broadcasts in partnership with the Office of Radio and Television of Niger (ORTN), organization of awareness-raising caravans, and messaging through community health workers and town criers. Act | West also supported cascade training for the MDA, integrating training on the supervisor’s coverage tool (SCT), which was implemented for the first time in Niger during this LF campaign. The MDA was supervised by Helen Keller and national NTD program (PNLMTN) staff throughout the entire duration of the campaign. The SCT enabled supervisors to detect areas with low coverage and redeploy teams of community drug distributors (CDDs) and supervisors to those areas, resulting in an increase in MDA coverage rates. Following the positive experience implementing SCT in Agadez, the PNLMTN plans to roll out SCT for the FY20 trachoma MDA. To this end, a second SCT training was organized at national level in March 2020 with support from Helen Keller’s Quality Implementation Lead.

Implementation of the SCT in Niger was a key activity as part of Helen Keller’s overall strategy to improve the quality of MDA and DSA implementation in Niger. Innovative approaches such as the “mobile” drug distribution strategy whereby CDDs traveled by vehicle and/or camel to treat hard-to-reach populations were widely successful in increasing MDA coverage rates during this MDA compared to previous years. This innovative strategy will be replicated in other areas where there is difficult terrain, nomadic populations, and/or insecurity.

Several monitoring and evaluation activities were also carried out during the reporting period. Act | West supported a sentinel site survey for schistosomiasis (SCH) and soil-transmitted helminths (STH). The survey targeted children aged 7–14 from schools in the 17 sentinel sites. Overall SCH prevalence decreased 16.6 percent on average in sentinel sites compared to the 2016 survey (the decrease ranged from 1.6 percent to 78.3 percent), except for five sites where prevalence significantly increased. Overall STH prevalence also decreased compared to the 2016 results at most sites.

A coverage evaluation survey was also conducted for the FY19 LF and trachoma MDA in Tessaoua district and the LF MDA in Aguié district in October 2019. The coverage survey results give confidence in the reported coverages, which were all above the 65 percent threshold.

Regarding strategic planning, Act | West supported several meetings including three NTD coordination meetings and a meeting to validate the FY20 MDA implementation plan. Act | West also supported district and regional level post-MDA review meetings in the Agadez region, where FY20 MDA results were reviewed and best practices and recommendations were made to improve the quality of the next MDA. In late September 2019, a workshop was also held in Niamey to review historical trachoma data by district (MDA coverage, TIS and TSS results) and discuss transition planning and strategies for post-elimination surveillance in Niger.

Within the framework of sustainability (IR/S), Act | West supported an STH transition planning workshop. Helen Keller, World Vision, and FHI 360 also held two meetings with MOH staff to explain the sustainability component of Act | West. Following these meetings, Act | West completed in-country data collection for a joint landscape analysis during which World Vision covered the cross-sector component and FHI 360 covered the health system strengthening (HSS) component. Helen Keller–Niger together with World Vision–Niger facilitated coordination with the MOH to complete the administrative steps to secure appointments within the MOH and with stakeholders from other ministries.

Lastly, the recent COVID-19 pandemic is evolving quickly in the West Africa region and Niger recorded its first COVID-19 cases in mid-March. As of March 31, the country had 27 recorded cases (in Niamey), and the government announced a national state of emergency on March 27 and has put in place the following restrictions:

- Establishment of a curfew in Niamey from 7 p.m. to 6 a.m.

- Sanitary isolation of Niamey (i.e., travel ban to/from Niamey) for a two-week period beginning March 29

- Closure of international airports and land borders, except for the transport of goods

- Ban on all workshops and gatherings of 50 people or more

- Closure of school establishments starting March 20

The above restrictions were recently renewed in April for another two-week period. Due to these restrictions, all NTD activities are currently suspended and Helen Keller Niger staff are working from their homes in self-isolation. For the COVID-19 response, the MOH is emphasizing active case searching and strengthening of COVID-19 tests by creating test centers in the regional capitals and administrative centers. As of April 15, there were over 500 cases of COVID reported in Niger and 14 deaths.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### Strategic Planning

##### *NTD Coordination Meetings*

Five coordination meetings were held during this period, including three funded by Act | West and two by the World Bank and the Schistosomiasis Control Initiative (SCI). Each meeting was organized by the PNLMTN. Participants included the Department of Studies and Programming (DEP); the various NTD program units—including the National Eye Health Program (PNSO), National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis (PNDOEFL), and the National SCH and STH Control Program (PNLBG); the National Office of Pharmaceutical and Chemical Products (ONPPC); the Directorate of Health Statistics (DSS); and partners including Helen Keller, World Bank, The Carter Center, SCI and the WHO, as well as regional actors. Each meeting addressed a specific objective dealing with the preparation or implementation of MDA activities. Key discussions and outcomes are summarized below.

The **first coordination meeting** held November 27, 2019, funded by Act | West, focused on preparations for the LF campaign in the Agadez region, which was organized earlier than initially planned to avoid expiration of IVM. Participants reviewed and agreed upon the detailed implementation timeline and reviewed the new data collection tools (registers and summary sheets) revised by Helen Keller. During this meeting, the PNLMTN informed Helen Keller that the World Bank's Malaria/NTD in the Sahel project had been recently extended to December 2020 and that the World Bank would fund trachoma MDA in five out of the nine districts originally planned under Act | West. Following this decision, Helen Keller revised the FAA budgets accordingly and submitted them to FHI 360 for approval. Helen Keller also set a meeting with the Directorate of Studies and Programming (DEP) to advocate for improved coordination of resources at the level of the MOH, stressing that changes to FAA budgets post-approval of the workplan delay the FAA approval process.

The **second and third meetings**, funded by the World Bank and SCI on December 25, 2019, and January 21, 2020, respectively, involved regional-level participation. The objectives were to share the results of the 2019 campaign and prepare guidelines for the 2020 MDAs, particularly in the World Bank-supported areas, and to report on the results of the Agadez MDA. Helen Keller presented results, new best practices, and lessons learned from the Agadez campaign to the PNLMTN and partners. The MOH has since adopted several best practices to be replicated for the upcoming trachoma campaign, namely the SCT and revised data collection tools. These data collection tools will enable the PNLMTN to collect and share sub-district level MDA results, which has not been done previously.

A **fourth coordination meeting**, supported by Act | West, was held February 25, 2020. Participants included the DEP, ONPPC, DSS, and the Directorate of Pharmacies and Laboratories (DPHL). Its objective was to organize the FY20 campaign. Attendees drafted a campaign activity timeline with specific implementation guidelines and also reviewed cost-share plans by partner. Nine

HDs (four funded by Act | West and five by World Bank) will conduct MDA for trachoma and 38 HDs (funded by SCI) will treat for SCH and/or STH.

A **fifth coordination meeting** funded by Act | West was held March 13, 2020. Participants included the PNLMTN, partners, and representatives from the regions targeted for MDA. The objective was to provide an update on progress in organizing the campaign, present the strengths of the Agadez campaign, and guide the Regional Directorates of Public Health (DRSPs) on the process for conducting the next campaign.

### **Implementation Plan Validation Workshop**

In March 2020, as a prelude to the FY20 MDA campaign, Act | West held a workshop to validate the MDA drug distribution plan. The objective was to validate the plan prepared and presented by each program and to revise the drug management tools to ensure more efficient use. This meeting brought together the program coordination units, the ONPPC, and the DSS; together, they reviewed the major drug distribution challenges and made the following recommendations:

- Designate an official focal point in each NTD drug management program

- Use the 2020 population projections from the National Statistics Institute's 2012 General Population and Housing Census to develop the 2020 MDA implementation plan

- Set up and share the drug packaging and transport plan

- Comply with the contract clauses (delivery by the technicians) and the service hours for drug delivery at the district level

Following the meeting, the drug distribution plan was corrected and sent to the PNLMTN for validation prior to being shared with the ONPPC. As stipulated in the FAA contracts with the ONPPC and PNLMTN, this is an essential step to improve the drug packaging and set-up process before MDA.

### *Annual Post-MDA Review Meetings at District Level*

Following the LF MDA, Act | West provided support for the post-MDA evaluation meeting in the two districts in December 2019. Participants at these district-level meetings included the directors of the integrated health centers (CSI), managers from the education sectors, education and health focal points, and departmental education and health directors, under the supervision of the Regional NTD Focal Points. The MDA results were reviewed and amended. Participants discussed the challenges and lessons learned during this first phase of the FY20 campaign and drafted recommendations to improve future campaigns. The meeting reports were prepared and shared with the PNLMTN.

### *Annual Post-MDA Review Meeting at Regional Level*

Following the district-level evaluation meetings, Act | West supported the post-MDA evaluation meeting in the Agadez region for the LF MDA. The meeting, chaired by the region's governor, brought together all regional NTD actors from the DRSP and the Regional Directorate of Primary Education (DREB), as well as health and education personnel in Arlit and Iférouane districts. It provided a framework for presenting, amending, and validating each district's MDA results. This was also an opportunity to collate and describe the main challenges, strengths, and weaknesses, along with the lessons learned from the campaign, in order to develop recommendations for future campaigns (see MDA Coverage section.)



The annual post-MDA review meeting at the national level will be held following the national campaign and will take into account the results of the LF campaign in Agadez.

### *Regional Microplanning Meetings*

Act | West will support the microplanning meetings in the Agadez, Diffa, Tahoua, and Zinder regions. Similar meetings in the Niamey, Tillabéri, Maradi, and Dosso regions were planned in connection with SCI and the World Bank, where these partners fully support the MDA. These meetings were originally planned for the week of March 23 but have since been delayed due to COVID-19 and the government restriction on all workshops.

### *Workshop to develop a Trachoma Surveillance Plan for Niger (FY19)*

This meeting brought together all stakeholders in the fight against trachoma in Niger (MOH, Ministry of Hydraulics and the Environment, Ministry of National Education, PNLMTN, the PNSO, and other NTD programs (PNDOEFL and PNLBG), ONPPC, DRSPs, and partners including Helen Keller, The Carter Center, USAID, FHI 360, Tropical Data, the International Trachoma Initiative (ITI), the Mali PNSO, and WHO–AFRO (remote participation). The objective of the meeting was to draft a surveillance plan outline in districts that have achieved TF and TT elimination criteria. The meeting was also an opportunity to review the epidemiological situation of trachoma in Niger by district, discuss potential reasons some EUs remain above the 5 percent TF threshold, and summarize recommendations for improving MDA quality. The WHO shared experiences with trachoma surveillance from other countries. Key recommendations from this meeting were to more systematically investigate EUs with TF >5 percent after TIS or TSS, develop a surveillance plan for districts that have met the elimination criteria—with a focus on integrating trachoma activities into existing mobile health service delivery platforms, especially in nomadic areas—and strengthening cross-border collaboration for trachoma surveillance.

### *Workshop to develop STH transition plan (FY19)*

From October 14–18, 2019, Act | West supported the PNLBG to develop an STH transition plan with technical support from a WHO consultant. Participants at this meeting included the DEP, the Directorate for Health Care Organization, Directorate for the Protection of Population Health, Directorate of Public Hygiene and Health Education (DHPES), the PNLMTN, the School Health Office of the National Education Ministry, Helen Keller, The Carter Center, World Vision, and SCI. The objective was to define alternative integrated strategies for Niger in order to continue efforts to combat STH after LF is eliminated.

### *Annual Trachoma Review Meeting (funded by the Conrad N. Hilton Foundation)*

The annual trachoma review meeting was organized by the PNSO from January 7–9, 2020, with financial support from the Hilton Foundation. Participants included the MOH, NTD programs, DRSPs, the Ministry of Education, the Ministry of Hydraulics, Sightsavers, the Carter Center, ITI, FHI 360 and Helen Keller (representatives from Mali, Niger, and HQ). The workshop objective was to evaluate 2019 SAFE strategy activities and plan 2020 activities. Participants also exchanged experiences in MDA implementation and strategies for reaching trichiasis (TT) patients, including *ratissage*, or house-by-house screening for TT, which Niger has now adopted as its key strategy for TT outreach. After the meeting, Helen Keller worked with the PNSO to validate the results of the FY19 trachoma MDA in the districts that were funded by World Bank (Mayahi and Guidan Roumdji) after finding discrepancies in the treatment data that impact the TSS plan for FY20 (see also Table 10, Challenges/Resolutions).

### *Preparation of the Fixed Amount Awards (FAAs)*

FHI 360 approved 10 of the 11 planned FAAs in Niger, including six central-level FAAs (one PNLMTN, two PNDOEFL, two PNSO, and one ONPPC) and four regional FAAs (Agadez, Diffa, Tahoua, and Zinder regions). The central-level FAAs and Agadez, Diffa, and Zinder FAAs have all been signed. The regional FAAs are typically signed during the advocacy meeting with regional governors (see below). Due to COVID-19, these advocacy meetings have been postponed, but the FAAs were nevertheless signed. Tahoua is the only region pending FAA signature.

### **NTD Secretariat**

Act | West provided operational support to the PNDOEFL, PNLMTN, and the DPHL—including telephone, Internet, and fuel expenses.

### **Building Advocacy for a Sustainable National NTD Program**

#### *Advocacy with regional governors*

Signing FAA contracts with the regional governors constitutes an important step in campaign preparation. Act | West supported an advocacy meeting with the Governor of the Agadez region to review the agreement, the objectives, and the schedule of activities and to obtain the governor's signature. The meetings with the governor of the other regions (Diffa, Tahoua, and Zinder) were planned to be held March 16–25, 2019, directly before the regional microplanning meetings. Unfortunately, these meetings were delayed due to COVID-19.

### **Mapping**

Niger has completed mapping for all NTDS; therefore no mapping activity was planned for FY20.

### **MDA Coverage**

LF MDA was conducted in two districts (Arlit and Iférouane) in the Agadez region in December 2019. This campaign was conducted earlier than originally planned to avoid the loss of a significant quantity of IVM that was expiring. It targeted approximately 136,875 people ages five years and above. An additional 13,000 people who had not been initially accounted for were also targeted at a gold-mining site in Iférouane district (see below). Several activities were carried out in preparation for this campaign, including revising the data collection tools (summary sheets, registers, and dose poles), amending the drug distribution plans and delivering drugs directly to the CSIs, training the drug focal points in logistics and supply chain management, and training and roll-out of the supervisor's coverage tool (SCT). Several strengths and best practices emerged from this campaign:

- Development of a detailed drug distribution plan up to the CSI level and delivery of drugs directly to the CSIs helped avoid stock-outs.

- Helen Keller and the PNLMTN directly supported the MDA trainings at all levels. Pre- and post-test questionnaires were introduced for the CDD and supervisor trainings as a quality improvement measure and helped highlight key topics for the focus of training.

- Act | West supported training for CSI directors, district focal points, and epidemiological monitoring agents on the SCT and its implementation in all distribution areas.

An innovative “mobile” drug distribution strategy was implemented, in which CDD teams traveled by vehicle or camel to cover desert areas with sparse settlements or insecure areas. Camels were used for transport especially in the mountainous areas where roads are unmarked or in poor condition.

Organization of *ratissage* or “mop-up” in areas where the SCT detected low coverage involved the redeployment of CDD teams and supervisors to specific areas, including a gold mining site in Iférouane that had not been reached (see below).

Daily debrief meetings were held for supervisor teams to report treatment tallies and discuss challenges. This helped teams to strategize and troubleshoot during the MDA to boost coverage.

Actors were involved at all levels (national, regional, district, and CSI). This included supervision by Helen Keller and national and regional level actors throughout the entire duration of the campaign (training, distribution, and post-MDA review meetings).

Newly revised data collection sheets were used to compile coverage rates by village.

An important lesson learned was to work closely with the CSI heads to monitor mobile populations such as gold miners and ensure they are considered in the MDA planning phase. The Tchibarakaten gold mining site is located 450 km north of Iférouane in the middle of the desert and had not been considered in the initial MDA planning. However, the supervision team identified this site during field supervision and contacted the DRSP to obtain a population estimate. Arrangements were quickly made to transport leftover drug quantities from Arlit district to cover the population, and teams of CDDs and supervisors were deployed to the site. The site was treated with a coverage rate of 95 percent.

All of these innovations made it possible to achieve epidemiological and programmatic coverage rates of 78.4 percent and 98.0 percent in Arlit district and 82.8 percent and 103 percent in Iférouane district. (Results are provisional pending validation by the PNLMTN.) These rates are higher than those reported in previous years for LF, which ranged from 45.1 percent in FY15 to 70.1 percent in FY19 in this area (formerly one district). Campaign-based interventions are historically difficult to implement in Agadez due to the vast and challenging terrain and widespread insecurity. Achieving high coverage in this MDA was especially critical to ensure these two districts can confidently move to pre-TAS. These novel MDA approaches will be implemented during the upcoming trachoma MDA and in future campaigns.

**Table 31: USAID-SUPPORTED COVERAGE RESULTS FOR FY2020\***

NTD	# Rounds of annual distribution	Treatment target (FY20) # Districts	# Districts with insufficient epi coverage in FY20	# Districts with insufficient program coverage in FY20	Treatment targets (FY20) # PERSONS	# persons treated (FY20)	% treatment target met (FY20) PERSONS
LF	1	2	0		136,875	146,723	107.2%
OV	N/A	N/A		N/A	N/A	N/A	N/A
SCH	1	3	*SAC only		68,578		
STH	1	4	*SAC only				
TRA	1	4 (1 at EU level)		N/A	1,013,617	0	N/A

*\*Note: LF MDA data are provisional, pending validation by the PNLMTN. FY20 SCH, STH and trachoma MDA has been postponed until July 2020 due to COVID-19.*

The PNLMTN plans to conduct the rest of the national campaign in line with the Agadez MDA approach, with support from Act | West, SCI, and the World Bank. Trachoma MDA is planned in nine HDs (4 with USAID support) in the Diffa, Maradi, Tahoua, and Zinder regions and SCH/STH MDA in 38 HDs in eight regions. This MDA was originally scheduled for the first week of April 2020 but has been postponed due to the emerging COVID 19 epidemic.

### **Social Mobilization to Enable PC-NTD Program Activities**

The main social mobilization activities conducted during the reporting period were for the LF MDA campaign in the Agadez region. Helen Keller finalized a contract with ORTN to produce and broadcast radio and television messages for the MDA and held meetings with the PNLMTN to plan social mobilization activities. From December 15–31, 2019, Helen Keller and the MOH conducted a joint mission to Agadez. One objective was to support social mobilization activities. The team visited several community radio stations (IKOKANE and KAOCEN) in Arlit and met with the stations' managers to walk them through the media guide. Social mobilization was integrated into the training of CSI leaders who briefed town criers, CDDs, and community relays on how to raise awareness about the MDA in their communities. These three main channels (community radios, town criers, and relays) were used to raise awareness and encourage participation in the LF campaign in Arlit and Iférouane.

The Act | West team also participated in a workshop to validate the integrated NTD-malaria communication plan, organized by the PNLMTN with funding from WHO.

### **Training**

#### *LF TAS Workshop in Abidjan, Cote d'Ivoire*

Helen Keller–Niger's Act | West program coordinator attended the training workshop on LF evaluation surveys organized by USAID and FHI 360 in Abidjan, Cote d'Ivoire, from January 14–16, 2020. It brought together FHI 360, Helen Keller, WHO AFRO/ESPEN, USAID, CDC Atlanta, and the Act | East and Act | West country programs to review best practices for LF TAS implementation and strengthen the skills of the national program teams to implement high quality LF surveys. Unfortunately, the PNDOEFL Program

Coordinator was not able to attend. The WHO and USAID partners shared presentations on the LF guidelines and survey protocols. The meeting also provided a framework for exchanges among participants on each country's M&E best practices. Niger shared the country's recent experience implementing the SCT in Agadez.

Helen Keller's Act | West team also held a side meeting to discuss:

- Cameroon's experience and best practices using electronic data capture (EDC) for LF surveys

- Implementation of the supervisor's coverage tool (SCT) for FY20 MDAs

- Upcoming country-specific workshops, trainings, and quality improvement plans

Following the side meeting, Benoit Dembele, Quality Improvement Specialist, organized a webinar highlighting the use of the ONA platform for EDC during TAS surveys to obtain quality data and advised immediately treating individuals who tested positive along with their families and rigorously following up with positive individuals after conducting TAS.

#### *Act | West Branding and Marking Cascade Training*

The HKI-Niger Communication Specialist conducted a briefing on Act | West communications and branding for Helen Keller Niger staff on September 26, 2019. The Communication Specialist, who attended the Act | West Branding & Communication workshop in Accra, is the point person for communications and branding of Act | West program activities in Niger and participates in the Act | West communications working group. The briefing covered the topics discussed in Accra including USAID's communications expectations and branding and marking guidelines.

#### *Training on Drug Packaging, Logistics and Set-Up*

A training was held March 2–4, 2020 for national-level NTD drug managers (PNLMTN logistician, ONPPC agents, and NTD program drug focal points) and the NTD focal points from the nine trachoma districts. It was supported by Act | West with funding from ITI to support district-level attendees. The objective was to familiarize participants thoroughly with the new directives on drug packaging and storage in preparation for the trachoma, SCH, and STH campaigns. ITI also facilitated re-training on the latest Zithromax dosing guidelines. By the end of the meeting, the entire supply chain staff was trained, ensuring they had greater expertise in the packaging, transport, and distribution of NTD drugs.

Participants also identified challenges in supply chain management and developed an action plan, summarized in Table 2 below.

**Table 32: CHALLENGES IN SUPPLY CHAIN MANAGEMENT AND CORRECTIVE ACTIONS**

Category	Specific problems	Corrective actions
<b>Logistics</b>	Content of materials inconsistent with packaging list	Re-check the list of materials during packaging (ONPPC)
	Lack of drug distribution plan prepared between ONPPC and HDs	Develop a communication plan between ONPPC and HDs (ONPPC)
	Package destination errors	Verify number of packages expected and delivered at planned destination (ONPPC)
	Insufficient fuel to transport supplies of essential generic medicines and materials between HDs and CSIs	Provide HDs with sufficient quantities of fuel to handle supply operations (HKI)
	Insufficient time to transport essential generic drugs and materials between HDs and CSIs	Consider HDs' geography and increase number of transport days needed to distribute essential drugs and materials (HKI)
<b>Insufficient materials</b>	Insufficient quantities of registers, summary forms, and dose poles in some areas	Verify that the numbers of registers, summary forms, and dose poles supplied are equal to the number of CSIs and primary education sectors (ONPPC)
	Inconsistency in age groups between dose poles and distribution registers in some districts	Revise registers and dose poles according to new Zithromax dosing guidelines in all districts including those funded by other partners (PNLMTN)

*SCT training for national trainers*

Two SCT trainings were held during the reporting period. The first was held in December 2019 for district and CSI supervisors involved in the Agadez MDA campaign and focused on implementing the SCT. Prior to the training, Helen Keller Niger staff received a remote training from Benoit Dembele, Quality Implementation Lead.

The second SCT training was held on March 11, 2020, for a pool of national trainers from the MOH (PNLMTN). The training was done in-person in Niamey and facilitated by Helen Keller's Quality Implementation Lead. This national pool of trainers will integrate SCT training into the MDA cascade trainings. An additional training day was included in the regional FAAs to support this activity.

*MDA cascade training*

MDA training directly targeted the district level for the LF campaign in Agadez. The training was led by national trainers with support of Helen Keller for the district teams, CSI chiefs, and sector chiefs. The training was organized in two stages, focusing first on MDA guidelines (eligibility criteria, dosing guidelines, management of SAEs), and second on the SCT. The CSI and sector chiefs in turn trained the CDDs and teachers under the supervision of Helen Keller and the district, regional, and national level staff.

Pre- and post-tests were conducted with all trainees including the CDDs to evaluate trainees' knowledge and help focus training on areas of need.

MDA cascade training for regional and district actors, conducted by the national trainers, was scheduled to begin the week of March 23, 2020, following the microplanning meetings. This has since been postponed due to COVID-19. Like the training for the national level, it will be conducted in two phases—focusing on MDA techniques and guidelines and on supervision (in particular the SCT).



**Table 33: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019–MARCH 2020)**

Title of training	location	Participants (HCW, CDD, community)	Objective/s of training	Date	Lead organization	Key outcome/s of the training	# of participants		
							M	F	T
Training on drug packaging and set-up	Dosso	District drug managers, ONPPC, PNLMTN	<ul style="list-style-type: none"> <li>✓ Improve knowledge about the drug supply chain and better prepare the 2020 campaign</li> <li>✓ Refresher on Zithromax dosing guidelines for district drug managers (ITI)</li> </ul>	March 2–4, 2020	Helen Keller Int'l, ITI	<ul style="list-style-type: none"> <li>✓ The drug focal points of each program are trained on the drug supply chain</li> <li>✓ Identify/discuss supply chain issues with district focal points</li> <li>✓ Develop a problem-solving action plan</li> </ul>	13	6	19
SCT remote training	Niamey (remote)	Helen Keller Act   West staff	<ul style="list-style-type: none"> <li>✓ Build technical capacity of local Act   West team on SCT protocol and implementation</li> <li>✓ Prepare staff to cascade down SCT training for the LF MDA in Agadez</li> </ul>	December 11, 2019	Helen Keller Int'l	✓ Availability of a pool of SCT trainers for the LF MDA (Agadez)	6	4	10
SCT training	Niamey	National NTD program coordinators, PNLMTN, Helen Keller Act   West staff	<ul style="list-style-type: none"> <li>✓ Formal training (in-person) of national supervisors in SCT</li> <li>✓ Prepare national MOH supervisors to cascade down SCT training in all districts for the FY20 MDA</li> </ul>	March 11, 2020	Helen Keller Int'l	✓ Train a pool of SCT trainers capable of cascading down the training to the operational level	8	11	19
MDA cascade training (Agadez)	Arlit and Iférouane districts, Agadez Region	District team, CSI Chiefs, Sector Chiefs, Distributors and teacher	✓ Improve the quality of distribution	December 18–21, 2019	MOH (PNLMTN) and Helen Keller Int'l	<ul style="list-style-type: none"> <li>✓ District level trainers are trained on MDA guidelines and implementation and SCT</li> <li>✓ CDDs and teachers are trained in MDA guidelines and implementation</li> </ul>	N/A	N/A	746

## Supervision for MDA

### *Supervision for LF MDA*

Helen Keller and PNLMTN staff supervised the LF campaign in two districts (Agadez region) in December 2019. However, supervision was difficult in some areas due to insecurity and the terrain; the region is wide, mountainous, and sandy, and travel between these two districts takes several hours. Despite these challenges, joint supervision from Helen Keller and the PNLMTN was a key factor in the campaign's success. The supervision team was present for an extended period, from the trainings and the outset of the campaign, including the SCT and continuing until the campaign ended. Central level supervisors were also present from the education sector and the regional and district staff supervised the CSIs, who in turn supervised the CDDs. This made it possible to supervise all 29 CSIs in the two HDs. Overall, the presence of the joint MOH–Helen Keller supervisory teams in the field alongside the operational teams throughout the entire duration of the campaign enabled teamwork—which led to daily data monitoring, corrective actions, and better data quality compared to previous campaigns.

### *Daily Data Monitoring*

Use of the newly revised data collection tools made it possible to track coverage at the village level for all 29 CSIs. Daily debrief meetings provided an opportunity to review coverage and SCT data by village and plan corrective actions. Teams of CDDs and supervisors were re-deployed to hard-to-reach areas to boost coverage during the campaign.

Helen Keller presented the revised data collection tools, SCT, and data monitoring approach to the PNLMTN and partners in Niamey during the January coordination meeting. The PNLMTN decided to adopt the new data collection tools (register and summary sheets) and implement SCT and daily data monitoring for the next FY20 campaign.

### *Supervisor's Coverage Tool (SCT)*

SCT supervision began in the field on the third day of the campaign in Arlit and Iférouane. Households were randomly selected in 31 villages (20 in Arlit and 11 in Iférouane). A total of 650 people were interviewed: 260 in Iférouane and 390 in Arlit. The supervisors used the SCT results to develop a corrective action plan for the low-coverage areas (coverage <16/20) and conducted a systematic mopping-up of the area (*ratissage*). These action plans often involved reinforcement of social mobilization efforts (mobilizing relays, town criers) and redeployment or reorganization of the CDD and supervision teams in some areas. As an example, the table below shows the SCT results in the CSI of Iférouane. Supervisors conducted a second SCT after mop-up to assess whether coverage had improved.

**Table 34 : SCT RESULTS IN IFEROUAN**

Ville Iférouane		Received IVM/ALB			Swallowed IVM/ALB			
CSI	Quartier	Yes	No	Total	Yes	No	Total	Category
Iférouane (Before mop-up)	Nord	11	9	20	9	11	20	Inadequate
	Toudou	10	10	20	10	10	20	Inadequate
Iférouane (After mop-up)	Nord	18	2	20	18	2	20	Good
	Toudou	19	1	20	19	1	20	Good

## Monitoring, Evaluation and Learning

### Quality Improvement

FHI 360 selected Niger to implement its Quality Improvement (QI) model. Helen Keller worked with the PNLMTN to devise a budget and plan for QI training in Niamey. The goal was to train three to five MOH staff as "coaches" to then lead the QI implementation process in country. Training was scheduled for March 2020 but was postponed due to the international travel restrictions due to COVID-19.

Helen Keller implemented several of the QI activities in the FY20 workplan. Many have been described elsewhere in the report. They include:

Helen Keller is conducting a holistic review of MDA components. A checklist for this review was developed in consultation with FHI 360's QI Advisor.

Helen Keller supported the PNLMTN to revise the MDA data collection tools to include sub-district level MDA coverage data.

Helen Keller introduced a pre- and post-test at CDD trainings.

National-level supervisors participated in the post-MDA review meeting at district level.

### Coverage evaluation survey

A coverage evaluation survey was conducted in Aguié and Tessaoua HDs in October 2019 for the LF MDA and the LF plus trachoma MDA, respectively. These HDs had previously failed pre-TAS and TIS (Aguié: pre-TAS in FY16 and Tessaoua: pre-TAS in FY16 and TIS in FY15). Thirty clusters were targeted in each HD to assess coverage after the last MDA in May 2019. Helen Keller–Niger drafted the survey protocol, which was reviewed by Helen Keller and FHI 360 MEL teams for validation.

Coverage rates for LF were both above 65 percent (see Table 5). There was no noticeable variation in coverage by gender. The analysis by age group shows that more people aged 5–14 years were treated (proportionally) than those 15 years and older.

**Table 35: COVERAGE RATES FOR LF IN AGUIE AND TESSAOU**

HD (LF)	Surveyed Coverage	Epidemiological Coverage	Surveyed coverage by age group		Surveyed coverage by gender	
			5–14 yrs	15 yrs and >	Males	Females
Aguié	69.7%	72.8%	84.3%	76.1%	68.3%	70.8%
Tessaoua	65.9%	77.3%	79.6%	80.9%	64.6%	67.2%

Table 6 shows that the surveyed coverage for trachoma MDA (Zithromax/TEO) was 82.7 percent in Tessaoua. Coverage did not vary by gender. A greater percentage of those 8 years of age and above were treated. Those aged 0–6 months had the lowest coverage. Reported coverage for this age group was 94 percent and surveyed coverage was 52 percent.

**Table 36: SURVEYED COVERAGE FOR TRACHOMA MDA IN TESSAOUA**

HD (TRA)	Surveyed Coverage	Reported MDA Coverage	Coverage surveyed by age group			Coverage surveyed by gender	
			0–6 months	6 months to 7 years	8 years and >	Males	Females
Tessaoua	82.7%	81.6%	52.4%	79.4%	84.9%	82.7%	82.7%

Epidemiological coverage was validated in Tessaoua for trachoma MDA (see Table 7). The reported LF MDA coverage was not validated; however, the survey results give confidence in the reported coverage. Results were all above the WHO threshold of 65 percent epidemiological coverage for LF and 80 percent programmatic coverage for trachoma. The final survey report was shared with FHI 360.

**Table 37: VALIDATED EPIDEMIOLOGICAL COVERAGE IN TESSAOUA**

District / Disease	Surveyed Coverage (Received)	Surveyed Coverage (Taken)	Reported program coverage	Reported epidemiological coverage	Standard	Conclusion
Aguié / LF	70.2% CI 95% [67.8%-72.6%]	69.7% CI 95% [67.2% - 72.1%]	91.1%	72.8%	65%	Reported coverage not validated but above the threshold of 65%.
Tessaoua / LF	67.1% CI 95% [64.4% - 69.8%]	65.94% CI 95% [63.2%-68.7%]	96.6%	77.3%	65%	Reported coverage not validated but above the threshold of 65%.
Tessaoua / TRA	84.1% CI 95% [82.2% - 85.9%]	82.7% CI 95% [80.8% - 84.7]	81.6%	81.6%	80%	Reported coverage validated and above the threshold of 80%.

### *SCH/STH Sentinel Site Survey*

Act | West supported the PNLBG to conduct a SCH/STH survey in 17 sentinel sites. Three rounds of MDA have been conducted since the last sentinel site survey in 2016. Data collection was done October 14–27, 2019. The survey targeted children aged 7–14 from schools in the 17 sentinel sites. The purpose was to determine the prevalence and intensity of SCH and STH using stool and urine macroscopy, urine filtration, and Kato Katz evaluation methods. Results show that overall SCH prevalence has decreased 16.6 percentage points on average in sentinel sites compared to 2016 (ranging from 1.6 percent in Bonberi to 78.3 percent in Yelwani), except in the five sites: Takassaba Maradi, Gambane, Teke, Bangou Koukou, and

El Mecki, where prevalence increased. For STH, overall prevalence also decreased compared to 2016 except in five sites: Saga Gourma, Middick, Gambane, Issari Kassoum (replacement site of Boudoum), and Mougoudou. A few cases of H. Nana were detected in some sites (Yelwani, Gambane, Bangou Koukou, Gamji). Prevalence results by site are shown in Table 8.

**Table 38: SCH AND STH PREVALENCE**

SENTINEL SITE (2019)			SCH RESULTS			STH RESULTS		
Region	District	Site	# persons examined	# positive	%	# persons examined	# positive	%
Agadez	Tchirozerine	El Mecki	60	39	65	60	0	0
Diffa	Mainé	Issari Kassoum	21	9	42.85	9	1 (oxyure)	11.11
Dosso	Gaya	Kawaran'Débé	60	0	0	60	0	0
Dosso	Boboye	Bangou Koukou	60	46	78.66	60	2 (ascaris)	3.33
Maradi	Dakoro	Mougoudou	60	0	0	60	3 (ascaris)	5
Maradi	Madarounfa	Gamji	60	11	18.33	60	0	0
Maradi	Tessaoua	Takassaba Maradi	60	41	68.33	60	0	0
Niamey	Niamey5	Saga Gourma	60	0	0	60	1 (ascaris)	1.67
Tahoua	Madaoua	Teke	60	39	65	60	1 (oxyure)	1.67
Tahoua	Tchinta	Gambane	60	37	61.66	60	3 (ascaris)	5
Tillabery	Filingue	Bonberi	60	0	0	60	1 (ascaris)	1.67
Tillabery	Kollo	Firwa	60	0	0	60	0	0
Tillabery	Ouallam	Gabdey Bangou	60	1	1.67	60	0	0
Tillabery	Tera	Yelwani	60	13	21.67	60	1 (ascaris)	1.67
Tillabery	Say	Rouga	60	13	21.67	60	0	0
Zinder	Mirriah	Doungouram	60	27	45	60	0	0
Zinder	Zinder	Middick	60	28	46.66	60	14 (ascaris)	23.33

## Supervision for Monitoring and Evaluation and DSAs

### Coverage survey supervision

Supervision of the coverage survey was conducted in October 2019. The supervisor and the survey coordinator supervised the survey teams in Augier and Tessaoua to ensure quality throughout data collection. The supervisor worked with a surveyor throughout part or all of phases of data collection, from implementing the selection methodology for households/populations to administering the questionnaire and taking geographic coordinates. The supervisor supported the surveyors by making necessary corrections and/or validating. Ensuring compliance included verifying implementation of the agreed-on methodology and following instructions (e.g., survey area and location, the respondent's profile); the effectiveness of the interview; the consistency of responses; the frequency of non-responses and missing data; and the survey sites' geographic coordinates.

*SCH/STH sentinel site survey supervision*

For the SCH/STH survey, a district-level laboratory assistant was selected at most of the sites to help the teams take samples in the field. This assistant was first introduced to the working method at the sentinel site. In addition, teachers were notified of the objective of the survey to support sample collection at the schools. Sixty school-age children were registered at each site. Each child was given two containers, one for feces and the other for urine. Previously, results were determined at the HD laboratories, but this year the samples were analyzed on site using rechargeable microscopes.

The challenges were primarily associated with insecurity, requiring replacement of two sites. Boudoum site (2016) in Mainé district was replaced by Issari Kassoum (2019) and Douthin Begoua (2016) in Madarounfa district was replaced by Gamji (2019). In some cases the total number of 60 children was not met (e.g., in Issari Kassoum in the Maine HD, Diffa region). At the new Gamji site (Madarounfa HD), Helen Keller supervised the sampling of children from the main primary school and then helped read the sample results. The project was thus able to talk with the team leader about the mission's overall progress. Sixty children were examined. Children who tested positive were generally treated with praziquantel (PZQ) and/or ALB.

**Dossier Development**

No dossier development related activities were carried out during the reporting period.

**MMDP Situational Analysis**

Helen Keller conducted a situational analysis of available LF and trachoma MMDP data at the PNLMTN from August–December 2019. Helen Keller adapted the tables provided in the WHO MMDP Toolkit to conduct the situational analysis and supported the PNLMTN to collate available data on hydrocele and lymphedema and TT, including a question on data security and storage. Helen Keller is still waiting on some missing data from the PNLMTN to complete the analysis before sharing the report with FHI 360.

**Short-term technical assistance (STTA)****TABLE 39: SHORT-TERM TECHNICAL ASSISTANCE**

Scope of work (include only short summary)	Name of consultant/s	Period of consultancy	Status (completed, in-progress)
SCT and coverage survey training (Helen Keller Niger and national staff)	Benoit Dembele, Quality Improvement Specialist	December 5, 2019 and March 11, 2020	Completed
Training on Zithromax supply chain management (PNLMTN and 9 HD focal points)	ITI	March 2–4, 2020	Completed
Helen Keller, FHI 360 and World Vision met with the Minister of Health to explain the program sustainability component and	Justin Tine, Health System Strengthening Lead, FHI 360	January 25–29, 2020	Completed

identify solutions for completing the Niger NTD situation analysis.			
Share experiences and good practices with Helen Keller-Niger and NTDP and to propose solutions to strengthen the program. A situation analysis of the NTDP's overall operations was conducted during this visit.	Christelly Badila, Guinea Deputy Country Director	December 16–21, 2019	Completed

## IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

### Data Security and Management

The Act | West team participated in a workshop to review NTD indicators collected through the DHIS2 platform, which was organized by the Directorate of Statistics under the chairmanship of the Secretary General of the MOH. The objective was to define which indicators should be integrated into the DHIS2 platform by program. During this workshop, the Act | West team advocated for the creation and implementation of a second platform to be hosted through DHIS2 to collect and transmit NTD data from the CSI level.

Helen Keller plans to recruit a consultant during the second half of FY20 to support the PNLMTN to complete historical data entry in the Country Integrated NTD Database (CIND) for LF, trachoma, and OV.

### Drug Management

The PNLMTN appointed a logistician in January 2020 to improve the management of NTD drugs. The new logistician participated in the supply chain training in March 2020 and received one-on-one support from ITI as part of his orientation.

#### *Post-MDA Physical Drug Inventory (FY19)*

At the end of the FY19 campaign, Helen Keller worked with the regions' pharmacists and focal points to conduct a drug inventory in approximately 30 districts. The drugs were inventoried and then returned to the storehouses in Zinder, Tahoua, and Niamey regions. This inventory provided the PNSO with a reference for developing its Zithromax order for the FY20 campaign.

Thanks to this inventory, a significant quantity of IVM that was expiring between December 2019 and January 2020 was identified and recorded. This triggered the plan to conduct the LF campaign in Arlit and Iférouane districts (Agadez region) in December 2019 and the soon-to-expire IVM was distributed.

#### *Drug Transport*

Helen Keller transported and delivered IVM and ALB to all CSIs in the two districts targeted for LF MDA in Agadez. All drugs were delivered directly to the CSIs in time for MDA and according to the distribution plans developed by the CSIs and districts. This approach helped to avoid stock-outs. Helen Keller took care of the drug transport and set-up process, given the expedited timeframe for this MDA.



The PNSO received its supply of Zithromax syrup and tablets for the FY20 trachoma MDA campaign in March 2020. The new shipments of PZQ and Mectizan have arrived in Niamey, and Helen Keller is following up with the national program to confirm the quantities received.

The 2020 drug distribution plans have been validated by the PNLMTN and the respective programs (PNSO and PNLBG) for the upcoming trachoma and SCH MDAs. These drugs will be packaged and delivered by the ONPPC. Due to COVID-19, drug transport has been postponed. However, the ONPPC will begin packaging the drugs so that they can be quickly transported to the respective districts once the COVID-19 situation allows. Act | West will support the drug transport activities in four of the nine districts scheduled. The other HDs are financed by World Bank (for trachoma) and SCI (for SCH and STH).

## MAINSTREAMING AND HSS ACTIVITIES

### Develop NTD Sustainability Plan

The Niger Act | West team (Helen Keller and World Vision) received technical assistance from the Act | West Health System Strengthening Lead from January 25–29, 2020. FHI 360, Helen Keller, and World Vision organized a meeting with the MOH to explain the sustainability component and agree on a course of action to carry out the landscape analysis for cross-sector coordination. Helen Keller–Niger and World Vision, with support from consultants at national and international level and in collaboration with the MOH, began the NTD landscape and situational analysis in February 2020. The objective is to identify priority interventions for NTD integration and multisector collaboration as part of the overall sustainability plan for Niger. An interview guide developed for the analysis was administered to all partners involved in NTDS. The analysis was completed from February 10–28, 2020. A workshop was planned March 24–26 to disseminate the results of the landscape and barrier analysis to the MOH; unfortunately, this workshop was postponed due to COVID-19.

### SCH, STH, post-validation/verification surveillance

No activities were conducted during the reporting period.

### Cross-sector Coordination and Integration with Existing Platforms

The landscape analysis described above will help identify opportunities for integration and will define processes to strengthen cross-sector collaboration.

## SUCCESS STORIES AND BEST PRACTICES

Several best practices emerged from the LF campaign in Agadez, notably:

- The SCT helped to increase coverage in several distribution areas (see “Supervision for MDA”).
- The involvement of national NTD staff and high-level regional authorities from the start of campaign preparations (trainings, social mobilization) facilitated strong mobilization of regional stakeholders, which contributed to the campaign’s success.
- MDA data were introduced on the DHIS2 platform.
- Population data from the statistics directorate were used as the only baseline for developing implementation plans.
- The development and use of the new MDA data collection sheet now provides village-level data.

Helen Keller is drafting a success story on the Agadez LF MDA campaign, which will be shared with FHI 360 communications and technical team for review.

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

**Table 40: CHALLENGES/RESOLUTIONS**

Challenge encountered	Solutions	Status (resolved, pending)
World Bank funding became available for MDA after the Act   West work plan was approved, resulting in several changes to Niger's work plan budget.	<p>In consultation with FHI 360, Helen Keller revised the FAA budgets, reducing the number of districts planned for trachoma MDA from 9 to 4, given that World Bank will now support 5 districts.</p> <p>Helen Keller met with high-level MOH officials and the PNLMTN to advocate for better planning and coordination of resources across partners. At the time of Act   West workplanning, World Bank funding was uncertain.</p> <p>Helen Keller and the PNLMTN discussed training and roll-out of the SCT in all districts targeted for trachoma MDA to help improve the quality of the campaign and coverage results. Helen Keller trained a pool of national supervisors in SCT, and SCT will be rolled out in all 9 trachoma districts. Helen Keller staff will support MDA supervision in all 9 trachoma districts (direct cost) as outlined in the workplan.</p>	Resolved
Organize LF MDA in Agadez earlier than anticipated to avoid drug expiration.	<p>In consultation with FHI 360, Helen Keller agreed to directly support the drug transport.</p> <p>The Agadez regional FAA was approved in time for implementation.</p> <p>Trainings, social mobilization, drug distribution, SCT, and the post-MDA review meeting at district level were all supervised by Helen Keller and the PNLMTN.</p> <p>The soon-to-expire IVM was distributed during this campaign to avoid any drug expiration.</p>	Resolved
During the PNSO's annual review meeting, the Maradi DRSP presented trachoma coverage results that were	Helen Keller held several working sessions with the PNSO and followed exchanges with the Maradi DRSP to confirm the validated 2019 coverage results for Maradi	Resolved

<p>inconsistent with the program’s validated results.</p> <p>Helen Keller also learned that some villages were incorrectly treated in Mayahi district (supported by World Bank) in 2019 and that this district did not receive training on the new Zithromax directives.</p>	<p>region. These results matched those already uploaded into the FY19 workbooks.</p> <p>Helen Keller and FHI 360 held a call with the PNSO and advised that the PNSO share the treatment data for Mayahi district with WHO–Geneva. The PNSO has emailed WHO for advice on whether to proceed with the planned TSS in the 2 EUs where some villages were incorrectly treated. WHO advised to postpone the TSS in the 2 Mayahi EUs for another two years.</p> <p>Helen Keller organized a training on the new Zithromax directives for the NTD focal points in all districts that will conduct trachoma MDA, with technical assistance from ITI.</p>	<p>Resolved</p> <p>Resolved</p>
<p>New situation of COVID-19 blocking all activities</p>	<p>All activities have been postponed and MOH and partners are awaiting guidance from the government on when activities may proceed.</p> <p>Implement activities that are not impacted: signing of the FAAs, finalizing reports, drafting survey protocols.</p> <p>Developing contingency plans in consultation with FHI 360.</p>	<p>Ongoing</p>
<p>Insecurity in certain MDA zones (Diffa)</p>	<p>Recruit and train local supervisors.</p> <p>Contract with local entities that will support supervision even where MOH staff cannot work.</p> <p>Implement the “mobile” drug distribution strategy following its success in Agadez.</p> <p>Train supervisors in SCT to quickly assess coverage during MDA.</p>	<p>To be carried out during the campaign</p>

## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Due to the rapidly evolving COVID-19 global pandemic, the MOH has postponed all planned activities, including workshops and any gatherings of 50 people or more. The timing of activities depicted below is subject to change due to the emerging COVID-19 epidemic. Helen Keller is working together with FHI 360 and the PNLMTN to reschedule FY20 activities and develop appropriate contingency plans.

<b>Table 41: FY20 Activity</b>	<b>Q3</b>			<b>Q4</b>		
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
<b>Strategic Planning</b>						
Annual Micro-planning Meeting						
Annual post-MDA review meetings District Level						
Annual post-MDA review meetings Regional level						
Annual post-MDA review meetings National level						
Preparatory work planning meeting (Dosso)						
Annual work planning workshop						
NTD Partner Coordination Meeting*						
<b>Advocacy</b>						
National launch of the mass distribution campaign						
Advocacy meetings at the health district level						
Meetings with the regional governors						
<b>Social Mobilization</b>						
Radio and TV messages on NTDS/MDA (contracts with community radio stations)						
Engagement of public town criers, women relais, etc. for social mobilization before/during MDAs						
Awareness-Raising Caravans at the Community Level						
Development of TV and radio spots						
Diffusion of messages on NTD prevention/MDA prior to MDA campaign						
<b>Training and Capacity Building</b>						
MDA training of trainers						
MDA cascade training/refreshers training (regional, district, village levels)						
SCT Training						
Coverage survey training						
Training/refreshers training for trachoma surveys						
Training of PNDO/EFL lab technicians on OV16 ELISA (End Fund)						
Training on pre-TAS, TAS 1 and TAS 2 survey methodology						
<b>MDA</b>						
Trachoma MDA in 9 districts						
<b>Supply Chain Management</b>						
Reverse Logistics						
Transport of Materials and Drugs for MDA from district to Distribution Sites						
<b>Supervision</b>						
National supervisors (national NTD focal point, NTD coordinators and program team members, health education office) will supervise preparation meetings, trainings of health center heads, MDA distribution and conduct a final evaluation						

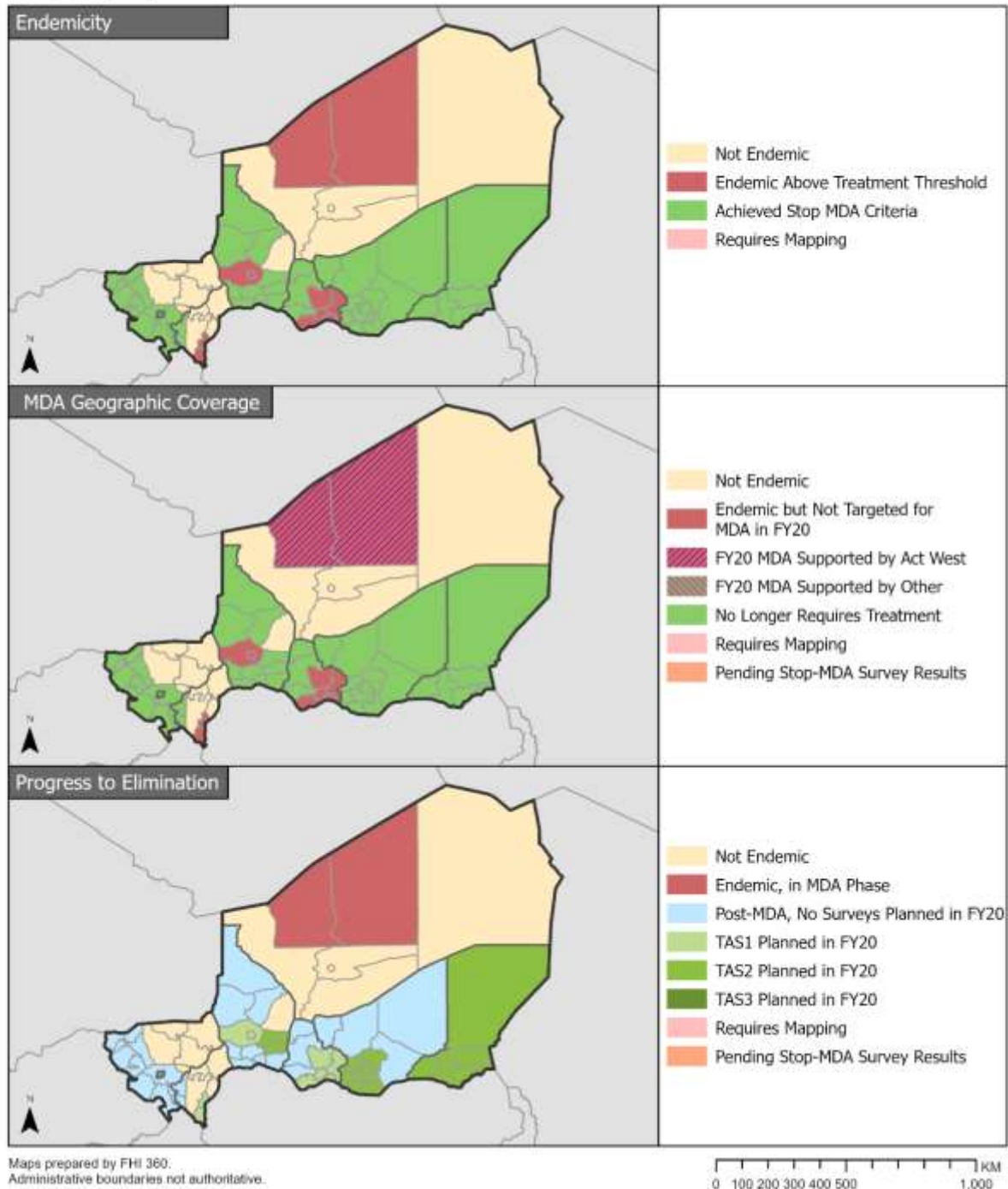
Table 41: FY20 Activity	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
of the campaign						
Regional supervisors (from health and education sectors) will supervise training and distribution for health center managers and leaders in the different disease sectors						
Regional focal points for health and education will supervise district and health center level training sessions and MDA						
District level supervisors supervise the health center level						
Heads of health centers supervise CDD activity						
Supervision for SCT						
Supervision for DSAs						
Supervision for coverage survey						
<b>Technical Assistance</b>						
<b>M&amp;E</b>						
Pre-TAS in 11 districts						
TAS 2 in 15 districts (12 EUs)						
TAS 1 in 9 districts						
TIS in 11 districts (15 EUs)						
<i>Note: 2 districts (2 EUs) cancelled for FY20</i>						
TSS in 1 district (2 EUs)						
<i>Note: 2 EUs in Mayahi cancelled for FY20</i>						
Supervisor's Coverage Tool (SCT)						
Coverage Evaluation Survey						
Procurement of survey supplies						
Severe Adverse Effects (SAE) Monitoring						
Monitoring of Fixed Obligation Grants and Formative for Districts Finance Manager by Project Accountant						
INDB Data Entry (local consultant)						
<b>IR/S Activities</b>						
<b>World Vision</b>						
Workshop to present results of barrier analysis						
Creation of cross-sector working group for NTDS (Q2) / Launch event (Q4)						
<b>Deloitte</b>						
TIPAC training						
IR/S team building meeting						
Landscape analysis and SMM self-assessment						

All planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.

## MAPS

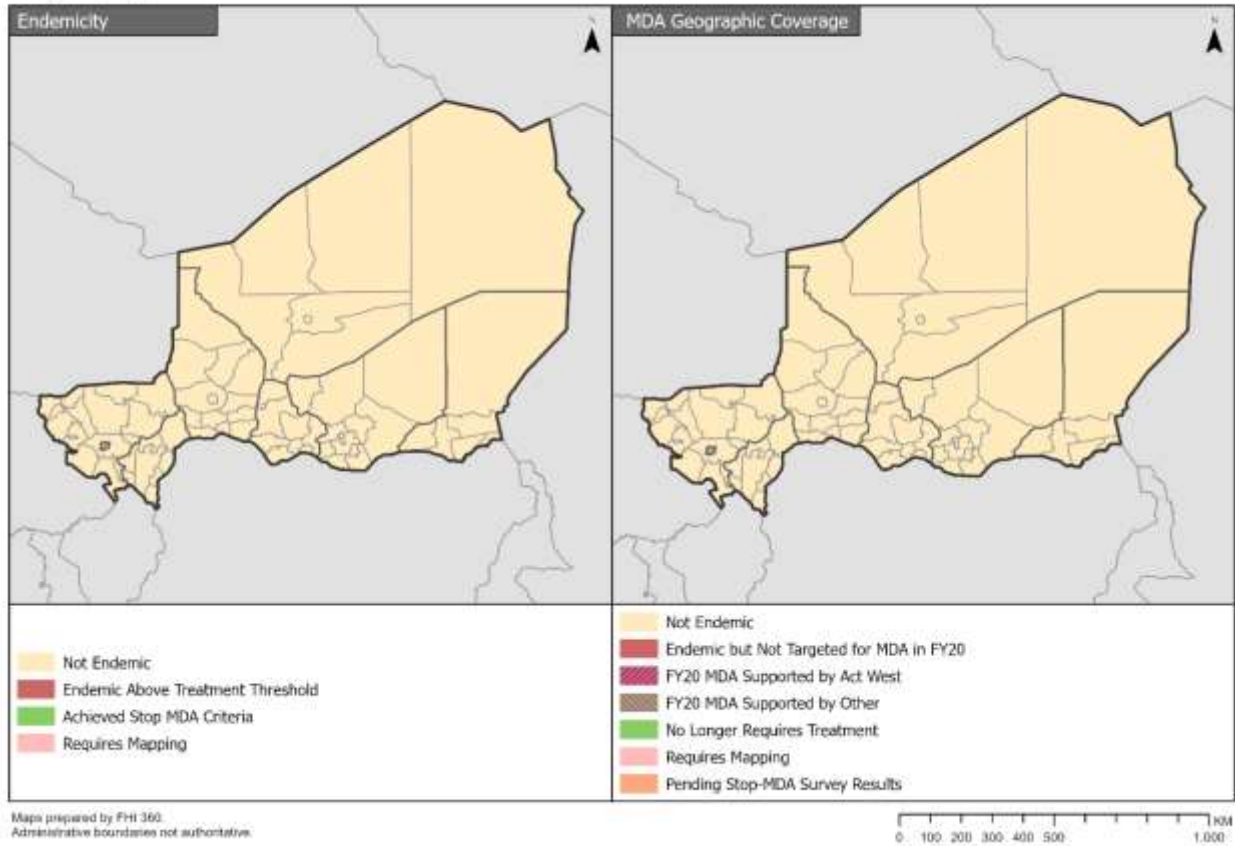
### Lymphatic Filariasis

Niger | April 2020



# Onchocerciasis

Niger | April 2020

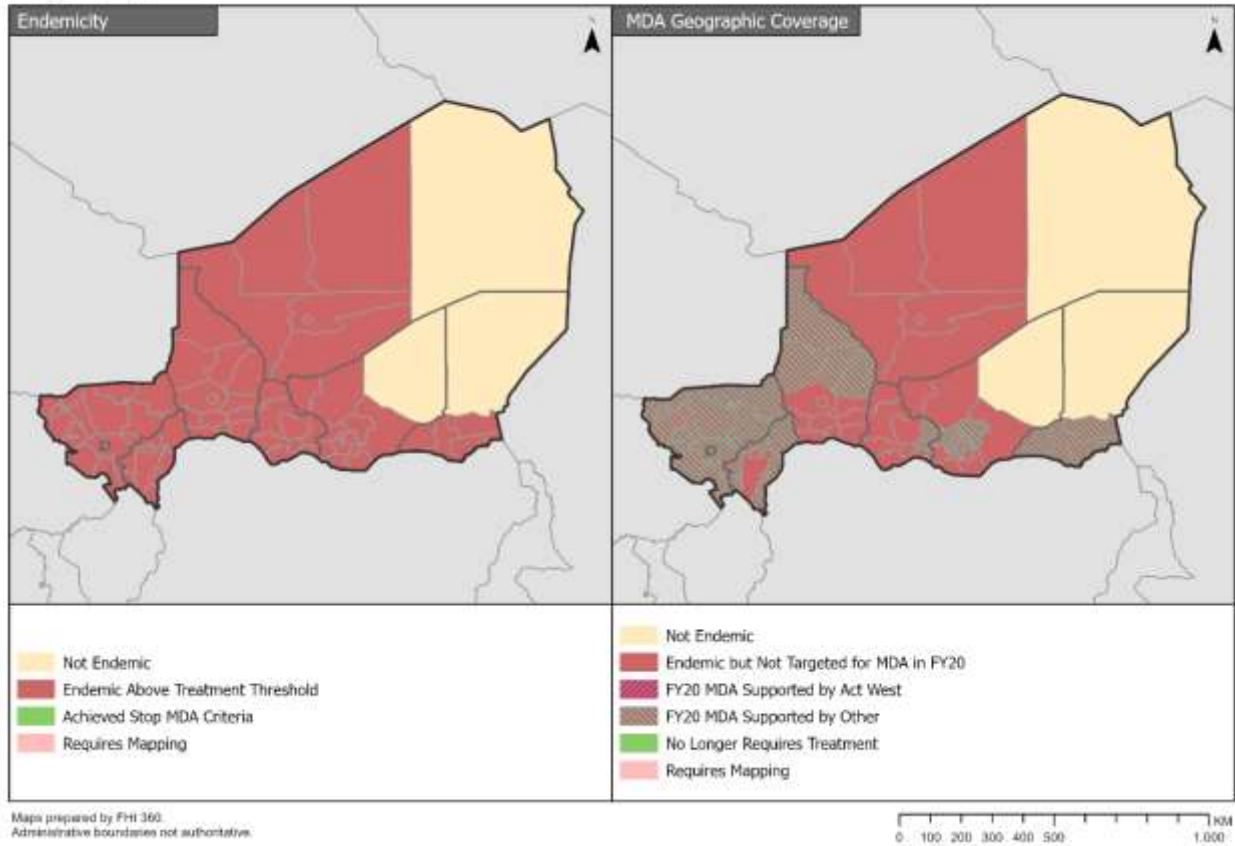


Maps prepared by FHI 360.  
Administrative boundaries not authoritative.



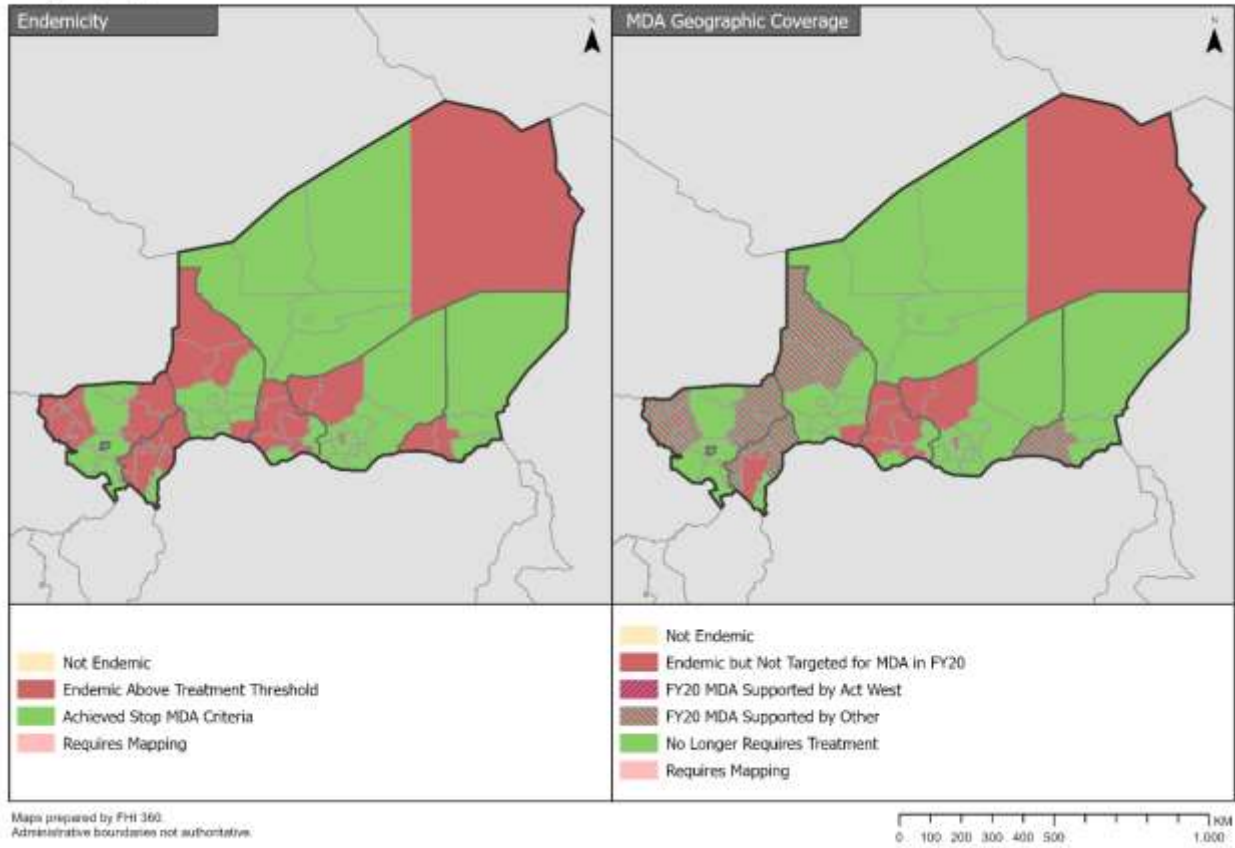
## Schistosomiasis

### Niger | April 2020



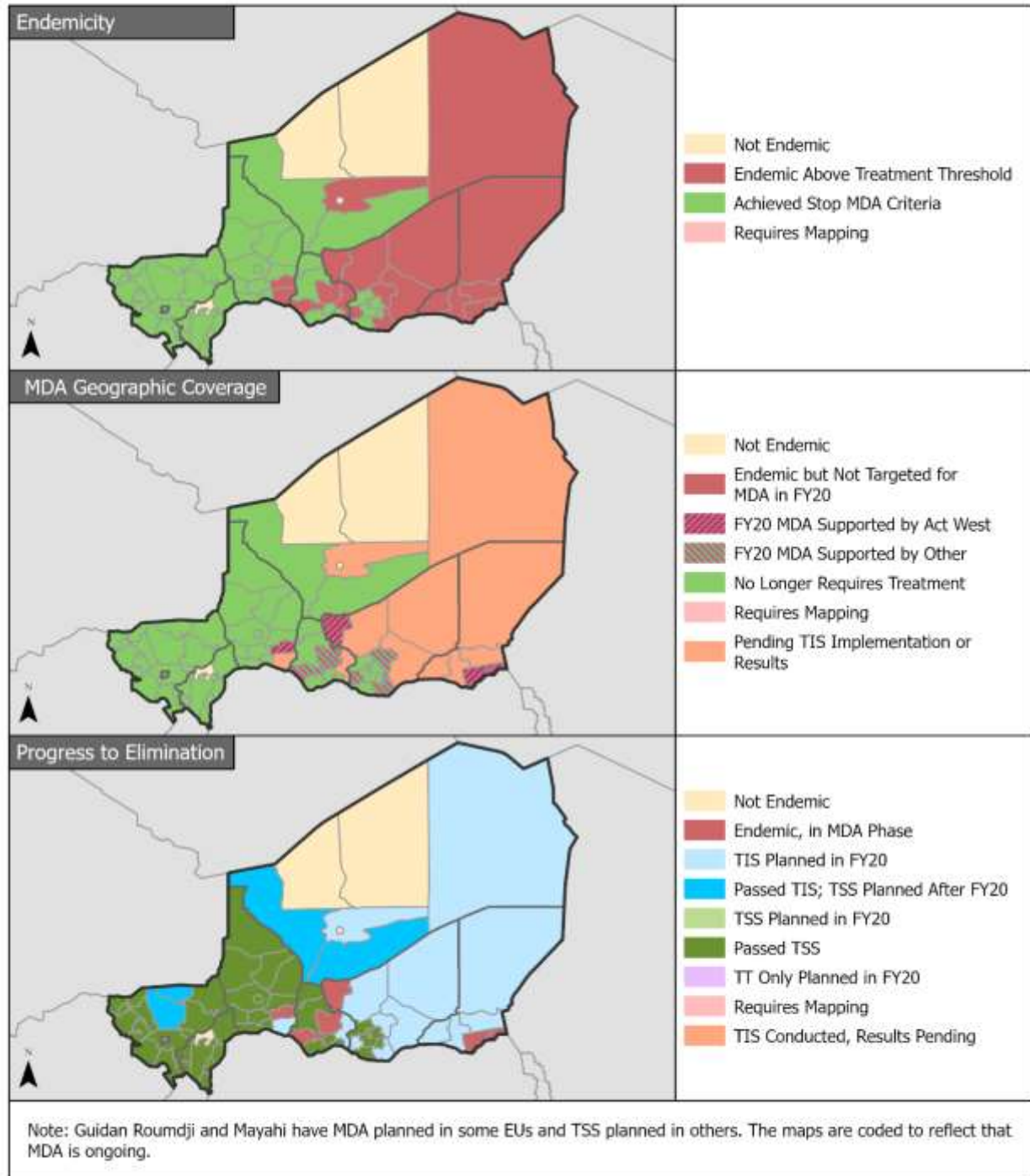
## Soil-Transmitted Helminths

Niger | April 2020



# Trachoma

## Niger | April 2020



Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

0 100 200 300 400 500 1,000 KM



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Act to End NTDS | West FY20 Semi-annual Report (SAR): October 1, 2019–March 31, 2020



# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**SENEGAL**

# TABLE OF CONTENTS

LIST OF TABLES .....	290
ACRONYMS AND ABBREVIATIONS.....	291
EXECUTIVE SUMMARY.....	294
PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....	294
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	294
<i>Lymphatic filariasis</i> .....	294
<i>Onchocerciasis</i> .....	295
<i>Trachoma</i> .....	295
MULTI-DISEASE ACTIVITIES.....	296
<i>Strategic planning</i> .....	296
<i>NTD Secretariat</i> .....	298
<i>Building advocacy for a sustainable national NTD program</i> .....	298
<i>MDA coverage</i> .....	298
<i>Social mobilization to enable PC-NTD program activities</i> .....	299
<i>Training</i> .....	301
<i>Supervision for MDA</i> .....	306
<i>Monitoring, Evaluation and Learning</i> .....	307
<i>Supervision for Monitoring and Evaluation and DSAs</i> .....	308
<i>Dossier Development</i> .....	308
<i>Short-term Technical Assistance (STTA)</i> .....	308
IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	310
<i>Data Security and Management</i> .....	310
<i>Drug Management</i> .....	310
MAINSTREAMING AND HSS ACTIVITIES (IR2).....	312
<i>Develop NTD sustainability plan</i> .....	312
<i>SCH, STH Post-validation/Verification Surveillance</i> .....	314
<i>Cross-sector coordination and integration with existing platforms</i> .....	314
SUCCESS STORIES AND BEST PRACTICES.....	315
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	316
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	317
MAPS.....	319

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020 .....	299
TABLE 2:SUMMARY OF TRAINING ACHIEVED IN FY20 (OCT 2019-MARCH 2020)* .....	303
TABLE 3: SHORT TERM TECHNICAL ASSISTANCE .....	309
TABLE 4: CHALLENGES/RESOLUTIONS.....	316
TABLE 5: FY20 ACTIVITY .....	317

## ACRONYMS AND ABBREVIATIONS

<b>AFRO</b>	Africa Regional Office (WHO)
<b>ALB</b>	Albendazole
<b>ANSD</b>	Agence National de la Statistique et de la Demographie (National Agency for Statistics and Demography)
<b>BREIPS</b>	Bureau Régional de l'Éducation et de l'Information pour la Santé (Regional Office for Health Education and Information)
<b>CDD</b>	Community Drug Distributor (known locally as “DC, distributeur communautaire”)
<b>CDTI</b>	Community-directed treatment with ivermectin
<b>CHW</b>	Community health worker (known locally as “relais communautaire”)
<b>CM</b>	Case management
<b>CODEC</b>	Collectifs des Directeurs d'École (School Principals' Group)
<b>CS</b>	Centre de Santé (Health Center)
<b>CSC</b>	Cellule de Santé Communautaire (Community Health Unit)
<b>CY</b>	Calendar Year
<b>DCMS</b>	Division du Contrôle Médical Scolaire (School Health Control Division)
<b>DGS</b>	Direction Générale de la Santé (General Directorate of Health)
<b>DGSP</b>	Direction Générale de la Santé Publique (General Directorate of Public Health)
<b>DHIS2</b>	District Health Information System 2
<b>DLM</b>	Direction de Lutte contre la Maladie (Disease Control Directorate)
<b>DPE</b>	Direction Préfectorale de l'Éducation (Prefectoral Directorate of Education)
<b>DPM</b>	Direction de la Pharmacie et du Médicament (Pharmacy and Drug Management Directorate)
<b>DPRS</b>	Direction de la Planification, de la Recherche et des Statistiques (Directorate for Planning, Research and Statistics)
<b>DSA</b>	Disease-Specific Assessment
<b>DSISS</b>	Division du Système d'Information Sanitaire et Sociale (Health and Social Information System Division)
<b>DSME</b>	Direction de la Santé de la Mère et de l'Enfant (Directorate of Maternal and Child Health)
<b>ECD</b>	Health District Management Team
<b>ECR</b>	Medical Region Management Team
<b>ELISA</b>	Enzyme-linked immunosorbent assay
<b>EPIRF</b>	PC Epidemiological Data Reporting Form (WHO)
<b>EPS</b>	Éducation Physique et Sportive (Physical and Sporting Education)
<b>EU</b>	Evaluation Unit
<b>FAA</b>	Fixed Amount Award
<b>FHI 360</b>	Trade name for Family Health International
<b>FY</b>	Fiscal Year
<b>GTMP</b>	Global Trachoma Mapping Project
<b>HCCT</b>	Haut Conseil des Collectivités Territoriales (High Council of Territorial Communities)
<b>HD</b>	Health District (known locally as “DS, District Sanitaire”)
<b>HSS</b>	Health Systems Strengthening
<b>IA</b>	Inspection d'Académie (Schools Inspectorate)
<b>ICP</b>	Infirmier Chef de Poste (Health Post Head Nurse)
<b>ICT</b>	Immunochromatographic test card
<b>IEC</b>	Information, Education and Communication
<b>IEF</b>	Inspection de la Formation et de l'Éducation (Training and Education Inspectorate)
<b>IR</b>	Intermediate Result
<b>IVM</b>	Ivermectin
<b>JAP</b>	Joint Application Package (WHO)

<b>JLS</b>	Journée Locale de Supplémentation (Local Supplementation Day)
<b>JRF</b>	Joint Reporting Form (WHO)
<b>JRSM</b>	Joint Request for Selected PC Medicines (WHO)
<b>LF</b>	Lymphatic filariasis
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCD</b>	Médecin Chef de District (Health District Head Doctor)
<b>MCR</b>	Médecin Chef de Région (Health Region Head Doctor)
<b>MDCEST</b>	Ministère du Développement communautaire, de l'Équité sociale et territoriale (Ministry of Community Development and Social and Territorial Equity)
<b>MEDD</b>	Ministère de l'Environnement et du Développement Durable (Ministry of the Environment and Sustainable Development)
<b>MEN</b>	Ministère de l'Éducation Nationale (Ministry of National Education)
<b>Mf</b>	Microfilaremia
<b>MFFG</b>	Ministère de la Femme, de la Famille et du Genre (Ministry of Women, Families and Gender)
<b>MHA</b>	Ministère de l'Hydraulique et l'Assainissement (Ministry of Hydraulics and Sanitation)
<b>MSAS</b>	Ministère de la Santé et de l'Action Sociale (Ministry of Health and Social Work)
<b>NTD</b>	Neglected Tropical Disease
<b>OMVS</b>	Organisation pour la Mise en Valeur du Fleuve Sénégal (Organization for the Development of the Senegal River)
<b>OV</b>	Onchocerciasis
<b>PC</b>	Preventive Chemotherapy
<b>PNA</b>	Pharmacie Nationale d'Approvisionnement (National Supply Pharmacy)
<b>PNEFO</b>	Programme National pour l'Élimination de la Filariose Lymphatique et de l'Onchocercose (National Program for the Elimination of Lymphatic Filariasis and Onchocerciasis)
<b>PNEL</b>	Programme National d'Élimination de la Lèpre (National Leprosy Elimination Program)
<b>PNEVG</b>	Programme National d'Élimination du Ver de Guinée (National Guinea Worm Elimination Program)
<b>PNLBG</b>	Programme National de lutte contre les Bilharzioses et les Geohelminthiases (National Bilharzia and Soil-Transmitted Helminths Control Program)
<b>PNLMTN</b>	Programme National de Lutte contre les Maladies Tropicales Négligées (National Neglected Tropical Diseases Control Program)
<b>PNPSO</b>	Programme National de Promotion de la Santé Oculaire (National Eye Health Promotion Program)
<b>PRA</b>	Pharmacie Régionale d'Approvisionnement (Regional Supply Pharmacy)
<b>PTS</b>	Post-Treatment Surveillance
<b>PZQ</b>	Praziquantel
<b>RM</b>	Région Médicale (Medical Region)
<b>RPRG</b>	Regional Program Review Group
<b>SAFE</b>	Surgery, Antibiotics, Facial cleanliness, and Environmental improvement
<b>SCH</b>	Schistosomiasis
<b>SLAP</b>	Service de Lutte Antiparasitaire (Parasite Control Section)
<b>SNEIPS</b>	Service National de l'Éducation et de l'Information pour la Santé (National Health Education and Information Service)
<b>SNH</b>	Service National de l'Hygiène (National Hygiene Service)
<b>SNISS</b>	Service National de l'Information Sanitaire et Sociale (National Health and Social Information Service)
<b>STH</b>	Soil-Transmitted Helminths
<b>TAS</b>	Transmission Assessment Survey
<b>TBC</b>	To be confirmed
<b>TBD</b>	To be determined
<b>TF</b>	Trachomatous inflammation - follicular
<b>TIS</b>	Trachoma Impact Survey



<b>TSS</b>	Trachoma Surveillance Survey
<b>USAID</b>	United States Agency for International Development
<b>VAD</b>	Visite à Domicile (Home Visit)
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

FHI 360 is leading implementation of USAID’s Act to End Neglected Tropical Diseases | West (Act | West) program in Senegal, following the closeout of the ENVISION project in June 2019. Act | West is supporting the Senegal Ministry of Health and Social Work (MSAS)’s National NTD Control Program (PNLMTN). The Intermediate Results (IRs) for Act | West are as follows:

**IR 1:** Increased mass drug administration (MDA) coverage among at-risk populations in countries endemic for neglected tropical diseases (NTDs) that are treated with preventive chemotherapy (PC)

**IR 2:** Strengthen country environment for the implementation and management of national neglected tropical disease programs

**IR 3:** Sustained MDA coverage among at-risk populations in endemic countries

Act | West is funded from July 19, 2018 to July 18, 2023. This document covers the period October 1, 2019–March 31, 2020. During the reporting period, Act | West supported the following key activities:

- Development and signature of fixed amount awards (FAAs) with the Disease Control Directorate (DLM) and with seven medical regions (RMs)
- Organization of microplanning workshops, and orientation of relevant personnel at central, regional, district, and sub-district levels on mass drug administration (MDA) in 30 health districts (HDs)
- Organization of integrated MDA in 30 HDs
- Supervision of the MDA in 30 HDs
- Evaluation and validation of the results of the MDA at HD, regional, and central levels

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### **Lymphatic filariasis**

FHI 360 assisted the PNLMTN to review and update its internal “roadmap” for LF (Excel file) (July 2019).

#### *MDA for LF (plus OV, SCH and/or STH) in 44 HDs*

Please see “Multi-disease activities” section, under “MDA Coverage.”

#### *LF pre-TAS in 14 HDs (FHI 360)*

Act | West planned to support LF pre-TAS in 14 HDs. Three of these HDs (Kidira, Koumpentoum, and Tambacounda HDs, in Tambacounda RM) were already eligible for pre-transmission assessment surveys

(pre-TAS) before the December 2019 MDA and therefore did not administer ivermectin (IVM) or albendazole (ALB) during that MDA round (Act | West did not support MDA in those HDs). During the MDA, these 3 HDs did not treat LF and OV (separately, they conducted MDA for SCH, with support from a different partner); pre-TAS in these 3 districts is slated for the next reporting period.

In the other 11 HDs, the pre-TAS is contingent on achieving  $\geq 65$  percent epidemiological coverage in the December 2019 MDA. All 11 HDs reached this target and are slated to conduct pre-TAS in the next reporting period.

In Tambacounda RM, where 5 HDs are slated to conduct pre-TAS (all with Act | West support) in FY 2020, FHI 360 provided technical and financial support to the PNEFO and PNLMTN in conducting an orientation workshop on pre-TAS involving the medical region head doctor (MCR), HD head doctor (MCD), and NTD focal point from each of the RM's 7 HDs (March 13). The MCR had requested the participation of all HDs (even Goudiry and Maka Colibantang, which are not presently eligible for pre-TAS) to strengthen their commitment to LF elimination and, in particular, to achieving MDA targets. The group 1) identified the spot-check sites for the 5 HDs that are slated to conduct pre-TAS with Act | West support in FY20, and 2) initially decided on an April start date. Shortly thereafter, the latter was put on hold given the suspension by the MSAS of all workshops and field activities.

#### *LF TAS1 in 3 evaluation units (EUs) (3 HDs)*

This activity is contingent on the results of the pre-TAS in 3 HDs of Tambacounda RM, scheduled for early in the next reporting period.

#### *LF TAS2 in 1 EU (3 HDs)*

The TAS2 is planned in a single EU constituted of Sédhiou RM's 3 HDs (Sédhiou, Goudomp and Bounkiling). Sédhiou passed TAS1 in July 2018. The PNEFO submitted its TAS1 results to WHO AFRO in February 2019 in a request for authorization to proceed with TAS2; the PNEFO resubmitted its request in February 2020 and WHO has promised to send a reply.

### **Onchocerciasis**

FHI 360 assisted the PNLMTN to review and update its internal "roadmap" for OV (Excel file) (July 2019).

#### *Meeting of national OV and LF elimination committee*

The national committee for the elimination of OV and LF was formally established in July 2019, with its first meeting originally scheduled for March 2020. In light of the COVID-19 epidemic, on 17 March the MSAS declared all workshops and seminars postponed until further notice. This meeting will be rescheduled once meetings are again permitted.

#### *LF-OV-SCH MDA in 6 HDs*

Please see "Multi-disease activities" section, under "MDA Coverage."

### **Trachoma**

#### *Workshop to develop a protocol for trachoma mapping desk review*

FHI 360 organized a multi-country workshop, hosted by the MSAS (DLM and National Eye Health Promotion Program [PNPSO]), involving ministry of health (MOH) trachoma control programs from Cameroon, Benin, and Senegal. Additional participants included Senegal's former PNPSO coordinator, and FHI 360/Benin, HKI/Regional Office (which facilitated one of the sessions), HKI/Cameroon, and

Sightsavers/Senegal (Dakar, March 5–6). The goals were to discuss different frameworks that can be tailored to individual country circumstances for conducting trachoma desk reviews, as well as data sources, data collection methods, and decision-making to determine whether or not to conduct baseline mapping. The MOH personnel shared experiences of conducting desk reviews and how decisions were made to conduct mapping following the desk reviews. The MOH personnel drafted action plans for conducting the desk reviews for their FY20 plans. Benin and Cameroon plan to conduct desk reviews to aid in the decision whether or not to conduct baseline mapping, per their FY20 plans. Senegal's PNPSO is currently in discussions with MSAS authorities and other partners on support to move directly to baseline mapping.

#### *Trachoma mapping surveys in HDs identified via the trachoma desk review (maximum of 10 HDs)*

This activity was to follow the workshop in March 2020, mentioned above. It has not yet been planned; the PNPSO is currently evaluating whether to conduct the trachoma desk reviews (to be followed by mapping, where indicated, with USAID support) or to move straight to mapping with support from another partner (potentially Sightsavers).

#### *Trachoma Surveillance Surveys (TSS) in 6 EUs (2 HDs)*

This activity was slated to start as early as March 2020 in all 4 EUs of Touba HD (Diourbel RM) and in July in the 2 EUs of Saint Louis HD (Saint Louis RM), considering the minimum two-year wait between trachoma impact surveys (TIS) and trachoma surveillance surveys (TSS). The PNPSO developed a protocol for the TSS surveys with FHI 360's technical assistance and submitted it to Tropical Data for review. At the end of the reporting period, all field survey activities were suspended due to the COVID-19 situation.

## MULTI-DISEASE ACTIVITIES

### Strategic planning

#### *Participation in the MSAS weekly NTD coordination meetings*

FHI 360 participated in all the weekly NTD coordination meetings organized by the PNLMTN. Starting in January 2020, these meetings have not been regular due to the absence of many of the DLM's NTD staff. FHI 360 has continued to hold weekly meetings with the PNLMTN Coordinator even when other DLM staff have not been available. These meetings are useful for planning and follow-up of activities and also help to avoid duplication of activities supported by various partners.

#### *MSAS quarterly NTD coordination meetings*

The PNLMTN organized two quarterly NTD coordination meetings, one in December 2019 and the other in February 2020, both supported by Act | West. These meetings involved other parts of the MSAS (National Hygiene Service [SNH], National Health Education and Information Service [SNEIPS], Community Health Unit [CSC], National Supply Pharmacy [PNA]), the Ministry of National Education (MEN, School Health Control Division [DCMS]), and partners FHI 360, Sightsavers, Enda Santé, World Vision, and Action Damien). The first meeting focused on planning for the December 2019 MDA. The second meeting reviewed the completion of planned activities by the different NTD programs (PNLMTN [same person also heads the National Guinea Worm Elimination Program, PNEVG, and is in charge of rabies response], PNEFO [same person is also focal point for Dengue], National Bilharzia and STH Control Program [PNLBG], PNPSO, National Leprosy Elimination Program [PNEI]). FHI 360 presented on the activities to be supported by Act | West and END Fund.

### *Participation by FHI 360 and PNLMTN staff in the quarterly coordination meetings of 11 RMs*

Act | West funded the participation of National NTD Control Program (PNLMTN) and FHI 360/Dakar personnel in the regular (i.e., non-NTD-specific) quarterly coordination meetings of the RMs of Louga and Ziguinchor (January 29–31), Kaolack (January 21–24), Diourbel (January 28–29) and Tambacounda (March 10–11). In Ziguinchor, Kaolack, and Diourbel RMs, the local Act | West-funded regional focal point also attended; in Louga and Tambacounda RMs, the local END Fund-funded regional focal point attended. The meetings' regular participants (not funded by Act | West or END Fund) are the health region management team (ECR), the HD management teams (ECDs) from each of the RM's HDs, the RM's local partners, and local administrative and political authorities; the Act | West and END Fund-funded regional focal points also attend, even when there are no visitors from Dakar. The RMs included NTDS as an agenda item, enabling focused discussion of specific NTD-related challenges, closer joint planning of NTD-related activities, and advocacy for increased ownership of those activities by the RM and its HDs. Attendance by the PNLMTN increased the latter's visibility with each RM and mutual understanding between the PNLMTN and the RM.

### *Participation in the monthly coordination meetings of 44 HDs*

FHI 360's Act | West-funded regional focal point in Kolda RM participated in regular (i.e., non-NTD-specific) monthly HD-level coordination meetings in Vélingara HD (March 10) and Médina Yoro Foulfa HD (March 11). In each HD, the focal point helped review the status of the post-MDA drug supply, including the return of unused drugs to the HD by the health posts, and proposed that the HDs incorporate messaging on NTDS as part of routine integrated visits to households (known as VADI). Additionally, with END Fund support, FHI 360's regional focal point in Kédougou RM participated in the meetings in Salémata HD (March 16–18) and Saraya HD (March 19–20); the regional focal in Tambacounda RM participated in the meeting in Tambacounda HD (March 8).

### *Act | West Senegal team coordination meetings*

FHI 360 organizes two types of coordination meetings within the Act | West Senegal team:

- A weekly meeting with World Vision, to facilitate the planning and monitoring of project activities, and to identify challenges to be discussed with the PNLMTN. This meeting involves Dakar-based staff only.
- An Act | West Senegal team coordination meeting, involving FHI 360's regional focal points. A first meeting (February 12–13) covered monitoring of the project's field activities, identifying and analyzing challenges, and sharing best practices. The meeting also served as ongoing training to equip FHI 360's regional focal points—7 funded by Act | West, and 4 funded by END Fund—with individual work plans for Act | West and END Fund project activities over the next three months. The next meeting is scheduled for next semester.

### *Participation in PC-NTD partner coordination meetings*

No meetings were organized this semester. FHI 360 discussed with WHO and other partners getting these meetings underway, resulting in a first meeting scheduled for March 2020. This meeting was postponed due to restrictions on gatherings related to COVID-19.

### *Workshops to develop and validate the MSAS's National NTD Master Plan for 2021–2025*

This activity is slated for next semester.

## **NTD Secretariat**

### *Procure five laptops for PNLMTN personnel*

FHI 360 procured and delivered five laptops to the PNLMTN. These current models will replace the older, inadequate ones the team has been using and will allow the PNLMTN personnel to complete their NTD-related work more efficiently.

### *Procure a multifunctional photocopier and toner cartridges for the PNLMTN*

FHI 360 purchased a multifunctional photocopier and cartridges for the PNLMTN; this will allow the PNLMTN to print and copy working documents for meetings and workshops. Due to COVID-19-related restrictions, delivery will take place next semester.

### *Internet subscription for the PNLMTN/DLM office*

FHI 360 has initiated discussions with the PNLMTN to start this support. The modem provided by the previous USAID-funded project (ENVISION) is no longer functional, so it is necessary to provide equipment as well (rather than just a subscription, as planned initially). There is no additional cost for this.

### *Mobile phone credit for seven PNLMTN/DLM personnel*

FHI 360 provides mobile phone credit each month, enabling the PNLMTN/DLM personnel to make telephone calls.

### *Maintenance and repair for DLM vehicles*

The PNLMTN has not yet expressed a need for this assistance.

## **Building advocacy for a sustainable national NTD program**

### *Development and printing of the MSAS's semi-annual NTD newsletter*

This activity is planned for next semester.

## **MDA coverage**

### *MDA for LF (plus OV, SCH, and/or STH) in 44 HDs*

The MSAS typically organizes a single integrated MDA round per calendar year. In FY 2020, this MDA took place in December 2019. The MSAS conducted MDA in a total of 50 HDs throughout the country with support from Act | West (30 HDs), the END Fund (14 HDs), and the Senegal River Basin Development Organization (OMVS) (6 HDs). FHI 360 was the implementing partner for Act | West and for END Fund; for OMVS, it was Enda Santé. All HDs supported by Act | West and END Fund included LF (and other diseases); the HDs supported by OMVS did not require MDA for LF.

Originally, Act | West was slated to support MDA in 44 HDs across 7 medical regions (RMs). The END Fund issued a separate award to FHI 360 shortly before the MDA, providing funding for the MDA in 14 of those 44 HDs, in 4 RMs. Information provided here relates to the MDA supported by Act | West and by END Fund.

Per Act | West's FY20 country work plan, Act | West was slated to support MDA for LF, integrated with MDA for other diseases (OV, SCH, and/or STH), as the latter were targeted in 44 HDs. In November 2019, the END Fund issued an award to FHI 360 to support MDA in 14 of these HDs. In the December 2019 MDA, Act | West supported LF MDA in 30 HDs across 7 RMs (Diourbel, Fatick, Kaffrine, Kaolack, Kolda,

Thiès, Ziguinchor); END Fund supported LF MDA in 14 HDs across 4 RMs (Kédougou, Louga, Saint Louis, Tambacounda). All 44 HDs reached the required  $\geq 65$  percent epidemiological coverage.

Act | West, via FHI 360, supported MDA in 30 HDs. Within those 30 HDs, diseases were targeted as follows: LF in all 30 HDs, OV in 1 HD, SCH in 20 HDs (13 of them focal), and STH in 12 HDs. Results are presented in Table 1. Some year-over-year improvements of note are 3 HDs—one each in Kaolack, Thiès, and Ziguinchor RMs—reached  $\geq 65$  percent epidemiological coverage for LF in FY20 after falling short in their FY19 MDA. Overall, all Act | West-supported HDs reached their coverage targets for all diseases, with the exception of 2 HDs (Diouloulou and Ziguinchor, both in Ziguinchor RM) that did not reach  $\geq 75$  percent epidemiological coverage of school-age children (SAC) for SCH (one was over 64 percent, and the other over 68 percent). Each of these conducted focal treatment targeting just 2 health posts; in both HDs, one of the 2 health posts reached  $\geq 75$  percent coverage, and the other health post was below that threshold. For the lower-coverage health post in Ziguinchor HD, a preliminary reason given was that part of the target population (SAC) attend school outside of the targeted health post's catchment area, and therefore did not receive PZQ treatment at school. No explanation was given for the lower coverage in the health post in Diouloulou HD.

END Fund, via FHI 360, supported MDA in 14 HDs. Within those 14 HDs, diseases were targeted as follows: LF and SCH in all 14 HDs and OV in 5 HDs. All 14 HDs reached  $\geq 65$  percent epidemiological coverage for LF; all 5 targeted HDs reached  $\geq 80$  percent program coverage for OV; and 13 of the 14 HDs reached  $\geq 75$  percent epidemiological coverage of SAC. The 1 HD that fell short of target coverage for SCH was still above 70 percent.

**Table 42: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY 2020)	# District with insufficient epi coverage in FY20	# District with insufficient program coverage in FY20	Treatment targets (FY 2020) # PERSONS	# persons treated (FY 2020)	Percentage of treatment target met (FY 2020) PERSONS
LF	1	30	0	0	5,468,811	4,944,454	90.41%
OV	1	1	0	0	45,375	47,639	104.99%
SCH*	1	20	2	2	490,816	511,767	104.27%
STH	1	9	0	0	602,215	704,419	116.97%
TRA	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\*In 13 HDs, SCH MDA focused on selected health posts rather than the entire HD.

### Social mobilization to enable PC-NTD program activities

#### *Participate in NTD communications committee*

As part of preparations for the December 2019 MDA, the MSAS reactivated its NTD Communications Committee shortly beforehand, once partner funding was confirmed. The committee held two meetings, with attendance by the MSAS (National Health Education and Information Service [SNEIPS] and DLM), and FHI 360. The committee reviewed the MSAS's existing MDA social mobilization materials, allowing



these to be updated in advance of the December 2019 MDA. In addition to these in-person meetings, the DLM, SNEIPS, and FHI 360 coordinate by phone on an ongoing basis.

#### *Production of IEC materials for 44 HDs*

Act | West, via FHI 360, funded the printing of social mobilization materials, data collection compilation forms, and supervision forms for use in the December 2019 MDA in 44 HDs (30 were funded by Act | West for MDA; 14 were funded by END Fund). The social mobilization materials consisted of 1,746 training manuals (for community distributors); 14,626 posters on NTDS with preventive chemotherapy and their complications; 3,000 IVM-praziquantel (PZQ) dose poles; 19,221 t-shirts; and 19,221 caps. The data collection and compilation forms consisted of 119,511 LF and 119,511 SCH tally sheets; 59,755 summary sheets for community distributor teams and 10,467 health post summary sheets; 18,006 supervision sheets; 16,250 adverse reaction notification sheets; 16,250 drug movement sheets; and 16,250 morbidity case recording sheets.

#### *Delivery of IEC materials to 11 RMs*

Act | West, via FHI 360, ensured the delivery of social mobilization materials and data collection and compilation forms to 11 RMs in advance of the December 2019 MDA. Implementation of the MDA in 7 of these RMs was funded by Act | West; in the other 4 RMs, it was funded by END Fund. (In HDs supported by OMVS, that funder paid for printing and delivery of materials.)

#### *Updating of commercials and shows for radio and TV*

Following a review by the NTD Communications Committee (including FHI 360) of the TV and radio commercials from the previous year's MDA, there was insufficient time before the start of MDA for Act | West to contract with a local firm to carry out the necessary updates. The SNEIPS performed this work, without external funding and shared the final products with the Regional Offices for Health Education and Information (BREIPS) and the Act | West and END Fund-supported HDs for airing on local radio stations.

#### *Airing of commercials and shows on national TV and radio*

The timeline was too short to contract with national TV and radio stations to air the national-level NTD and MDA-related commercials, due to the timing of Act | West funding, and of delays in review, approval, and "reassembly" procedures for the commercials, as well as selection of national TV and radio stations.

#### *Airing of commercials on local radio*

Act | West funded the airing of NTD and MDA-related commercials (1,124 broadcasts in total) by local radio stations before and during the December 2019 MDA, in RMs and HDs where the MDA was supported by Act | West or END Fund.

#### *Internet advertisements during MDA:*

The timeline was too short in this first year of Act | West implementation in Senegal to carry out this activity.

#### *Organization of a national MDA launch day*

This activity was implemented on December 12, 2019. The Minister of Health presided over the event, with WHO's Resident Representative and several other MSAS and Ministry of National Education (MEN) officials in attendance. The event was broadcasted on several national television and radio stations. The

DLM deliberately selected Kaolack RM to host this activity, given the challenges experienced in that RM during the CY2018 MDA round.

### *Community mobilization strategy in 11 RMs*

Originally Act | West was slated to support MDA in 11 RMs. The END Fund issued a separate award to FHI 360 shortly before the MDA, providing funding for the MDA in 4 of those RMs.

Act | West supported 7 RMs and 30 targeted HDs in implementing social mobilization across a range of channels, including 60 awareness-raising and poster caravans that used local means of transport (horse-drawn carriages, "Jakarta" motorbikes, etc.); commercials and shows on community radio stations; town criers; and promotion of the MDA during religious services in mosques and churches.

Additionally, 2 RMs (Kaffrine and Ziguinchor) set up their own RM-level MDA WhatsApp groups, involving FHI 360's regional focal point along with the MSAS's designated MDA supervisors from HD and RM levels and national-level MDA supervisors assigned to those RMs. The groups shared, in real time, treatment coverage from different service-delivery points, possible obstacles to achieving target coverage, and ideas to address the latter; this motivated group-members to continue to strive to achieve good coverage. They also shared testimonials from people who received treatment and used these testimonials to encourage adherence by members of the public (such as heads of household and Koranic school teachers) who were initially hesitant, both for themselves and their dependents. (Two of the END Fund-supported RMs, Kédougou and Tambacounda, did the same.)

In the week prior to the MDA, FHI 360 provided technical support to the PNLMTN to mobilize the public for MDA.

- With technical supported from FHI 360 as a member of the NTD Communications Committee, the SNEIPS developed a TV and radio commercial in French and Wolof (local language), and transmitted this to targeted RMs and HDs via WhatsApp.
- At the suggestion of the NTD Technical Committee (which is reactivated each year in advance of the MDA, like the NTD Communications Committee), of which FHI 360 was an active member along with Enda Santé, the PNLMTN set up a WhatsApp group that brought together central, RM, and HD-level personnel involved in implementation of the MDA. Each day during the MDA, this group shared incremental treatment coverage results from the different HDs and RMs; this approach motivated the HDs and RMs to compete amongst themselves to successfully reach the targets.

## **Training**

### *Training/refresher-training on Integrated NTD Database and USAID M&E Workbooks for PNLMTN personnel*

FHI 360's regional M&E advisor in Ghana led a training/refresher-training for FHI 360/Senegal's technical staff and the PNLMTN's NTD data manager on the USAID M&E Workbooks, the NTD Integrated Database, and Data Quality Assessment (DQA) (February3–7).

### *Printing of the MSAS's PC-NTD manuals for use during orientations and MDA*

ENVISION (RTI) left a total of 2,057 MDA training manuals with the DLM, a portion of which were for community drug distributors (CDDs) and the remainder for facilitators (typically health post head nurses [ICPs]). These materials were still valid and able to be used for the December 2019 MDA in the RMs and

HDs. Act | West funded printing of the balance of the training manuals that were needed—1,746 for CDDs and 905 for facilitators.

*Orientation for Act | West's regional focal points*

Act | West funded a 3-day workshop to orient 11 new regional focal points (short-term FHI 360 consultants) (December 4–6)—one in each of the 11 medical regions where FHI 360 supported MDA in December 2019—7 with funding from Act | West and 4 with funding from END Fund. Days 1 and 3 consisted of training by FHI 360 personnel on their roles, an overview of the project, the functioning of fixed-amount awards (FAAs), MDA and related data collection and compilation, and other aspects of PC-NTDs. Day 2 was an orientation for national-level supervisors for the December 2019 MDA, led by the MSAS's Disease Control Directorate (DLM), for 35 people from the MSAS (General Directorate of Public Health [DGSP], SNEIPS, National Supply Pharmacy [PNA], Laboratories Directorate, Health Emergency Operations Center [COUS], and several retired personnel with strong institutional memory) and the MEN (DCMS); FHI 360 personnel and the regional focal points also participated.

**Table 43: SUMMARY OF TRAINING ACHIEVED IN FY20 (OCT 2019-MARCH 2020)\***

Title of training	Location	Target participants (eg HCW, CDD, community)	Objective / s of training	Dated	Lead organization (eg FHI360, HKI, HDI, WVI, Deloitte)	Key outcome(s) of the training	# of participants		
							M	F	T
Orientation of FHI 360 regional focal points	Dakar	FHI 360 regional focal points (consultants: 7 Act   West-supported, 4 END Fund-supported; travel of the latter was funded by END Fund)	1) Share FHI 360 standards and procedures 2) Train regional focal points on MDA and NTDs	Dec 4–6, 2019	FHI 360	- Good knowledge of treatment strategies during MDA - Good knowledge of FHI 360 procedures	5 (3 Act   West)	6 (4 Act   West)	11 (7 Act   West)
Training/refresher-training on CIND, USAID M&E Workbooks, DQA	Dakar	FHI 360/Dakar technical staff, PNLMTN NTD Data Manager	Orient FHI 360 and PNLMTN staff on M&E tools	Feb 3–6, 2019	FHI 360	Improved understanding of and ability to use/implement CIND, USAID M&E Workbooks, DQA methodology	3	1	4
Orientation of national MDA supervisors	Dakar	National supervisors (PNLMTN, University, FHI 360, DCMS, Enda Santé, other departments, resource people)	- Share strategies and treatment goals during MDA implementation - Establish lines of supervision	Dec 5, 2019	FHI 360	Supervisors are oriented on MDA, treatment strategies and objectives	25	14	39

Orientation of ECR / ECD on MDA	7 RMs	Members ECD / ECR	Share roadmap, strategies, targets and customized treatment goals for each HD	Dec 6–14 2019	FHI 360	Orientation of the ECD / ECR on MDA, treatment strategies, and objectives	101	31	132
Orientation of ICPs on MDA	30 HDs	Health post head nurses	Refresher on treatment strategies, drugs used and the targets for each service-delivery point	Dec 9–12 2019	FHI 360	ICPs are oriented on MDA, treatment strategies, and objectives	352	357	709
Orientation of teachers on MDA	All targeted Health Posts within the 30 HDs	Teachers	Orient teachers on strategies, targets and standards of treatment during MDA	Dec 9–13 2019	FHI 360	Teachers are oriented on MDA, treatment strategies, and objectives	2949	905	3854
Orientation of CDDs on MDA	All targeted Health Posts within the 30 HDs	CDDs	Orientation of CDDs on strategies, targets and treatment standards during MDA	Dec 9–13 2019	FHI 360	CDDs are oriented on MDA, strategies, and treatment objectives	2457	5136	7593
Orientation of community supervisors	All targeted Health Posts within the 30 HDs	Community supervisors	Orientation of CS on strategies, targets and treatment standards during MDA	Dec 9–13 2019	FHI 360	Community supervisors are oriented on MDA, strategies and treatment objectives	583	599	1182

Analysis of results from the TIPAC, to develop an advocacy budget	Dakar	Technical staff FHI 360, PNLMTN, DCMS, SNEIPS	Orientation of the high-level personnel on the TIPAC planning and budgeting tool	Nov 11–14 2019	Deloitte	An argument for advocacy for NTDs has been developed and submitted to MSAS's DLM, Director of Human Resources, and Directorate for Planning, Research and Statistics (DPRS)	5	6	11
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\* Act | West-funded trainings only.

## Supervision for MDA

### *Supervision of regional-level MDA orientation and micro-planning workshops in 11 RMs*

Act | West funded the participation of PNLMTN and FHI 360/Dakar personnel in these workshops, which took place over the same period in the different RMs. PNLMTN or DCMS personnel attended all 11 RM workshops, and FHI 360/Dakar program personnel (who are less numerous) attended seven of them—Diourbel, Fatick, Kaffrine, Kaolack, and Thiès (supported by Act | West for MDA), and Louga and Tambacounda (supported by END Fund for MDA). Each RM's meeting was also attended by the local FHI 360 regional focal point (no travel costs).

In each workshop, central-level supervisors—personnel from the PNLMTN, the DCMS, and/or FHI 360/Dakar—oriented the ECR and the ECDs from targeted HDs for the MDA. They covered the NTD training manuals, data collection and management tools, and the RM's MDA targets, ensuring that the RM-level trainers gained an accurate technical and methodological understanding. They answered questions raised by the ECR and ECDs, both about the MDA and the targeted NTDs, and the partners' support. The supervisory teams also used the opportunity to advocate for the importance of striving to reach the MDA targets and to gain the participants' general buy-in for NTD program activities.

### *Supervision of district-level MDA orientation and micro-planning workshops in 44 HDs*

Each RM assembled a joint team of MDA supervisors composed of members of the ECR, the Schools Inspectorate (IA), the Regional Supply Pharmacy (PRA), and local partners. Act | West funded supervision for 7 of these RM-level teams in a total of 30 HDs; END Fund did the same for 4 other RM-level teams in a total of 14 HDs. In each supported HD, the RM-level teams partner with the local ECD to orient the HD's ICPs and school principals. The RM-level supervisors (facilitators) answered participants' questions and stressed the importance of reaching the MDA targets.

FHI 360's Act | West-funded regional focal points participated in the workshops for 11 of the 30 HDs supported by END Fund for MDA.) (FHI 360's END Fund-funded regional focal points participated in the workshops for 5 of the 14 HDs supported by Act | West for MDA.)

### *Supervision of health post-level MDA orientation and micro-planning workshops in 44 HDs*

Within HDs supported for MDA, each health post's ICP orients the CDDs and teachers that are part of the health post's catchment area. Act | West funded supervision of these workshops by ECD personnel in the health posts of 30 HDs, and END Fund did the same in the health posts of 14 HDs. These supervisors answered questions from participants and stressed the importance of striving to reach the MDA targets.

### *Supervision of MDA in 44 HDs*

At the central level: A team of supervisors from central level, composed of the MSAS (DLM, PNLMTN, Community Health Unit, DPRS), the MEN (DCMS), Université Cheikh Anta Diop's Parasitology Department, Enda Santé, and FHI 360, was deployed to different RMs for the December 2019 MDA. Act | West funded the travel of joint central and RM-level teams to both the Act | West (30)- and the END Fund (14)-supported HDs, where they carried out joint supervisions with HD-level personnel over the duration of the MDA. The ICPs supervised the CDDs and the teachers.

From within each RM: In each of the 7 RMs funded by Act | West for MDA, Act | West funded the ECR's supervision (in coordination with the central-level personnel, mentioned above) of targeted HDs, health posts, and drug distribution teams. Within each of the 4 RMs funded by END Fund for MDA, END Fund



funded the same activity. The supervisors monitored whether the MDA was taking place as planned and adherence to recommendations, including drug administration methods and interaction with the target populations; verified the tally sheets and made corrections as needed; emphasized quality data capture and consistent submission time each day; assisted in interaction with non-adherent persons; and noted any weaknesses in implementation, for improvement in future MDAs.

### **Monitoring, Evaluation and Learning**

#### *Support for the preparation of the WHO JAP (JRSM, JRF, and EPIRF)*

This activity is planned for next semester.

#### *Updating the Integrated NTD Database*

This activity is planned for next semester.

#### *MDA data validation workshop in 44 HDs*

In December 2019–January 2020, the 44 HDs (30 with funding from Act | West and 14 with funding from END Fund) each conducted a data validation workshop for the December 2019 MDA, involving personnel from the ECR, the ECD from targeted HDs, the ICPs and Training and Education Inspectorate (IEFs) from those HDs, the representative of Koranic schools, the Health Development Committee, and other partners. In each HD, the group reviewed and validated the MDA results; identified strengths and areas needing improvement; and formulated recommendations addressed to health post, HD, RM, and central (PNLMTN) levels, along with partners. FHI 360's regional focal points attended these HD-level meetings within the RMs in which they are based and assisted the HDs in reviewing the data, filling the RM-level data validation template, and addressing questions about FAA deliverables.

#### *MDA data validation workshop in 11 RMs*

Also in December 2019–January 2020, following the MDA data validation workshops in the HDs, 11 RMs (7 with funding from Act | West and 4 with funding from END Fund) conducted regional MDA data validation workshops for the December 2019 MDA. In each RM, the regional health management team (ECR) was joined by supported districts' district health management teams (ECDs), school representatives, health committees, and local partners. The ECDs presented results from their respective MDAs and received feedback on those data, which were validated by the end of each workshop. The group also evaluated strengths and weaknesses of the implementation and formulated recommendations for future MDA.

#### *National MDA data validation workshop*

Act | West, via FHI 360, funded the DLM to hold a national MDA data validation workshop to review and validate the results of the December 2019 MDA. This activity brought together MSAS personnel from 13 RMs (7 whose MDA was supported by Act | West, 4 by END Fund, 1 by OMVS, and 1 from a single HD of another RM that had conducted STH MDA in collaboration with the local department of the MEN, without donor funds for implementation. The MEN (DCMS) and partners (FHI 360—including the 11 regional focal points, and Enda Santé, OMVS's lead implementer). Attendance of MSAS personnel from 4 of the RMs and the associated regional focal points was funded by END Fund. The group validated the treatment coverage results from the MDA. The group also reviewed the use and status of supplies (drugs, social mobilization materials, data collection, and compilation forms) and financial reporting. The following key recommendations were made:

- Return all remaining MDA drugs to the regional supply pharmacy (PRA) or the medical region (the latter, in regions without a PRA) and complete a physical inventory. Three regions have

already completed both steps. In the absence of partner funding, the transport is done by piggybacking on health post personnel visits to the HD and HD personnel visits to the RM. The regional focal points assist with the inventory.

- Develop national guidance for SCH treatment of at-risk adults, per WHO guidelines. In certain highly-endemic districts, many adults proactively sought PZQ treatment; they had not been targeted for that disease as part of the MDA.

### **Supervision for Monitoring and Evaluation and DSAs**

#### *Supervision of LF pre-TAS in 14 HDs*

Planned for next semester.

#### *Supervision of LF TAS1 in 3 HDs*

Planned for next semester.

#### *Supervision of LF TAS2 in 3 HDs*

Planned for next semester.

#### *Supervision of TSS in 2 HDs*

Planned for next semester.

### **Dossier Development**

#### *LF elimination dossier training workshop*

Planned for next semester.

#### *Quarterly meetings to work on MSAS's trachoma elimination dossier*

Planned for next semester.

#### *Compilation of historical OV data*

Planned for next semester.

### **Short-term Technical Assistance (STTA)**

#### *Consultant to assist in developing the MSAS's National NTD Master Plan for 2021–2025*

Planned for next semester.

#### *Graphic designer to update IEC materials for MDA*

Act | West, via FHI 360, contracted a graphic designer during the preparatory phase for the December 2019 MDA. The consultant helped update and improve posters for LF, OV SCH, and complications of targeted NTDs, for use during the MDA.

#### *Consultant to assist in developing protocol for trachoma desk review*

Planned for next semester.

#### *Consultant to assist in continued development of trachoma elimination dossier*

Planned for next semester.

*Senior consultant to support the MSAS in preparing for Side Meeting on NTD Sustainability at the 2020 World Health Assembly*

Planned for next semester.

*Act | West regional focal points in 11 RMs*

Act | West, via FHI 360, contracted seven individuals—experienced community health practitioners and generally qualified *techniciens supérieur en santé*—to serve as regional focal points based full-time in each of the 7 RMs supported for MDA by Act | West for MDA starting in December 2019. (FHI 360 did the same, with funding from END Fund, in the 4 RMs supported by END Fund for MDA.) These regional focal points assist the RMs and HDs in coordinating, planning, training, supervising, monitoring, and reporting on all Act | West (or END Fund)-supported activities within their “home” RMs and in supported HDs within those RMs. This support is both programmatic (MDA and surveys) and logistical (PC-NTD drug and diagnostic supply management, in coordination with the PRAs). The regional focal points are functionally part of the MSAS’s ECRs, building the capacity of the MCR and RM-level NTD focal points and collaborating closely with the ECDs, including the HD-level NTD focal points.

**TABLE 44: SHORT TERM TECHNICAL ASSISTANCE**

Scope of work (include only short summary)	Name of consultant/s	Period of consultancy	Status (completed, in-progress)
Graphic designer to update IEC materials for MDA	Mouhamet Saloum Soumaré	Oct 25–Nov 11, 2019, and Dec 10, 2019	Completed
7 regional focal points in RMs supported by Act   West for MDA: Work with RMs to implement Act   West-funded NTD activities Support submission of deliverables from the RMs to the DLM/PNLMTN Support post-MDA drug inventory Participate in RM and HD-level coordination meetings on behalf of Act   West	Abdoulaye DIAGNE Agnès Kamaye YADE Fatou NIANG Moussa SECK Coumba Ali DIOP Aida KANE Didier Rodrique DIATTA	Dec 9 2019–Aug 8, 2020	In progress (ongoing activity)

## IR2: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

### Data Security and Management

*Technical assistance to review the security of the NTD data system*

Planned for next semester.

*Workshop for integration of NTD indicators in DHIS2, with DSISS*

Planned for next semester.

### Drug Management

*Support for the preparation of the WHO JRSM*

Planned for next semester.

*Procurement of FTS for use in Act | West-supported LF surveys:*

FHI 360 assisted the PNLMTN in quantifying its FTS needs for planned Act | West-supported LF surveys in FY20 and placed an order with the vendor.

*Procurement of TEO for use in Act | West-supported Trachoma surveys*

FHI 360 assisted the PNPSO in quantifying its tetracycline eye ointment (TEO) needs related to planned Act | West-supported trachoma surveys in FY20 and placed an order with the vendor.

*Transport of MDA drugs from PNA to PRAs in 11 RMs*

For the December 2019 MDA, the PNA transported the MDA drugs from the PNA to the PRAs (or to the RM itself, in RMs without a PRA) of all RMs targeted for MDA, no matter the partner, by piggybacking the inclusion of those drugs in the regularly-scheduled transport to each of those RMs. Before this transportation took place, Act | West, via FHI 360, paid for the handling that would be needed. FHI 360 also provided technical assistance in deciding on the allocation of MDA drugs by RM, for targeted HDs countrywide (not only those supported by Act | West and END Fund for MDA). In total, 6,832,000 ALB tablets, 18,700,000 IVM tablets, and 3,388,000 PZQ tablets were delivered to the 10 PRAs and 2 RMs (Kaffrine and Kedougou, which have no PRA) collectively supported by Act | West, END Fund, and OMVS for MDA.

*Transport of MDA drugs from PRAs in 11 RMs to health posts in 44 HDs*

After receipt of the MDA drugs by the PRAs (in nine RMs) or the RMs (in 2 RMs), the individual HDs targeted for MDA each arranged transport for their allocated quantity of MDA drugs from the PRA/RM to the HDs (not paid for by Act | West). Subsequently, Act | West, via FHI 360, funded transport of the MDA drugs from the targeted HDs to their constituent health posts, in 30 HDs. (END Fund supported the same activity in 14 HDs.)

*Return of unused MDA drugs to PRAs in 11 RMs after MDA*

At the end of the December 2019 MDA, the theoretical inventories—from all HDs that conducted MDA, with any source of funding—showed the following remaining MDA drugs: ALB 813,919 tablets (Act | West-supported HDs: 472,412; END Fund-supported HDs: 341,507); IVM 1,408,419 tablets (Act | West-supported HDs: 1,006,850; END Fund-supported HDs: 401,569); and PZQ 596,207 tablets (Act | West-supported HDs: 113,358; END Fund-supported HDs: 89,499; OMVS-supported HDs: 143,638; HDs without partner support that did not end up conducting MDA: 249,713). The theoretical inventory then

needs to be confirmed with the physical inventory that is returned to the PRAs (or to the RMs, in RMs without a PRA). The return of the drugs to the RMs is conducted by the HDs, which bring the unused drugs when they travel to their parent RM (the PRA, where one exists) to participate in activities there. As these returns take place when such trips take place for other reasons (given that dedicated funds are not being provided for this purpose by a partner), they do not always take place promptly in all HDs/RMs.

#### *Conduct post-MDA drug inventory in RMs and HDs supported by Act | West for MDA*

This activity is ongoing with the support of FHI 360's regional focal points. As of March 30, 2020, 9 out of 11 RMs (all 7 supported by Act | West, and 2 of the RMs supported by END Fund) have reported their outstanding drug balances, at PRA/RM level; only Saint Louis and Tambacounda RMs have not yet done so.

FHI 360 anticipates supporting the PNLMTN next semester in developing a form to summarize the quantities by PRA/RM and by type of MDA drug, to enable a validation of the figures from the PRAs/RMs.

#### *Technical assistance for monitoring and management of AEs and SAEs*

During the orientations and trainings leading up to the December 2019 MDA, the trainers emphasized the management of adverse events (AEs) and serious adverse events (SAEs). The standard notification procedure is for health workers (typically an ICP) to fill an AE notification form and send it to the parent HD, which sends it on to the parent RM, which submits it to the MSAS's Pharmacy and Drug Management Directorate (DPM). The DPM shares the information with the Antipoison Center and with the relevant national health program (in this case, the DLM and PNLMTN). The standard accompanying case management procedure is for the closest health facility (most often the health posts, which are at sub-HD level and closest to the community) to provide treatment to the patient, free of charge. In HDs supported by Act | West for MDA, 74 AEs were notified; all of these were managed locally by the health posts or HD-level health centers. Nationally, a single SAE was notified during the MDA, in an HD supported by another partner (OMVS).

#### *Provide TA for the development and signing of the Memorandum of Understanding between the PNA and DLM for management of PC-NTD drug*

The DLM and the PNA jointly developed a draft Memorandum of Understanding (MOU). FHI 360 provided technical assistance for this task during the FY 2019 SAR2 period; there were no changes this semester. The main obstacle to signature between the two parties remains the high management fees charged by the PNA (and the lack of outside funding to pay for these). The process will continue next semester; FHI 360 will support the negotiations, drawing on the existing agreements between the PNA and the National Tuberculosis Control Program (PNT) and the National Malaria Control Program (PNLP), respectively.

## MAINSTREAMING AND HSS ACTIVITIES (IR2)

### Develop NTD sustainability plan

#### *Perform a joint landscape analysis of sustainability of NTD control*

Deloitte, WV, and HKI completed different components of the situational analysis to provide a snapshot of the sustainability of NTD control activities in Senegal.

Act | West began communication with the PNLMTN in October 2019 to finalize terms of reference (TORs) and organize the landscape analysis. WV recruited a consultant for the landscape analysis. The consultant conducted interviews (September 30–October 25), with 32 stakeholders across relevant ministries (MSAS; MEN; Higher Education and Scientific Research; Water and Sanitation; Territorial Communities; Women, Family, and Child Protection; and Urban Planning, Housing, and Public Hygiene) and among partners and NGOs for the cross-sector component of the joint landscape analysis, including an analysis of barriers to cross-sector collaboration.

The landscape analysis included a specific focus on public financing of NTD control activities, to provide a good understanding of domestic resources and identify unused opportunities within the ongoing reforms and policy. FHI 360, WV, and HKI met jointly with the DLM (November 12 and 14) to finalize the agenda and TORs for the public finance analysis that will complement the health systems strengthening (HSS) and cross-sector components of the joint landscape analysis. The DLM Director expressed enthusiasm for this initiative, and interest in identifying opportunities within the health sector and in other sectors to mainstream NTD control activities into the budget and financing framework. Act | West, via HKI/Senegal, supported this work through recruitment of a local consultant.

Deloitte also conducted a landscape analysis interview in November to cover specific HSS component of the landscape analysis (health management information system [HMIS], human resources, supply chain, budgeting process, and public finance management relative to the PNLMTN). The Deloitte team met the MSAS's Director of Human Resources to better understand the MSAS's human resources constraints and how the PNLMTN can effectively advocate for additional resources.

#### *Perform an analysis of barriers to cross-sector collaboration for sustainable NTD control*

This activity was included into the landscape analysis. Act | West defined a more integrated approach, combining the cross-sector stakeholders mapping and barrier analysis for cross-sector collaboration (see previous activity – joint landscape analysis).

#### *Workshop to share findings of the landscape analysis and barrier analysis*

Act | West organized a workshop to share findings of the landscape analysis (Dakar, February 12–14), covering two aspects:

- Discuss the findings of the cross-sector landscape and barrier analysis and validate the results
- Develop a roadmap for the creation of a multi-sector coordination platform, including identification of goals and priority activities; reach agreement on how the Multi-Sector Platform should work; and set up a small committee to monitor the functionality of the platform and the extent to which it can influence policies and represent NTDs in governance bodies relevant for NTDs, both within and outside of the health sector.

*Perform in-depth NTD sustainability assessment*

To facilitate the prioritization of sustainability domains and reach agreement on the key interventions to inform the development of Senegal's NTD sustainability plan, the Deloitte team carried out a guided self-assessment using the Sustainability Maturity Model (SMM) tool. Deloitte facilitated a workshop (February 17–19), in coordination with FHI 360's regional personnel and involving personnel from the MSAS (PNLMTN and SNH) and the MEN (DCMS). The next step will be to provide technical assistance to the PNLMTN to develop a sustainability plan.

*TIPAC and financial gaps analysis to support advocacy for budgeting process*

The Deloitte team in coordination with FHI 360 organized and facilitated a workshop (November 11–14) to analyze data outputs from the NTD Tool for Integrated Planning and Costing (TIPAC) and use those outputs for budget advocacy. FHI 360 hosted the workshop at its Dakar office, minimizing the expense. Participants included personnel from the MSAS (5), MEN (1), Speak Up Africa (1), and FHI 360 (2). Four participants had attended an earlier TIPAC Data Entry workshop and had familiarity with the tool and its functionality. The other attendees required a short refresher on how the tool worked. The two FHI 360 participants provided context and support as needed.

*Develop NTD sustainability plan*

Planned for next semester.

*Workshop for review and finalization of the NTD sustainability plan*

Planned for next semester.

*National political validation meeting for the NTD sustainability plan*

Planned for next semester.

*Support the MSAS in preparing for its role as co-lead for a side-meeting on NTD sustainability at the 2020 World Health Assembly*

Act | West (HSS lead and FHI 360 country manager) organized a series of consultations with key MSAS personnel (PNLMTN Coordinator; DLM Director; Director of General Directorate of Health [DGS], DPRS), and WHO/Senegal's disease control advisor (January 27–28). All parties were supportive of the initiative to organize an NTD sustainability-focused side-event at the WHA and expressed a willingness to discuss the initiative with the Minister of Health and Social Work for buy-in and approval to apply to jointly sponsor that event (along with several other countries). WHO disease control advisor, Act | West team, and the MOH will further discuss modalities to set up a small committee to help the MSAS prepare Senegal's contribution to the side-event.

*LF and trachoma morbidity situational analysis*

Under Act | West, AIM Initiative is responsible for conducting a situational analysis to 1) determine the available data on LF and trachoma morbidity, 2) determine the level of data security, and 3) assess barriers and gaps in the PNLMTN and factors that facilitate the sustainability and integration of morbidity and disability services into health systems. AIM initiative held an inception meeting (February 11) with PNLMTN staff. Please see the SAR narratives for AIM Initiative and the Act | West project for more details.



### **SCH, STH Post-validation/Verification Surveillance**

*Technical meeting to develop a roadmap for SCH control:*

Planned for next semester.

*LF+OV+SCH MDA in 6 HDs, LF+SCH+STH MDA in 12 HDs, and LF+SCH MDA in 14 HDs*

Please see “Multi-disease activities” section, under “MDA Coverage.”

*LF+SCH+STH MDA in 12 HDs and LF+STH MDA in 3 HDs*

Please see “Multi-disease activities” section, under “MDA Coverage.”

### **Cross-sector coordination and integration with existing platforms**

*Institutionalization of multi-sector mechanism for sustainability of the NTD program*

Planned for next semester.

*Meetings to strengthen coordination of in-country NTD sustainability partners:*

Planned for next semester.

## SUCCESS STORIES AND BEST PRACTICES

### Technology: an asset in successful mass drug administration

#### **Ziguinchor:**

Inhabitants: 662,178 / Area: 7.332 km<sup>2</sup> density: 90 inhabitants / km<sup>2</sup>.

#### Geographic location:

located in the southwest of Senegal

#### Border areas:

- ✓ North: The Gambia
- ✓ South: Guinea-Bissau
- ✓ East: Sédhiou medical region (Senegal)
- ✓ West: Atlantic Ocean

Ziguinchor was one of 7 medical regions supported by Act to End NTDS | West for mass drug administration (MDA) against NTDS in 2019. The region has 5 HDs, all of which required MDA for lymphatic filariasis (LF); 2 of those HDs also needed MDA for schistosomiasis (SCH) and for soil-transmitted helminths (STH).

For the December 2019 MDA, FHI 360's

Ziguinchor-based regional focal point set up a WhatsApp group with all personnel involved in MDA, including the Ministry of Health and Social Work (MSAS)'s regional and HD-level management teams and health post head nurses, and the Ministry of National Education (MEN)'s Schools Inspectorate. This WhatsApp group enabled easy communication and dissemination of messages and an efficient means of sharing strategies from one HD to another. Each evening during the MDA, group members shared photos and videos that they had taken that day during their supervisory rounds.



On day two of the MDA, a person who had expelled a large quantity of worms following treatment, brought those worms to his local health post, Karounate, to testify to the efficacy of the treatment. The health post's parent HD, Oussouye, shared video of the community drug distributor presenting those worms. This video quickly made the rounds of Ziguinchor region, and even the country, via a national WhatsApp group set up by the National NTD Control Program (PNLMTN) to connect all national and regional-level MDA supervisors.

Over the following days, these images served as highly effective tools in motivating communities to adhere to the MDA. Community drug distributors used these during door-to-door distributions to illustrate the benefits of the MDA drugs. The images helped to persuade those who initially refused treatment; after viewing the video, they tended to become more receptive to the treatment.

The use of a digital platform such as WhatsApp enabled rapid sharing of the efficacy of the MDA drugs, through the testimony of beneficiaries. As they say, “Pictures speak louder than words!”

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

**TABLE 45: CHALLENGES/RESOLUTIONS**

Challenge encountered	Solutions	Status (resolved, pending)
The updating and airing of commercials and shows for national radio and TV was not possible due to the short time between approval of the workplan & implementation of the MDA	Airing of commercials on local radio, which was also planned as part of the Act   West workplan, was made possible by the NTD Communications Committee’s decision to allow the SNEIPS to finalize radio commercials (rather than having an Act   West-contracted firm do so). Each HD, using local personnel, arranged for translation into local languages as necessary As originally planned, Act   West funded the airing of these commercials on local radio stations in RMs and HDs supported for the Dec 2019 MDA	Resolved
The internet advertisements during MDA was not possible due to the short time between the approval of the workplan & the implementation of the MDA	The SNEIPS shared radio and TV commercials via WhatsApp, reaching all targeted RMs	Resolved
Administering drugs to students during the school examinations period (Dec 2019)	Distribution dates/times were adjusted to accommodate the school examinations. Certain schools chose to administer the drugs two days before the start of exams	Resolved

## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 46: FY20 Activity	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Participation in the MSAS's weekly NTD coordination meetings (FHI 360)						
MSAS's quarterly NTD coordination meetings (FAA-DLM)						
Participation in the quarterly coordination meetings of 11 RMs (FHI 360)						
Participation in the monthly coordination meetings of 44 HDs (FHI 360)						
Act   West Senegal team coordination meetings (FHI 360)						
Participation in PC-NTD partner coordination meetings (FHI 360, WV)						
National NTD work plan workshop: evaluation of CY20 and development of CY21 (FAA-DLM)						
Workshops to develop and validate the MSAS's National NTD Master Plan for 2021-2025 (FHI 360)						
Meeting of national OV and LF elimination committee (FHI 360)						
Technical meeting to develop a roadmap for SCH control (FHI 360)						
National political validation meeting for the NTD sustainability plan (FHI 360)						
Institutionalization of multi-sector mechanism for sustainability of the NTD program (WV)						
Meetings to strengthen coordination of in-country partners (FHI 360)						
<b>NTD Secretariat</b>						
Internet subscription for the PNLMTN/DLM office (FHI 360)						
Mobile phone credit for seven PNLMTN/DLM personnel (FHI 360)						
Maintenance and repair for DLM vehicles (FHI 360)						
<b>Building Advocacy for a Sustainable National NTD Program</b>						
Development and printing of the MSAS's semi-annual NTD newsletter (FHI 360)						
<b>Mapping</b>						
Trachoma desk review in 10 HDs (FHI 360)						
Trachoma mapping surveys in HDs identified via the trachoma desk review (FHI 360)						
<b>MDA Coverage</b>						
Workshop to review and update all MDA forms and tools, distributors and supervisors' manuals, social mobilization materials (print, TV, radio) before the FY21 MDA (FHI 360)						
<b>Social Mobilization to Enable NTD Program Activities</b>						
Updating and airing of commercials and shows on radio and TV (FHI 360) **						
Airing of commercials and shows on national TV and radio (FHI 360) **						
Internet advertisements during MDA (FHI 360) **						
<b>Training</b>						
PC-NTD training/refresher-training for the SNEIPS's "numéro vert" staff and Journalists						
Printing of the MSAS's PC-NTD manuals, for use during orientations and MDA (FHI 360)						
<b>Drug and Commodity Supply Management and Procurement</b>						
Support for preparation of the WHO JRSM (FHI 360) [see M&E section, below]						
Procurement of FTS for use in Act   West-supported LF surveys (FHI 360)						

Procurement of TEO for use in Act   West-supported Trachoma surveys (FHI360)						
Return of unused MDA drugs to PRAs in 11 RMs after MDA (FHI 360)						

\* = Will not take place in FY20 due to restrictions and/or delays related to COVID-19.

\*\* = Did not take place in FY20 Q1-Q2 and is no longer required.

All activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.

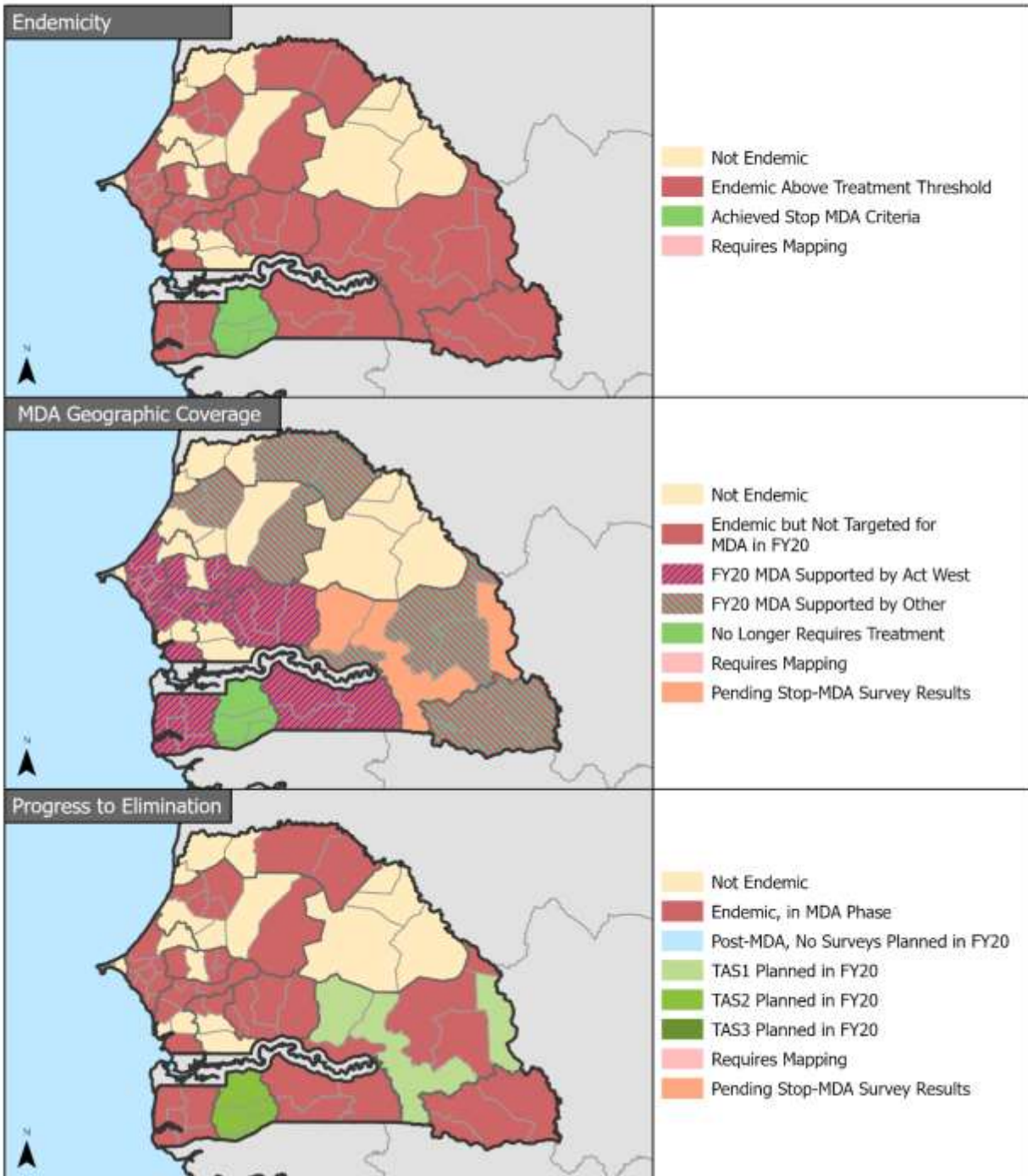
## MAPS

### Lymphatic Filariasis

Senegal | April 2020



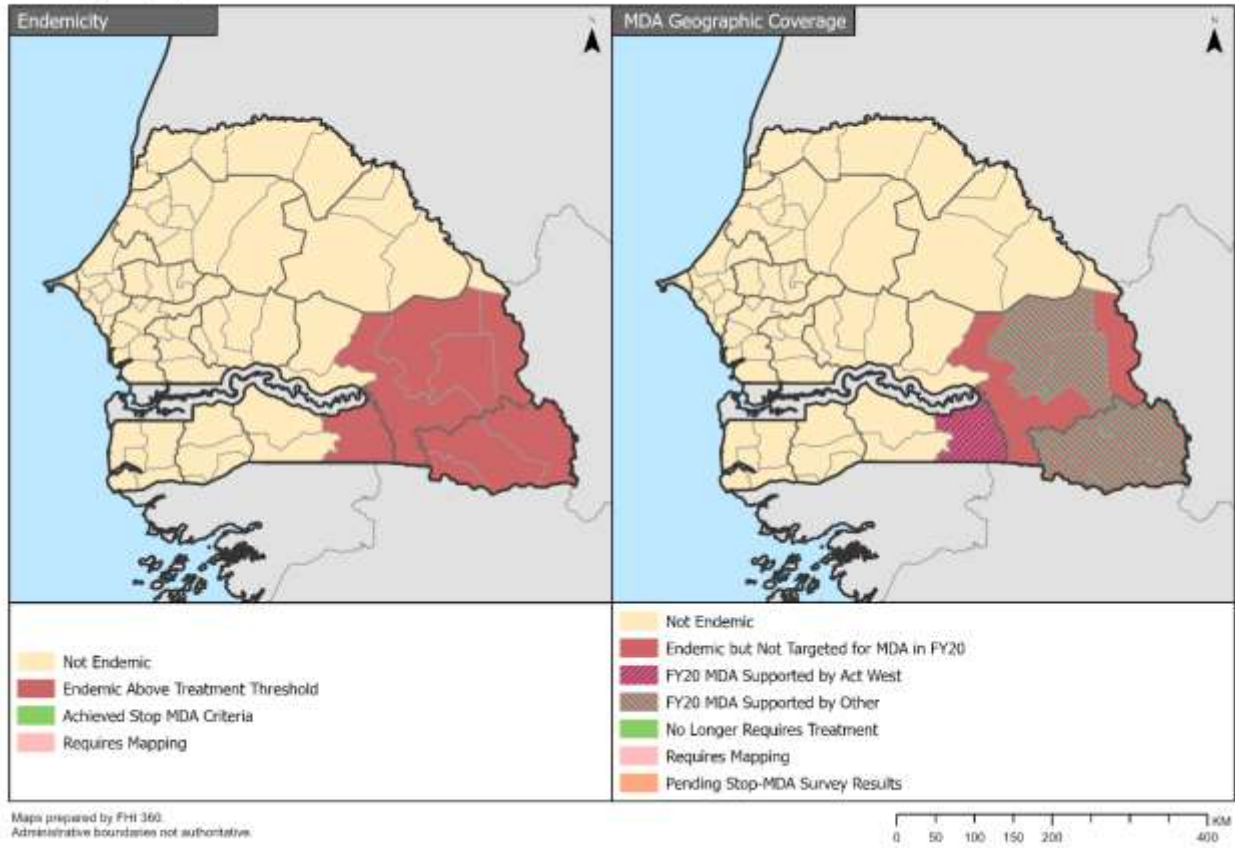
Act to End  
NTDs



Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

0 50 100 150 200 400 KM

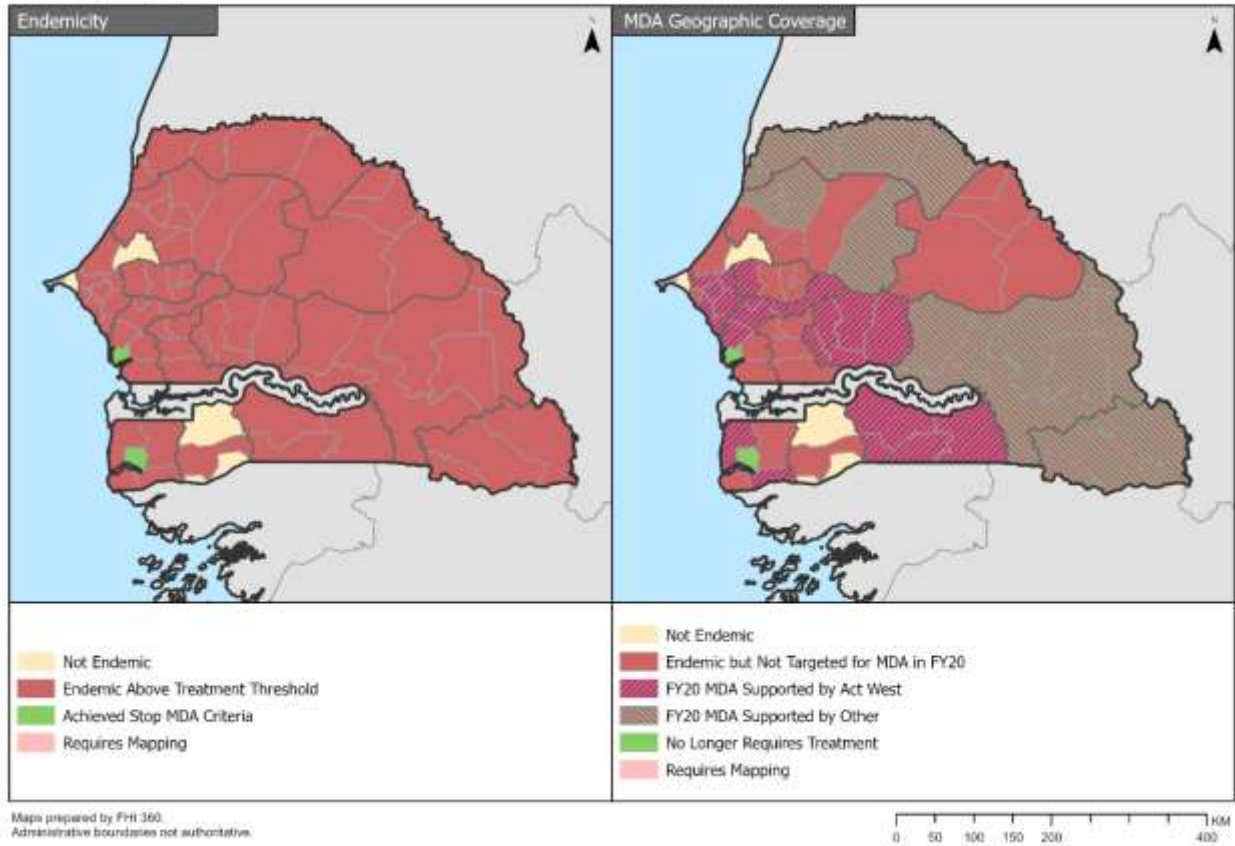
# Onchocerciasis Senegal | April 2020





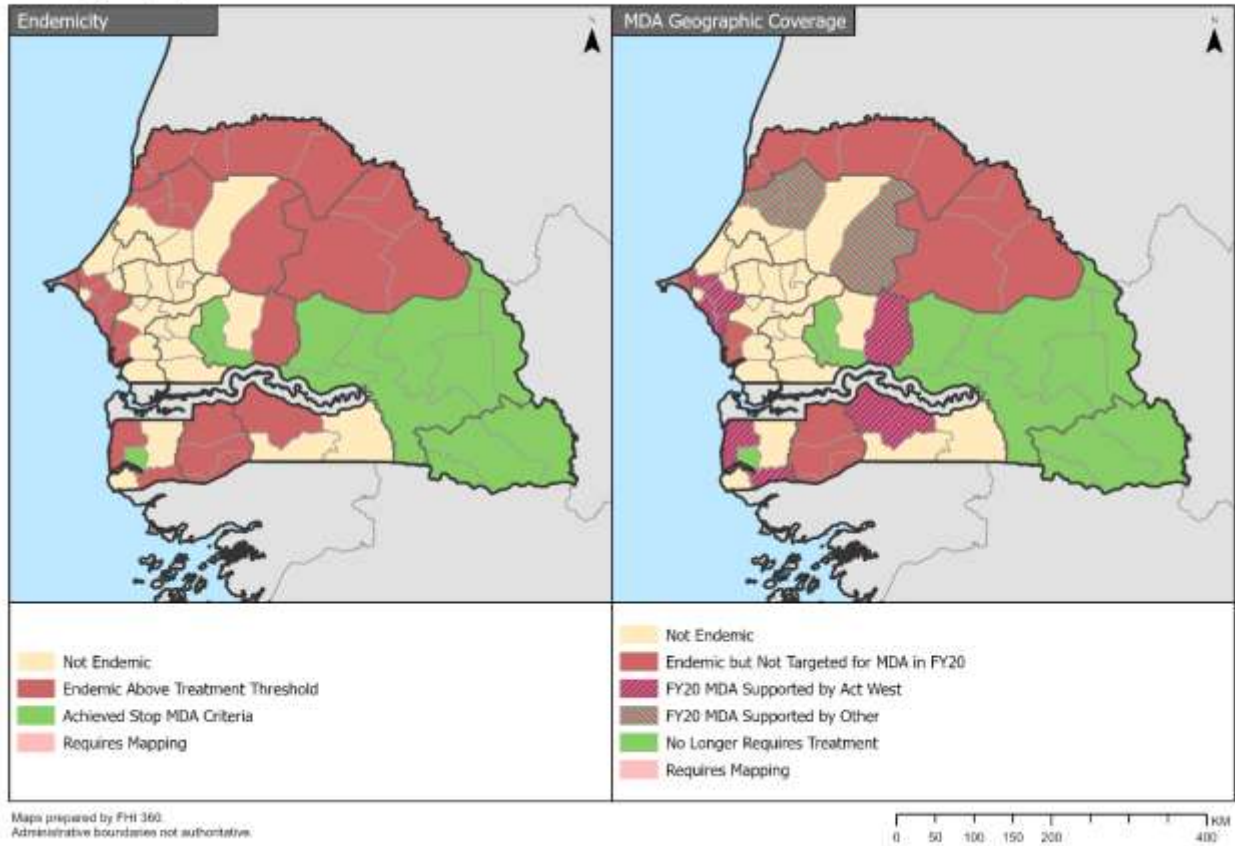
## Schistosomiasis

### Senegal | April 2020



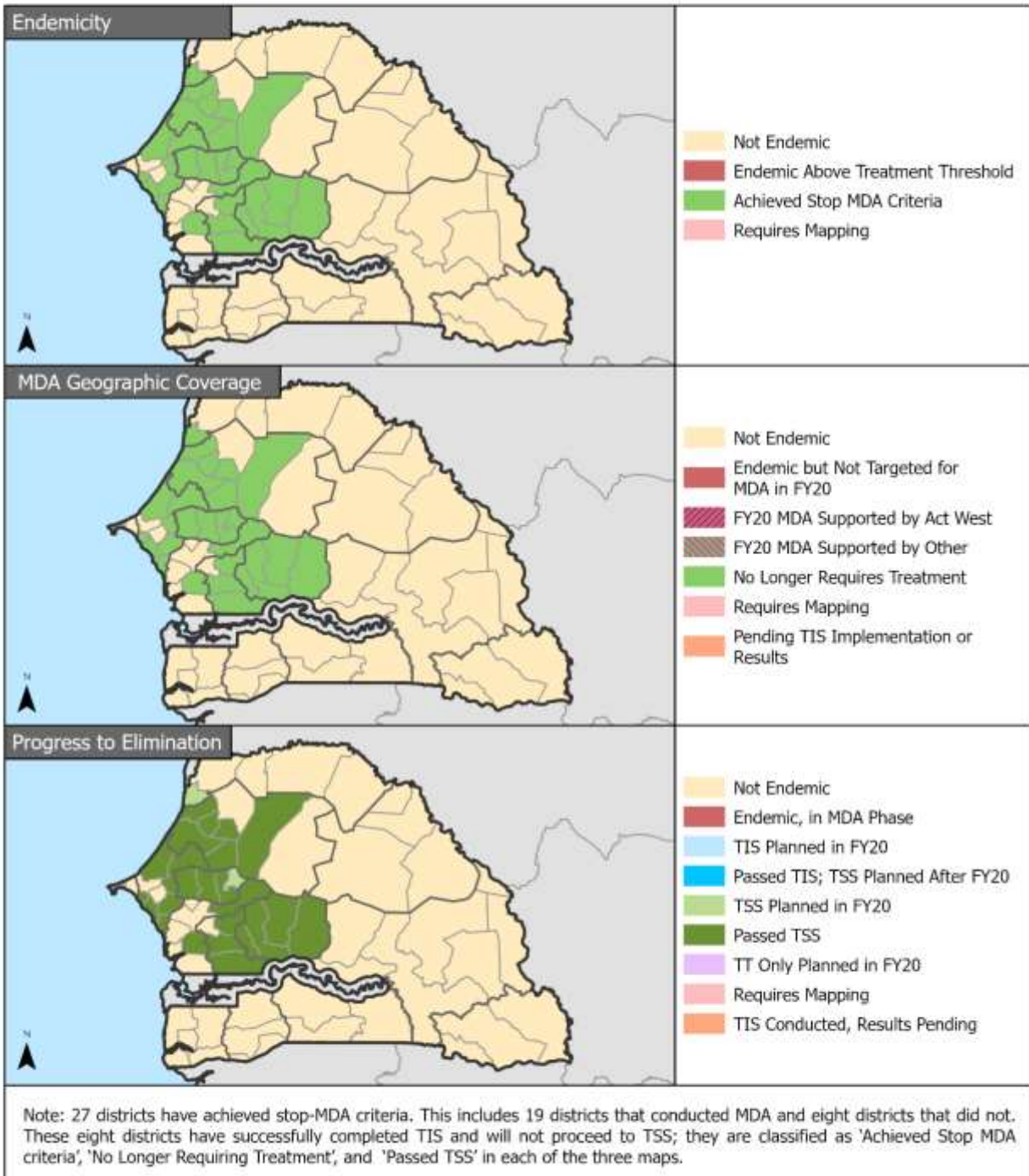
## Soil-Transmitted Helminths

Senegal | April 2020



# Trachoma

## Senegal | April 2020



Maps prepared by FHI 360.  
Administrative boundaries not authoritative.





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# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**SIERRA LEONE**

## Table of Contents

<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>326</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>328</b>
<b>PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT.....</b>	<b>329</b>
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS	
IMPLEMENTING ACTIVITIES.....	329
<i>Strategic Planning</i> .....	329
<i>NTD Secretariat</i> .....	329
<i>Building Advocacy for a Sustainable National NTD Program</i> .....	329
<i>Mapping</i> .....	330
<i>MDA Coverage</i> .....	330
<i>Social Mobilization to Enable PC-NTD Program Activities</i> .....	331
<i>Training</i> .....	331
<i>Supervision for MDA</i> .....	333
<i>Monitoring, Evaluation and Learning</i> .....	333
<i>Supervision for Monitoring and Evaluation and DSAs</i> .....	334
<i>Dossier Development</i> .....	335
<i>Short-term Technical Assistance (STTA)</i> .....	335
IR/S: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL.....	335
<i>Data Security And Management</i> .....	335
<i>Drug management</i> .....	335
MAINSTREAMING AND HSS ACTIVITIES.....	336
<i>Develop NTD Sustainability Plan</i> .....	336
<i>SCH, STH, Post-Validation/Verification Surveillance</i> .....	337
<i>Cross-sector Coordination and Integration with Existing Platforms</i> .....	337
SUCCESS STORIES AND BEST PRACTICES.....	337
<i>Subdistrict Level Data Analysis</i> .....	337
<i>SCH MDA</i> .....	338
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN.....	338
<i>Act / West Branding and Marking Training</i> .....	338
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS.....	339
MAPS.....	341

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020.....	331
TABLE 2: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019-MARCH 2020).....	333
TABLE 3: SHORT TERM TECHNICAL ASSISTANCE.....	335
TABLE 4: CHALLENGES/RESOLUTIONS.....	338
TABLE 5: FY20 ACTIVITIES.....	339

## ACRONYMS AND ABBREVIATIONS

<b>ALB</b>	<b>Albendazole</b>
<b>APOC</b>	African Program for Onchocerciasis Control
<b>CDD</b>	Community Drug Distributor
<b>CDTI</b>	Community-Directed Treatment with Ivermectin
<b>CHA</b>	Community Health Assistant
<b>CHO</b>	Community Health Officer
<b>CHW</b>	Community Health Worker
<b>CIND</b>	Country Integrated NTD Database
<b>CMS</b>	Central Medical Stores
<b>DHMT</b>	District Health Management Team
<b>DMO</b>	District Medical Officer
<b>DHIS2</b>	District Health Information System 2
<b>DPC</b>	Disease Prevention and Control
<b>DPI</b>	Directorate of Planning and Information
<b>DQA</b>	Data Quality Assessment
<b>DSA</b>	Disease Specific Assessment
<b>EU</b>	Evaluation Unit
<b>FAA</b>	Fixed Award Amount
<b>FAQs</b>	Frequently Asked Questions
<b>FHI 360</b>	Family Health International 360
<b>FP</b>	Focal Point
<b>FTS</b>	Filariasis Test Strip
<b>GIK</b>	Gift-in-Kind
<b>Helen Keller</b>	Helen Keller International
<b>HMIS</b>	Health Management Information System
<b>HSS</b>	Health System Strengthening
<b>ICT</b>	Immunochromatographic test
<b>IVM</b>	Ivermectin
<b>JRSM</b>	Joint request for selected preventive chemotherapy medicines
<b>LF</b>	Lymphatic Filariasis
<b>MCHA</b>	Maternal and Child Health Aide
<b>MDA</b>	Mass Drug Administration
<b>mf</b>	Microfilaria
<b>MBSSE</b>	Ministry of Basic and Senior Secondary Education
<b>MWR</b>	Ministry of Water Resources
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOHS</b>	Ministry of Health and Sanitation
<b>MSH</b>	Management Sciences for Health
<b>NEC-ADR</b>	National Expert Committee for Adverse Drug Reactions
<b>NGO</b>	Non-Governmental Organization
<b>NTD</b>	Neglected Tropical Diseases

<b>NTDP</b>	Neglected Tropical Diseases Program
<b>OV</b>	Onchocerciasis
<b>PCT</b>	Preventive Chemotherapy NTDs
<b>Pre-TAS</b>	Pre-Transmission Assessment Survey
<b>PHU</b>	Peripheral Health Unit
<b>PZQ</b>	Praziquantel
<b>SAC</b>	School aged children
<b>SAE</b>	Serious Adverse Events
<b>SCH</b>	Schistosomiasis
<b>SCM</b>	Supply Chain Management
<b>SCT</b>	Supervisor's Coverage Tool
<b>SL</b>	Sierra Leone
<b>SLPB</b>	Sierra Leone Pharmacy Board
<b>SMM</b>	Sustainability Maturity Model
<b>SOP</b>	Standard Operating Procedures
<b>STH</b>	Soil-Transmitted Helminths
<b>TA</b>	Technical Assistance
<b>TAC</b>	Technical Advisory Committee
<b>TAS</b>	Transmission Assessment Survey
<b>TIPAC</b>	Tool for Integrated Planning and Costing
<b>ToT</b>	Training of Trainers
<b>TF</b>	Trachomatous inflammation-Follicular
<b>TT</b>	Trachomatous Trichiasis
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WA</b>	Western Area
<b>WAR</b>	Western Area Rural
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WAU</b>	Western Area Urban
<b>WHO</b>	World Health Organization



## EXECUTIVE SUMMARY

USAID's Act to End Neglected Tropical Diseases (NTDs) | West program is led by FHI 360 and implemented by Helen Keller International (Helen Keller) in Sierra Leone. This report covers activities implemented during the first half of Fiscal Year 2020 (FY20) from October 1, 2019 through March 31, 2020.

Many important meetings were held in this reporting period including the Quality Improvement (QI) workshops with the national NTD program (NTDP) and the Annual Review Meeting. Helen Keller–Sierra Leone's Country Director attended the QI workshop organized by FHI 360 in Washington, DC before cascading the QI sessions to the NTDP team in December 2019 and January 2020. The NTDP M&E Officer and Helen Keller Acting NTD Program Coordinator also attended the LF TAS workshop organized by Act | West in Abidjan.

As part of the QI process, the NTDP team was expanded with six new staff augmenting the capacity of the current national team. The new positions include M&E officer, Disease Surveillance Officer, Social Mobilization Officer, Finance Officer, Storekeeper and Pharmacist.

A data management training for the NTDP staff, District Health Management Team (DHMT), M&E officers, and NTDP Focal points was held during the reporting period. The training, facilitated by Brian Fuller, M&E Specialist (Helen Keller), focused on NTD data management and basic Excel skills, including conditional formatting, filtering of MDA data, and sub-district analysis of MDA data.

Sub-district level data was used to report coverage in the Western Area Rural (WAR) and 12 districts based upon projections from the 2015 national census. Comparison of the final FY19 MDA coverage figures showed increase in the four LF hotspot districts from the FY18 MDA coverage.

Furthermore, Helen Keller Sierra Leone collaborated with the Ministry of Health and Sanitation's National NTD Program (NTDP) and Deloitte to collate available LF MMDP data concerning hydrocele and lymphoedema and conduct a situational analysis to determine the gaps in current MMDP services within the country. A mapping exercise of surgical needs that will include the need for hydrocelectomy began in October 2019 and is expected to be completed by the end of March 2020. Results of the analysis and report will provide a current indication of hydrocele needs within Sierra Leone. However, preliminary results indicate there are about 15,000 cases of hydrocele that require surgical needs.

Preparations for the schistosomiasis (SCH) mass drug administration (MDA), including trainings and social mobilization activities, also took place in 7 districts during the reporting period. However, drug distribution was postponed by the Ministry of Health and Sanitation until at least June 2020 due to COVID-19-related rumors during a recent vaccination campaign.

In collaboration with Deloitte and World Vision, Helen Keller coordinated and supported various sustainability or IR/S activities, including the self-assessment for the Sustainability Maturity Model (SMM) exercise, the Landscape Analysis Dissemination workshop, and the Sustainability Roadmap Development for a multisector coordination mechanism for NTDs within and outside the Ministry of Health and Sanitation (MOHS). Following extensive consultation between Helen Keller and Deloitte, remote monthly IR/S sessions and trainings started with the Tool for Integrated Planning and Costing (TIPAC) in March 2020 with the NTDP and Helen Keller staff. These meetings are planned to continue on a monthly basis, and the next one is scheduled for April 9.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES—PROGRESS IMPLEMENTING ACTIVITIES

#### Strategic Planning

##### *Annual Review Meeting*

The two-day meeting was held in Bo City from January 24–25, 2020. The meeting was divided into two sessions: day 1 for participants from the LF hotspot districts and day 2 for the OV districts. In attendance were the District Medical Officers (DMOs), NTD Focal Points (FPs), district pharmacists, M&E officers, school health focal persons, Maternal Child Health Training Coordinators, Ministry of Health and Sanitation (MOHS), National Eye Care Program, and partners including Helen Keller–Sierra Leone and HQ (M&E Specialist), Sightsavers (regional rep), Deloitte, and World Vision (WV). The main objectives were to review FY19 activities, challenges, MDA coverages, and successes with DHMTs and program partners, and discuss FY20 activity plans including quality improvement and modified FY20 MDA strategies. In addition, a presentation by Capacare (a Norwegian-funded NGO) described their partnership with the MOHS since 2015 for surgical training of CHOs and the potential for nation-wide hydrocelectomies as a contribution to morbidity management for LF elimination. The discrepancy between population projections from the CDD census and the 2015 national census was discussed. The national (2015) census figures were revised in late 2019 by the Directorate of Planning and Information (DPI); however, further improvements are needed in communities where MDAs are targeted. To obtain accurate MDA coverage, the CDDs are carrying out a community census in FY20 to help accurately quantify drug needs and report MDA coverage rates.

#### NTD Secretariat

Act | West support to the NTDP during this reporting period included providing stationery, computer accessories, internet facilities, and fuel and maintenance of NTDP vehicles to enable monitoring and supervision of NTD activities. This support was provided in January and March 2020.

#### Building Advocacy for a Sustainable National NTD Program

##### *Advocacy with Parliamentary Committee on Health*

Deloitte and Helen Keller under the Act | West program planned to meet with the Parliamentary Committee on Health in October 2019 to begin looking at sustainable options for financing and resourcing NTD activities. Contact details of members of the Committee on Health and Sanitation has been obtained. It is unlikely this activity will move forward in light of the COVID-19 situation.

##### *World NTD Day*

In celebration of the first world NTD day, an article titled *Moving towards sustainability of NTD elimination in Sierra Leone* was published in the AWOKO newspaper. Highlights of the Annual Review meeting formed a main part of the article. A copy of the article can be provided upon request.

## Mapping

No mapping activities are planned in FY20. National mapping for OV, LF, STH, and SCH in 5 districts for trachoma was completed before or in 2008. Sightsavers plans to repeat a nationwide trachoma mapping as part of the ASCEND program.

## MDA Coverage

FY19 MDAs were extended into October 2019 (FY20). The LF MDA epidemiological coverage ranged from 70.5% to 83.8% in the 4 LF districts; and from 66.2% to 86.9% for the 8 OV districts.

### MDA results 4 LF districts

District	Total population (2015 census projections)	Total Treated	District Coverage (%)
Kailahun	610,192	450,763	73.9%
Bombali	649,314	507,270	70.5%
Koinadugu	452,261	343,347	75.9%
Kenema	724,151	607,064	83.8%

### MDA results 8 OV districts

District	Total population (2015 census projections)	Total Treated	District Coverage (%)
Bo	616,106	431,910	70.1%
Bonthe	231,041	175,245	75.9%
Moyamba	410,737	283,678	69.1%
Pujehun	407,389	269,517	66.2%
Port Loko	677,654	589,210	86.9%
Kambia	384,936	299,907	77.9%
Kono	539,520	437,300	81.1%
Tonkolili	489,599	415,133	84.8%

The MDA for schistosomiasis (SCH) in endemic chiefdoms in 7 districts planned for March 2020 was postponed by senior management of MOHS until at least June 2020 due to the emerging COVID-19 pandemic situation. PHU staff trainings and social mobilization activities at the chiefdom and community levels had already been conducted in February and March 2020.

The OV/STH MDA in 12 districts is scheduled for early July 2020. To date, there has not been an indication of postponing the OV/STH MDA due to COVID-19; however, Helen Keller remains in close contact with the NTDP on any changes in plans as the situation evolves.

**Table 47: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY 2020)	# Districts with insufficient epi coverage in FY 2020	# Districts with insufficient program coverage in FY 2020	Treatment targets (FY 2020) # PERSONS	# persons treated (FY 2020)	Percentage of treatment target met (FY 2020) PERSONS
LF	0	0			0		
OV	1	12			5,161,280		
SCH	1	7*	SAC only		515,346		
STH	1	12	SAC only		3,502,635		
TRA	0	0			NA		

\*In FY20, the SCH MDA will target chiefdoms in 7 districts instead of 6, to include the Kono district. The change in the number of districts was a result of an analysis of the baseline and impact data and the annual/biennial re-prioritization of chiefdoms to be targeted (treatment schedule attached).

### Social Mobilization to Enable PC-NTD Program Activities

Social mobilization meetings for SCH MDA were held at the chiefdom level in FY20 rather than the district level as previous. This change was to ensure that communities receive key messages directly from the DHMT and health staff, thereby increasing awareness and participation of the population in the MDA.

The chiefdom-level social mobilization meetings at the chiefdom headquarters were held from March 6–13, and the community-level meetings were implemented March 14–20. These meetings sought to gain the support and commitment of key stakeholders for SCH MDA in 7 districts. Participants included religious leaders, section chiefs, youth groups, women’s groups, ward councilors, village health committee chairmen, and head teachers. These stakeholders help sensitize the target populations prior to and during the MDA. Press conferences were broadcasted by the NTDP, Helen Keller, and the DHMTs. Social mobilization guidelines and frequently asked questions (FAQs) were revised for the SCH MDA to include community concerns such as adverse events, feeding of primary school children prior to MDA, and the MDA target and exclusion criteria.

### Training

#### *M&E Data Management Training*

An M&E training for NTDP staff and District Health Management Team (DHMT) M&E officers and NTD focal persons was held in Bo from January 27–28. The training was facilitated by Brian Fuller, M&E Specialist (Helen Keller) and attended by Jonathan Pearson (Deloitte). The training topics included basic Excel skills (conditional formatting, filtering of MDA data, and data management) and sub-district analysis of MDA data. Participants discussed MDA population denominators and came to an agreement to use CDD census population, rather than the national census population projection, until a new CDD census is available. MDA data collection tools were also reviewed to ensure they are aligned with WHO requirements.

Training/orientation for new NTDP staff members started in December combined with the QI workshop, then continued during the SMM workshop and in monthly on-line trainings held by Deloitte and Helen Keller.

#### *Training of Supervisors for SCH MDA*

Training was conducted for 97 people including chiefdom supervisors, NTD and school health focal persons, district M&E officers, and pharmacists for SCH MDA. The training was conducted in two sessions, February 17 in Kenema (southeast) and February 19 in Makeni (North).

The training facilitated by the NTDP and Helen Keller staff covered the following topics: a detailed overview of SCH including disease life-cycle, signs and symptoms, prevention and control; MDA protocol and strategies including effective social mobilization at chiefdom and community level; supervision and management and reporting of any adverse events; and data collection and reporting using the revised tools. The district pharmacists and M&E officers were included in the training to provide additional support in the management of the NTD drugs and MDA data and ensure a more efficient and effective MDA, especially at the sub-district level.

During the training, an innovative “data hunt” by participants was also done using past years’ posters (2008–2019) to identify progress made and the challenges in the few chiefdoms that remained with high prevalence at the 2016 impact assessment. Pre- and post-tests were administered at the start and end of the training to assess participants’ knowledge gained. The pre-test pass/fail results were 58/41 and post-test were 71/22, reflecting an 18% increase in knowledge acquired.

#### *Training of Peripheral Health Unit (PHU) Staff for SCH MDA*

The trainings targeted 536 PHU staff and were facilitated by the DHMTs and supervised by NTDP and Helen Keller staff. The trainings, which took place from February 25–28 in the district headquarter towns of the 7 endemic districts, covered a detailed overview of the disease life cycle, signs and symptoms, prevention and control, MDA protocols, social mobilization at chiefdom and community levels, supervision, management and reporting of adverse events, data collection and reporting using the revised tools.

The trainings were divided into two sessions in each district, allowing for a smaller group of trainees and more effective training compared to previous years. The “data hunt” was also conducted at the beginning of these trainings. A pre-test identified especially weak participants and special attention was provided to ensure their understanding of the subject matter. The post-test showed a 27% increase in knowledge acquired. Following the post-test, an interactive question and answer session was conducted by the NTDP and Helen Keller to ensure that all participants acquired the essential knowledge to conduct MDA. New health centers have been established in the new districts of Falaba and Karene, and PHU staff are recruited and transferred to new locations regularly, making these trainings/refresher trainings very necessary.

**TABLE 48: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019-MARCH 2020)**

Title of training	location	Target participants e.g. HCW, CDD, community)	Objective/s of training	Date	Lead organization (e.g. FHI360, Helen Keller, HDI, WVI, Deloitte)	Key outcome/s of the training	# of participants		
							M	F	T
Training of supervisors	Kenema & Bombali	CHOs, FPs, M&E and pharmacists	To understand SCH MDA protocols and reporting	February 17 and 19	Helen Keller	Increased knowledge about SCH transmission, control and data management/reporting	38	29	97
PHU staff training	seven districts	PHU staff	To understand SCH MDA protocols and reporting	February 25-28	Helen Keller	Increased knowledge about SCH transmission, control and data management/reporting	52	484	536

### Supervision for MDA

The FY19 LF MDA in 4 districts and OV MDA in 8 districts was extended to October 2019, and supportive supervision was conducted by NTDP and Helen Keller at district and community levels to assist the DHMTs to access hard to reach villages. A mop up was conducted in areas identified by sub-district level data analysis and/or using the supervisor's coverage tool (SCT) as having low coverage

Training of the new national NTDP teams and Helen Keller staff on SCT took place on March 19. The SCT will be integrated during supervision by NTDP and Helen Keller staff during the SCH MDA. The SCH MDA has been postponed until at least June 2020 (depending on the COVID-19 situation).

### Monitoring, Evaluation and Learning

#### *Quality Improvement (QI)*

QI workshops were conducted on December 16, 2019 and January 8, 2020 in Helen Keller's conference hall in Freetown. The workshop was attended by 12 Helen Keller and 14 national NTDP staff including five new NTDP staff: Assistant M&E Officer; Surveillance Officer; Social Mobilization Officer; Storekeeper; and Pharmacist. The workshop report was submitted to FHI 360.

Social mobilization was identified as a key area of QI measures that could be addressed to improve MDA outcomes, so two additional meetings were held on January 9–10 with the NTDP, focused on QI of social mobilization activities.

The Helen Keller–Sierra Leone team took advantage of the presence of FHI 360 staff at the LF TAS workshop in Abidjan on January 15 to discuss the QI model and its implementation in Sierra Leone. This was an opportunity to update FHI 360 on the progress and next steps. The outcome of the meeting was the development of a QI

action plan which was submitted to FHI 360 for review. Included in the action plan was the decision to use electronic data capture (EDC) for LF surveys this year.

#### *LF TAS Workshop*

The LF TAS Workshop organized by USAID and FHI 360 in Abidjan, Cote d'Ivoire from January 14–16, 2020 was attended by NTDP M&E Officer, Abdulai Conteh, and Helen Keller-Sierra Leone NTD Coordinator, Victoria Sawyer. The workshop brought together FHI 360, Helen Keller, WHO AFRO/ESPEN, USAID, CDC Atlanta, and the Act | East and Act | West country programs to review best practices for LF TAS implementation and strengthen the skills of the national program teams to implement high quality LF surveys. During the workshop, it was decided that all TAS and pre-TAS data will be captured using EDC rather than paper-based surveys. The two platforms suggested for this are ONA and ESPEN Connect. The survey questionnaire will be built into the electronic device in order to have internal quality checks and capture GPS coordinates. In addition, based on the new WHO guidelines, it was recommended that sites that did not meet the criteria in Pre-TAS ( $\geq 2\%$  antigenemia) should be resurveyed, while new sites will replace those that met the Pre-TAS ( $\leq 2\%$  antigenemia) criteria.

- Helen Keller's Act | West team also held a side meeting to discuss:
- Cameroon's experience and best practices using EDC for LF surveys. During the side meeting, it was agreed to organize a webinar to go in greater detail on this experience. Dr Benoit Dembele, Quality Implementation Lead for Helen Keller, organized the webinar that highlighted the use of the ONA platform for EDC during TAS surveys to obtain better quality data. He advised immediately treating individuals who tested positive along with their families, and rigorously following-up with the positive individuals after conducting TAS
- The implementation of the supervisor's coverage tool (SCT) for FY20 MDAs
- Upcoming country-specific workshops, trainings, and quality improvement plans

#### *Sub-district Level Data Analysis*

District level analysis have been used to report MDA coverage since FY19. Sub-district level data has been used in FY20 to report coverage in the Western Area Rural (WAR) and 12 districts. This analysis revealed PHUs and chiefdoms that do not meet the minimum 65% epidemiological coverage based upon projections from the 2015 national census. This information enabled the DHMTs to organize mop-ups targeting these PHUs and their catchment communities. Final FY19 MDA coverage figures increased in the 4 LF hotspot districts from the FY18 results in Kailahun: 387,805 to 450,763 (16% increase), Bombali: 444,250 to 507,270 (14%), Koinadugu: 303,740 to 343,347 (13%), and Kenema: 504,278 to 607,064 (20%).

#### **Supervision for Monitoring and Evaluation and DSAs**

This activity will be carried out in the next reporting period in conjunction with the planned DSAs.



## Dossier Development

### *MMDP Situational Analysis*

Helen Keller conducted a situational analysis of available LF MMDP data at the NTDP from August–December 2019. Helen Keller adapted the tables provided in the WHO MMDP Toolkit to conduct the situational analysis and supported the NTDP to collate available data on hydrocele and lymphedema, including a question on data security and storage. The MMDP situational analysis report has been submitted to FHI 360 for review.

## Short-term Technical Assistance (STTA)

**TABLE 49: SHORT TERM TECHNICAL ASSISTANCE**

9. Scope of work 10. (include only short summary)	11. Name of consultant/s	12. Period of consultancy	13. Status 14. (completed, in-progress)
Facilitator for NTDP: guided self-Assessment Workshop for the Sustainability Maturity Model (SMM)	Jonathan Pearson AnnaMaria Shaker (Deloitte)	Jan 20–22, 2020	Completed
Facilitator for roadmap development for multi-sector coordination mechanism and strategies	WV	February 19–21, 2020	Completed

## IR/S: PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

### Data Security And Management

At the National NTD Program, data is saved on the M&E Officer's computer in Excel format. In July 2019, Helen Keller-HQ's M&E Specialist installed and set up the Country Integrated NTD Database (CIND) on the NTDP M&E Officer's computer. Currently the CIND contains up-to-date administrative and population data for the regions and districts of the country. Helen Keller will continue to support the NTDP to completely update the database with historical LF data in FY20. At the Helen Keller office in Sierra Leone, all electronic NTD data including LF MDA and survey data is stored on a cloud-based server and on secure computers. Efforts are being made by the NTDP with respect to integrating NTD indicators into the national HMIS (DHIS2). During the data management in Bo, Dr. Edward Magbity, Director of Directorate of Policy, Planning and Implementation (DPPI) delivered a presentation on the progress made on the integration of indicators into the HMIS. Follow-up action to finalize NTD indicators into the HMIS will be completed in the next reporting period.

### Drug management

Americares conducted a warehouse and supply chain management assessment from September 23–30, and a debriefing meeting was held with Helen Keller on October 1. There are ongoing discussions on possible warehouse capital equipment support and a gift-in-kind (GIK) drug program of consumables for hydrocele surgery and for drugs for the management of adverse events during MDA. Americares submitted their trip report in January 2020. Recommendations include:

- Comprehensive supply training for all DMS teams to ensure alignment of warehouse-level practices and reinforce robust inventory management practices
- MOHS should assign a capable storekeeper, an employee of the MOHS, who can be trained to manage the store with a high level of transparency and equipped with necessary materials (e.g. calculator, printed inventory cards, and files to archive documents)
- The Central NTD Store should adopt the inventory management protocols and formats of the MOHS

The NTDP will follow up with local WHO to ensure the drug delivery for albendazole and ivermectin. The Sierra Leone government had requested an inspection fee of 1% of the value of the donated drugs, and Helen Keller–Sierra Leone has been attempting to ensure the 1% inspection fee for drugs can be waived for donated NTD drugs. The NTDP Manager from the MOHS is following up on the duty waiver.

## MAINSTREAMING AND HSS ACTIVITIES

### Develop NTD Sustainability Plan

#### *Sustainability Maturity Model (SMM) self-assessment*

Deloitte and Helen Keller implemented a sustainability self-guided assessment using the Sustainability Maturity Model (SMM) with the NTDP and Directorate of Disease Prevention and Control in Freetown from January 20–22. Two Deloitte staff—Jonathan Pearson, Team Lead and Anna Maria Shaker, Consultant—facilitated the workshop. The sustainability of the NTDP core capacities was assessed across six domains: Financing, Operational Capacity, Strategic Information, Policy, Coordination, and Service Delivery. Using these six domains, the NTDP quantified their current levels of sustainability, set 3–4-year targets, and determined key actions necessary to achieve target levels of sustainability. Some of the sustainability priorities for the NTDP identified in the workshop include health workforce development, use of the national health management and information system, intra-sectoral coordination, and facility-based service delivery (e.g., morbidity management). The outputs of the self-guided assessment will feed into the development of Sierra Leone’s Sustainability Plan for NTDs which is planned in September 2020.

#### *TIPAC Data Entry / Analysis*

Following the SMM self-assessment, Deloitte and Helen Keller organized a monthly training session on TIPAC with the NTDP team on March 12, 2020. Deloitte provided remote support by video and Helen Keller–Sierra Leone team supported the NTDP to complete TIPAC data entry and analysis by the end of March. Additional work on the data entry and analysis will be ongoing, along with monthly TA sessions with Deloitte. These remote TA sessions will continue monthly, with the next session planned for April 2020.

#### *Coordination with ASCEND/Sightsavers*

Helen Keller–Sierra Leone actively participates with Sightsavers in work-planning and coordination of ASCEND and Act | West activities. Helen Keller pro-actively coordinated with Sightsavers and their ASCEND consortium member Mott MacDonald in preparation for their field visit to Sierra Leone October 28–November 5 to avoid duplication of efforts with Americares and Deloitte and frustration with the NTDP with repeated interviews and field visits for similar purposes. Helen Keller ensures that Sightsavers are invited to all Act | West sustainability opportunities: QI meetings in December and January, the SMM and Annual NTD Review Meeting in January, the landscape validation meeting and roadmap development in February, and the remote training on M&E and financial management facilitated by

Deloitte on March 12. Helen Keller responds swiftly to enquiries from Sightsavers on behalf of other ASCEND consortium members such as the Technical Consortium focal point from LSTM regarding hydrocele mapping and surgical capacity.

### **SCH, STH, Post-Validation/Verification Surveillance**

Due to the COVID-19 crisis, the SCH MDA was suspended following the completion of the training and social mobilization. Initially, NTDP rescheduled the MDA for April 2020; however, based on guidance from the WHO and USAID to suspend field-level activities that could further the spread of COVID-19, the MDA was further postponed. The SCH MDA is tentatively rescheduled for June 2020, assuming schools re-open (following closures due to COVID-19). The social mobilization for the SCH MDA was carried out in March 2020 (see Social Mobilization section for more details).

### **Cross-sector Coordination and Integration with Existing Platforms**

The Act | West Landscape Analysis Dissemination and Validation Workshop organized by World Vision was held February 17-18 at Radisson Blu Hotel, Freetown. This workshop shared the results of the NTDP Stakeholders Landscape Analysis conducted by the independent consultant in October 2019. Participants included key NTDP and senior MOHS staff, Helen Keller–Sierra Leone, Sightsavers, NTDP Technical Advisory Committee, and UNICEF. Helen Keller will review the landscape analysis report once this is available from World Vision.

The Act to End NTDS | West Roadmap Development Workshop organized by World Vision for multi-sector coordination mechanism and strategies was held February 19–21 at The Place Hotel, Tokeh. The objective was to develop a multi-sector coordination mechanism including role, membership, structure, mandate, strategies and where it will be housed. Participants included senior staff from NTDP, National School and Adolescent Health Program, Health Education and Environmental Health (WASH) Divisions of the MOHS, representative from NTDP Technical Advisory Committee, Ministry of Basic and Senior Secondary Education, Ministry of Water Resources, Helen Keller, Sightsavers and the Traditional Healers Association. The key outcome was recognition of the need to establish a Partners Network Forum (PNF) for NTDs and its membership.

## **SUCCESS STORIES AND BEST PRACTICES**

### **Subdistrict Level Data Analysis**

As part of its efforts to address the pre-TAS failures in hot spot districts, Act | West supported a review of the subdistrict-level data to see if there were coverage issues clustered in particular areas of each district and assess what could be done at that level to ensure passing pre-TAS. The sub-district data analysis of the final MDA report identified which PHUs had not reached 65% coverage based upon their recognized catchment population. Despite district-level coverage of 67.4% initially reported by the District Health Management Team, 35 PHUs had not reached 65% coverage based upon their recognized catchment populations. In these areas, mop-up rounds were conducted using 20 monitors, 50

traditional healers, 200 maternal and child health aides, 100 community health workers, and eight Helen Keller program officers in each round followed by further sub-district data analysis. A series of mop-ups and data analysis were required to achieve sufficient coverage:

- The first mop-up reached additional 12,826 people in late July and another 65,386 in August.
- A subsequent mop-up followed when it was found that 16 PHUs still had <65% coverage. This mop up reached an additional 19,382 people.
- Finally, in early September 5 PHUs were targeted, and 1,396 persons were reached.

In total, an additional 98,990 people were reached to ensure all PHUs had achieved ≥65% coverage. A highlight of the results was: the WAR district level epidemiological coverage had risen from 67.4% in the first report (July) to 86.1% and the number of people treated rose from 355,526 to 454,516.

## SCH MDA

During the chiefdom-level social mobilization in 7 districts, a head teacher from D.E.C primary school testified of the benefit of SCH MDA to a pupil. Please see the link for the full video:

<https://drive.google.com/open?id=1bpyQJlwh9bXqUNtc16p6plQBm07G9lqP>

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

**TABLE 50: CHALLENGES/RESOLUTIONS**

15. Challenge encountered	16. Solutions	17. Status 18. (resolved, pending)
Issue of 1% inspection fee (SIC) on imported Mectizan	Follow-up with MOHS on duty waiver and meeting appointment with the Secretary to the Commissioner General of National Revenue Authority (NRA) by NTDP Manager	Pending: The WHO has issued a request for a waiver and the NTDP Manager is pursuing with the Secretary to the Commissioner General of NRA.

## Act | West Branding and Marking Training

The Information Technology (IT) Assistant/Branding & Communications officer attended the Act | West Branding & Communication workshop in Accra and is the point person for communications and branding of Act | West program activities in Sierra Leone. Upon his return, the IT Assistant/Branding & Communications Officer shared materials with members of Helen Keller SL NTD team to cascade key information from the communications and branding training in Accra. The materials shared with the SL NTD country team were on the overall USAID's communication priorities and practices, including photography ethics and photo consent form; branding and marking guidelines, and templates; camera basics and photo composition; how to create success stories; and how to produce great success stories and visual materials through hands-on activities under Act | West. Following this training, the IT Assistant guided the Sierra Leone NTD country team to produce branded materials such as review meeting posters, banners, and PowerPoint presentations using the ACT | WEST templates. Furthermore, he been regularly posting activity pictures on Helen Keller–Sierra Leone Facebook page, sharing pictures with the ACT | West communications working group, and producing a success story on SCH-MDA.

## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 51: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
Task Force Meeting						
Work Planning Meeting						
NTD Five Year Master Plan Meeting						
<b>NTD Secretariat</b>						
Administrative and vehicle support to NTDP and NSAHP						
<b>Building Advocacy for a Sustainable National NTD Program</b>						
Advocacy with Parliamentary Committee for Health (meeting and field activity)						
<b>MDA Coverage</b>						
MDA SCH 6 HDs						
MDA OV 7 STH in SAC 12 HDs (Nov) *						
MCHA MDA OV-STH 12 HDs (Nov) *						
FOCUS1000 Traditional Healer & Religious Leader Drug Distribution (Nov) *						
<b>Social Mobilization to Enable NTD Program Activities</b>						
National Level Social Mobilization						
Social Mobilization with Students and Bike Riders						
Social Mobilization at Community Level for OV-STH 12 HDs (Oct) *						
Social Mobilization at Chiefdom Level for OV-STH 12 HDs (Oct) *						
Pre-MDA Cross Boarder Meetings (Oct)*						
FOCUS 1000 Chiefdom Level Social Mobilization (Oct)*						
FOCUS 1000 Social Mobilization in the Fulani Community (Oct)*						
<b>Training</b>						
Training of Supervisors - MDA SCH 6 HDs						
Training & Refresher Training PHU Staff - SCH						
Training & Refresher Training of CDDs (Oct)*						
Training & Refresher Training 12 Districts PHU Staff OV-STH						
Training of Trainers Integrated OV-STH						
FOCUS1000 Training of Trainers						
FOCUS1000 Training of Traditional Healers, Religious Leaders on Social Mobilization						
<b>Drug and Commodity Supply Management and Procurement</b>						
Distribution of drugs and logistics for SCH MDA						
Distribution of drugs and logistics for OV & STH in SAC 12 HDs (Oct)*						
<b>Supervision for MDAs</b>						
Supervision of OV-STH MDA (Nov)*						
Supervisors Coverage Tool MDA OV-STH (Nov)*						
Supervision of SCH MDA						
Supervisors Coverage Tool MDA SCH						

Table 51: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
Collection, Analysis & Reporting PCT SCH						
Collection, Analysis & Reporting OV-STH 12 HDs (Nov)*						
Data Collection, Analysis and Reporting MD SCH						
Data Collection, Analysis and Reporting OV-STH (Nov)*						
<b>Monitoring, Evaluation, and Learning</b>						
Re-Pre-TAS in 5 HDs (WAR, Bombali, Koinadugu, Kenema, Kailahun)-(Dec)*						
TAS 1 in 1 HD (WAR) – (will take place in 12 months) *						
TAS 2 in 1 HD (WAU) – (will take place in 12 months) *						
<b>Supervision for Monitoring and Evaluations DSAs</b>						
Supervision of LF re-Pre-TAS – (will take place in 12 months) *						
Supervision of LF TAS 1 – (will take place in 12 months) *						
Supervision of LF TAS 2—(will take place in 12 months) *						
<b>Dossier Development</b>						
LF Dossier Orientation Meeting (TA)						
<b>Short-Term Technical Assistance</b>						
TIPAC Data-Entry Support and Additional TA (Deloitte)						
Indicator Integration Sessions (Deloitte)						
Parliamentary Committee Meeting (Deloitte)*						
Advocacy & Resource Mobilization Action Plan (Deloitte)*						
Develop Sustainability Strategy (Deloitte)						

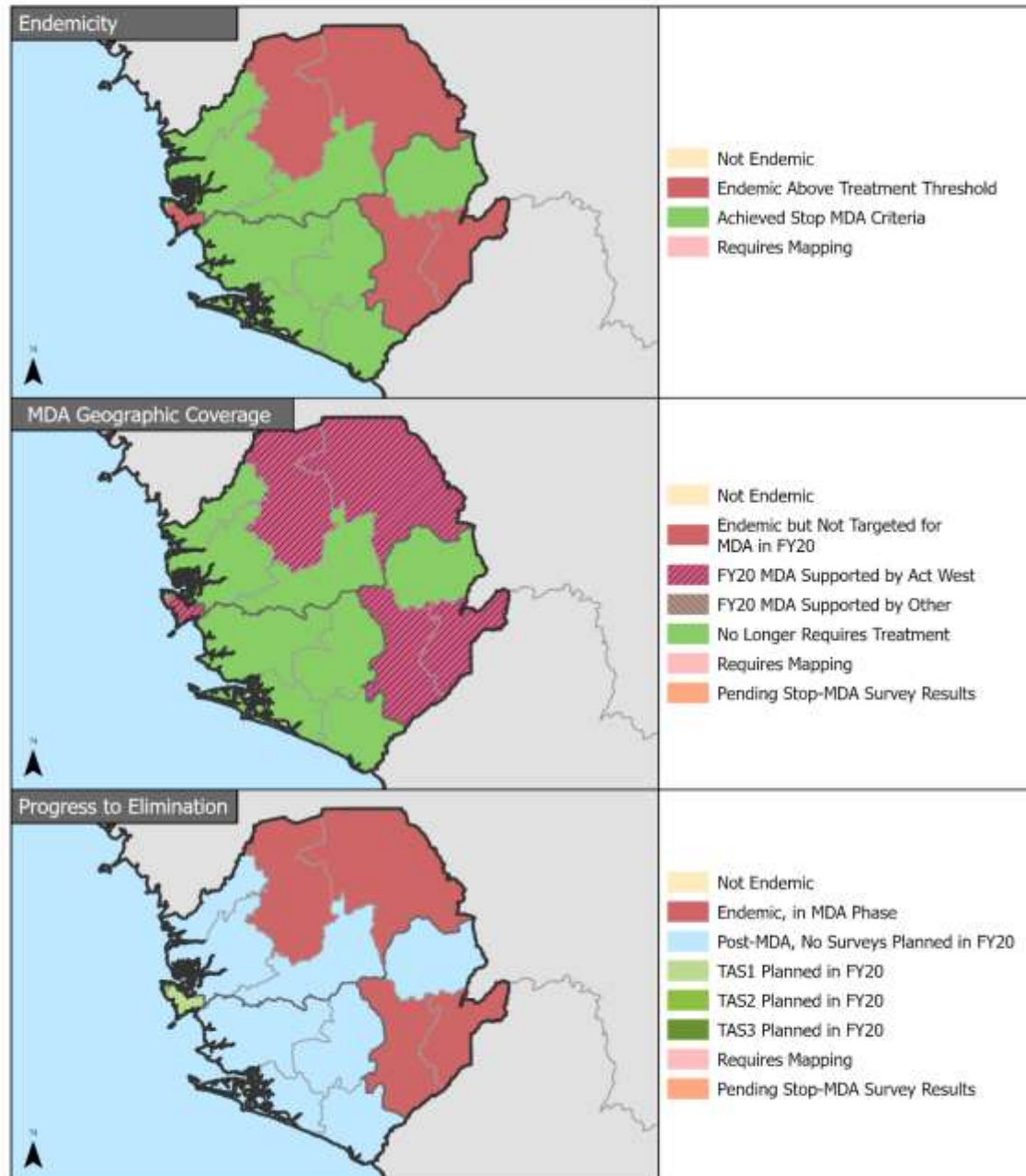
\*- Will not take place in FY20 due to restrictions and/or delays related to COVID-19.

*All planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.*

## MAPS

### Lymphatic Filariasis

Sierra Leone | April 2020



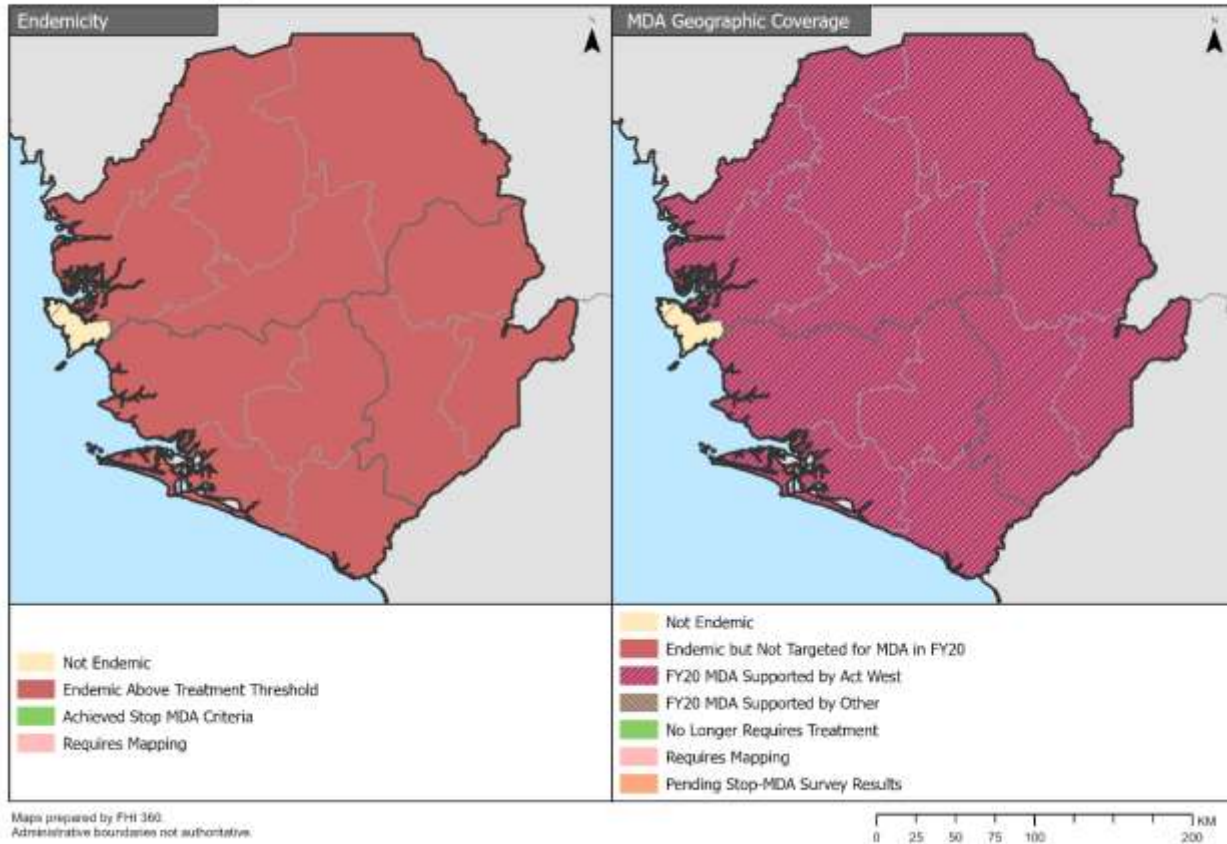
Maps prepared by FHI 360.  
Administrative boundaries not authoritative.

0 25 50 75 100 125 150 175 200 225 250 KM



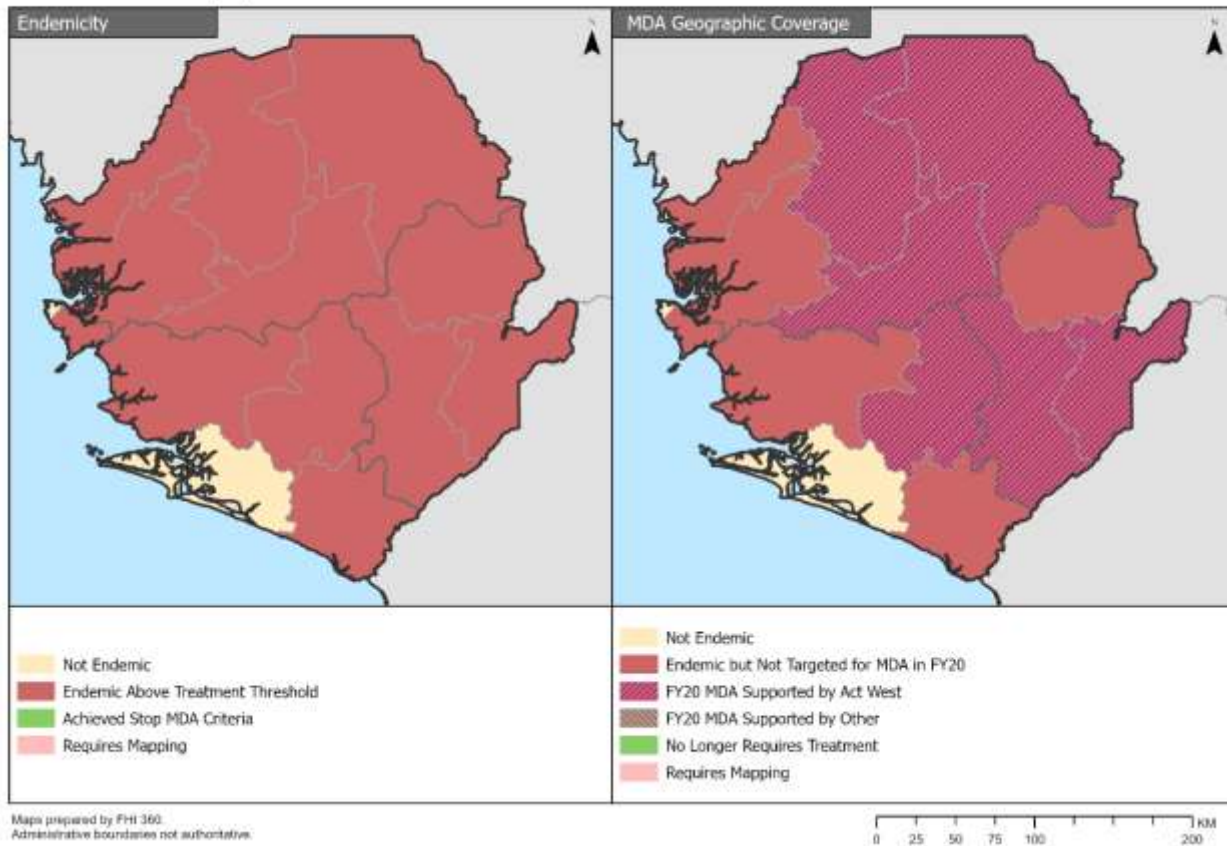
# Onchocerciasis

Sierra Leone | April 2020



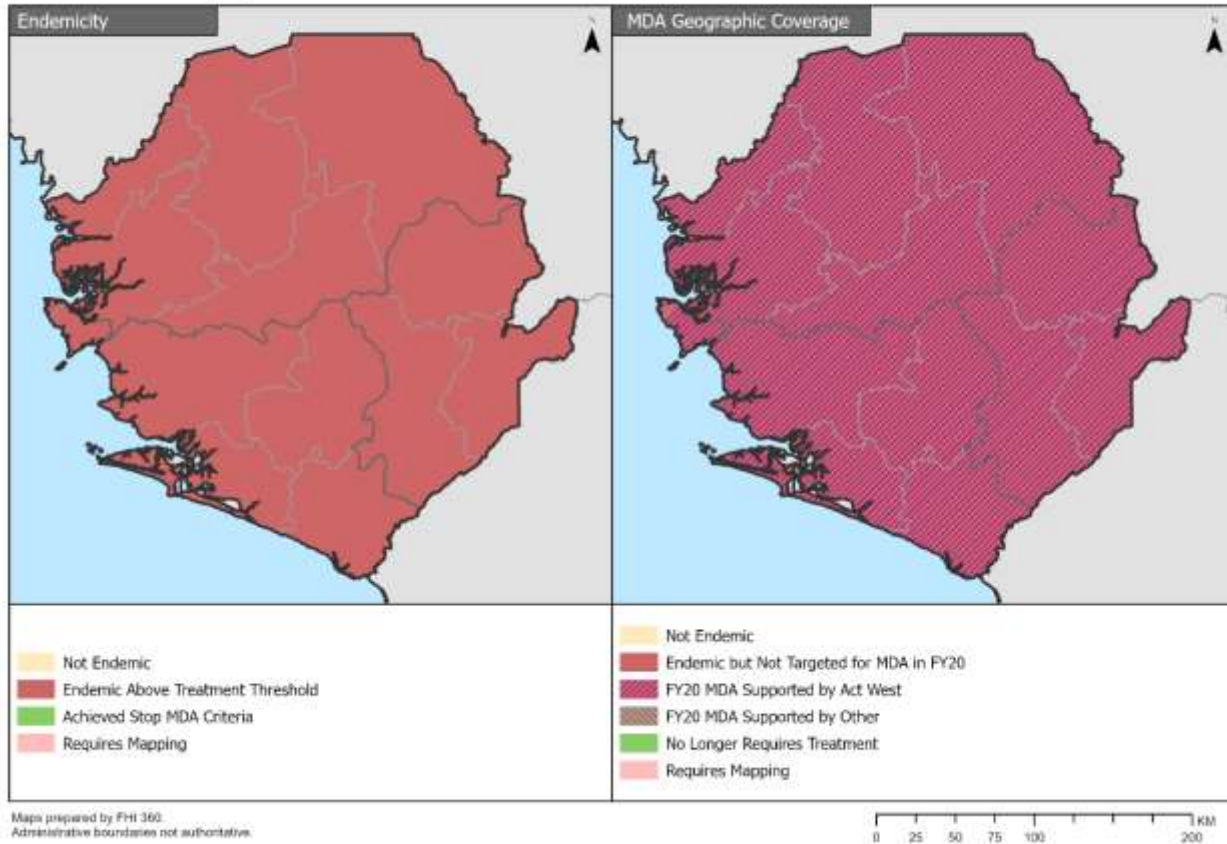
# Schistosomiasis

Sierra Leone | April 2020



## Soil-Transmitted Helminths

Sierra Leone | April 2020





# FY 2020 Semi-Annual Report 1

Period covered: October 1, 2019 – March 31, 2020

**TOGO**

## TABLE OF CONTENTS

<b>LIST OF TABLES .....</b>	<b>346</b>
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>347</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>349</b>
<b>PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT .....</b>	<b>350</b>
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES PROGRESS TO IMPLEMENTATION OF ACTIVITIES.....	350
<i>Strategic Planning .....</i>	<i>350</i>
<i>NTD Secretariat.....</i>	<i>351</i>
<i>Building Advocacy for a Sustainable National NTD Program.....</i>	<i>351</i>
<i>Mapping .....</i>	<i>351</i>
<i>MDA Coverage .....</i>	<i>351</i>
<i>Social Mobilization to Enable PC-NTD Program Activities .....</i>	<i>352</i>
<i>Training.....</i>	<i>352</i>
<i>Supervision for MDA.....</i>	<i>353</i>
<i>Monitoring, Evaluation and Learning .....</i>	<i>353</i>
<i>Supervision for Monitoring and Evaluation and DSAs .....</i>	<i>354</i>
<i>Dossier Development.....</i>	<i>354</i>
<i>Short-term Technical Assistance (STTA).....</i>	<i>355</i>
IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL .....	355
<i>Data Security and Management .....</i>	<i>355</i>
<i>Drug Management.....</i>	<i>355</i>
MAINSTREAMING AND HSS ACTIVITIES.....	355
<i>Develop NTD Sustainability Plan .....</i>	<i>355</i>
<i>SCH, STH, Post-Validation Surveillance.....</i>	<i>356</i>
<i>Cross-sector coordination and integration with existing platforms .....</i>	<i>357</i>
SUCCESS STORIES AND BEST PRACTICES.....	357
CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN .....	357
<i>Funding cut .....</i>	<i>357</i>
<i>Delay in drugs arrival.....</i>	<i>358</i>
<i>Insufficient PZQ.....</i>	<i>358</i>
PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS .....	359
MAPS.....	360

## LIST OF TABLES

TABLE 1: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020.....	352
TABLE 2: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019-MARCH 2020).....	353
TABLE 3: SHORT TERM TECHNICAL ASSISTANCE .....	355
TABLE 4: CHALLENGES/RESOLUTIONS .....	358
TABLE 5: FY20 ACTIVITIES .....	359

## ACRONYMS AND ABBREVIATIONS

<b>ARNTD</b>	<b>African Research Network for Neglected Tropical Diseases</b>
<b>CAMEG</b>	Central Medical Stores (Centrale d'Achats des Médicaments Essentiels et de Consommables Médicaux)
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDD</b>	Community Drug Distributor
<b>COGES</b>	Health Center Management Committee (Comité des Gestion)
<b>CNO</b>	National Organizing Committee (Comité National d'organisation)
<b>DAF</b>	Directorate of Financial Affairs (in MOH)
<b>DHIS2</b>	District Health Information System 2
<b>DQA</b>	Data Quality Assessment
<b>DSA</b>	Disease specific assessment
<b>HMIS</b>	Health management information systems
<b>IEC</b>	Information, Education, and Communication
<b>IR</b>	Intermediate Result of the ACT   West Results Framework
<b>IU</b>	Implementation Unit
<b>IVM</b>	Ivermectin
<b>JRSM</b>	WHO Joint Request for Selected Medicines
<b>LF</b>	Lymphatic filariasis
<b>LLIN</b>	Long-lasting insecticide-treated bed net
<b>MCH</b>	Maternal and Child Health
<b>MDA</b>	Mass Drug Administration
<b>MDP</b>	Mectizan Donation Program
<b>MEL</b>	Monitoring, Evaluation and Learning
<b>MOE</b>	Ministry of Education
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health and Social Protection
<b>NOEP</b>	National Onchocerciasis Elimination Program
<b>NTD</b>	Neglected Tropical Diseases
<b>NTDP</b>	Neglected Tropical Disease Program
<b>OEC</b>	Onchocerciasis Elimination Committee
<b>Ov16 RDT</b>	Ov16 rapid diagnostic test for onchocerciasis
<b>PC</b>	Preventive Chemotherapy
<b>PHU</b>	Peripheral Health Unit
<b>PINTD</b>	Program for the Integrated Control of NTDS
<b>PTS</b>	Post-treatment surveillance
<b>QA</b>	Quality assurance
<b>QC</b>	Quality control
<b>SAC</b>	School-age children
<b>SAE</b>	Severe adverse events
<b>SCH</b>	Schistosomiasis
<b>SCM</b>	Supply chain management
<b>STH</b>	Soil-transmitted helminths

<b>STTA</b>	Short-term technical assistance
<b>TA</b>	Technical assistance
<b>TAS</b>	Transmission Assessment Survey
<b>TIPAC</b>	Tool for Integrated Planning and Costing
<b>TF</b>	Trachomatous inflammation – follicular
<b>TT</b>	Trachomatous trichiasis
<b>UNICEF</b>	United Nations International Children’s Emergency Fund
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization



## EXECUTIVE SUMMARY

During the first half of FY20, neglected tropical disease (NTD) activities were carried out, allowing for consistent progress toward the Togo NTD program's control and elimination goals for the remaining endemic NTDs, as well as toward a more self-sufficient health system that will efficiently respond to the country needs in terms of public health response to infections. Two of the five NTDs for which Togo has been receiving funds from USAID show no more evidence of active transmission of infection (validation of lymphatic filariasis (LF) elimination by WHO was obtained in 2017, and the country's trachoma elimination dossier is in the process of being resubmitted to WHO). For the remaining three NTDs (onchocerciasis (OV), schistosomiasis (SCH) and soil transmitted helminths (STH)), program activities founded on social mobilization, mass drug administration (MDA), and monitoring and evaluation continued to support control and elimination efforts, to reach new targeted date of 2025. With technical assistance support from Deloitte, Togo took steps to ensure that benefits and successes obtained in previous years with partner support will be sustained beyond external funding.

At the beginning of FY20, on October 14–15, 2019, Togo held a meeting with its international Onchocerciasis Expert Committee (OEC) to obtain guidance on next steps to achieve OV elimination. The meeting in Lomé reunited experts from WHO, USAID, the Carter Center, and FHI 360 and provided an opportunity to analyze available data and make recommendations for Togo's OV program. These recommendations are being implemented to gain a broader and more objective evaluation of Togo's status in the context of OV elimination.

From January 3–8, 2020, the delayed "second round" 2019 of integrated MDA was conducted for OV in 17 districts, SCH in 23 districts, and STH in 7 districts. MDA originally planned for November 2019 had to be postponed to January 2020 due to late arrival of Praziquantel drugs. The MDA achieved high coverage of targeted populations, ranging from 82.7 to 100 percent. A rapid coverage assessment conducted right after MDA confirmed a good implementation of the MDA process, as well as a high treatment coverage of the population.

Following January's MDA, data were collected and validated, and unused drugs collected, with participation of both central and regional levels and the support of HDI. This activity was followed by the Annual Program Review, Microplanning, and Stakeholders Meeting from February 11–15, involving participation of all levels of Togo's health system that take part in MDA implementation. This meeting helped to evaluate strengths and challenges encountered during the January MDA and allowed for better grass roots planning for the larger 2020 (spring) MDA.

OV impact assessments were planned for first-line villages in Plateaux region, and work began to train the survey teams in March. The teams were able to conduct the assessment in 3 of the 7 districts before teams were called back to Lomé on March 21 due to the COVID-19 pandemic.

With regard to health system's strengthening, Togo's NTD program and Deloitte conducted a TIPAC analysis for 2020 and a "Togo self-evaluation workshop" from January 20–24. During this workshop, framework for Togo's sustainability plan was developed. The next meeting was planned for the end of March, to advance the sustainability aspect and help strengthen Togo's structures in terms of multisector collaboration, as a way to sustain NTD programs beyond external funding. The current COVID-19 pandemic will impact that because all flights from other countries to Togo have been stopped.

## PROGRESS TOWARDS MEETING THE OBJECTIVES OF THE COOPERATIVE AGREEMENT

### IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES PROGRESS TO IMPLEMENTATION OF ACTIVITIES

#### Strategic Planning

##### *Onchocerciasis Expert Committee (OEC) Meeting*

Act | West supported the Togo NTDP to organize a meeting of its international Onchocerciasis Expert Committee (OEC) October 14–15 of 2019. The program was anticipating obtaining guidance on next steps to achieve OV elimination. The meeting in Lome reunited experts from WHO, USAID, the Carter Center and FHI 360, and provided the committee with the opportunity to analyze available data and make recommendations for Togo's OV program.

Some of the OEC recommendations include:

- Evaluate old and new breeding sites, update the entomologic map of Togo for breeding sites, and establish a monitoring system with periodic collection of flies.
- Complete remaining ELISA analysis on the backlog of DBS at INH level, compare epidemiologic and entomologic data, do statistical analysis, and evaluate other villages if necessary.
- Update Togo's list of villages that need to receive IVM MDA by including villages that were excluded from treatment due to their size.
- Strengthen cross border collaboration with Benin, Ghana, and Burkina Faso with regard to OV MDA and DSA.
- Ensure quality control of laboratory results and establish a system of external quality control.

These recommendations are being implemented to gain a broader and more objective evaluation of Togo's status in the context of OV elimination.

##### *Togo / Ghana Cross Border Meeting*

The cross-border meeting with Ghana took place November 12–13, 2019 in Ho, Ghana. Meeting objectives included the following: review the present OV situation including MDA coverage for communities along the Ghana/Togo border; identify challenges posed by cross border activities and their implications for OV elimination; identify migrant population groups and develop strategies for their tracking and treatment; develop work plans to facilitate joint planning, monitoring, and supervision activities; strengthen existing cross-border collaboration mechanisms for the sharing of relevant information; and review the current framework for effective cross border collaboration for elimination of OV in Ghana and Togo.

During the meeting, progress was shared on action points from the 2018 Togo/Ghana cross-border meeting (held in Lome), common challenges were identified and discussed, and key action points were reviewed and agreed upon. Representatives agreed to identify geographic coordinates of border communities and identify major health facilities on both sides of the border as well as the district health in-charges and obtain contact information. In addition, representatives agreed to identify key

stakeholders in the border communities and look for opportunities to hold joint stakeholder meetings and carry out joint M&E exercises. Participants also agreed to further collaborate to develop and review joint plans for NTD activities, synchronize implementation of activities, facilitate free movement across borders, review cost sharing opportunities, exchange information, and conduct peer review visits.

#### *Program Review, Microplanning and Stakeholders Meeting*

Following January's MDA, the post-MDA collection and validation of data and collection of unused drugs was conducted from February 3–8 with participation of both central and regional levels and the support of HDI. This activity was followed by the annual Program Review and Microplanning workshop from February 11–15 involving participation from all levels of Togo's health system that participate in MDA implementation. This workshop allowed an evaluation of strengths and challenges encountered during the January MDA and allowed for a better grass roots planning of the main 2020 (spring) MDA. Participants considered and addressed challenges identified concerning the January round. It's worth mentioning the report of several hematuria cases in their communities, by some "Responsible for districts" (RFS) during the workshop, in particular from Haho, Ogou, Bas-Mono, and Tchaoudjo. HDI will support the national coordination in collecting data from these settings and conduct an investigation to better understand the epidemiologic situation of schistosomiasis there.

#### **NTD Secretariat**

As in years past, Act | West provided funding to the NTD secretariat to ensure reliable internet WIFI.

#### **Building Advocacy for a Sustainable National NTD Program**

No activities were budgeted in the FY20 workplan

#### **Mapping**

Mapping for all NTDs is complete.

#### **MDA Coverage**

From January 3–8, the delayed 2019 second round of integrated MDA was conducted for OV in 17 districts, SCH in 23 districts, and STH in 7 districts. MDA originally planned for November 2019 was postponed to January 2020 due to late arrival of Praziquantel. The MDA achieved high coverage of targeted populations, ranging from 82.7 percent to 100 percent (see Table 1 below). A rapid coverage assessment conducted right after MDA confirmed good implementation of the MDA process, as well as a high treatment coverage of the population. Reported coverage was high, a result of great social mobilization prior to MDA, as well as good planning and execution of the process leading up to MDA implementation. For STH, a total of 423,250 school children received ALB out of 425,327 eligible, for a treatment coverage of 99.5 percent. For SCH, a total of 307,479 school age children received PZQ out of the 318,286 who were eligible, a therapeutic coverage of 96.6 percent. For OV, a total of 1,630,036 adults received IVM out of 1,945,724, with a coverage of 83.7 percent. Post-treatment adverse reaction cases were reported and managed, including a presumed case of SAE, which is being managed in a regional hospital as of this report date.

**TABLE 52: USAID-SUPPORTED COVERAGE RESULTS FOR FY 2020**

NTD	# Rounds of annual distribution	Treatment target (FY 2020)	# District with insufficient epi coverage in FY20	# District with insufficient program coverage in FY20	Treatment targets (FY 2020) # PERSONS	# persons treated (FY 2020)	Percentage of treatment target met (FY 2020) PERSONS
LF	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OV	2	80 percent	1	0	1,945,724	1,630,036	83.7 percent
SCH	2	95 percent	4	0	318,286	307,479	96.6 percent
STH	2	95 percent	0	0	425,327	423,250	99.5 percent
TRA	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### Social Mobilization to Enable PC-NTD Program Activities

The success of all MDA efforts depends on the level of community participation. Social mobilization prior to the MDA continues to utilize town criers, local radio spots, and educational flip charts which have been highly effective for publicizing the MDAs in Togo. For the January 2020 round of MDA, 3,477 town criers went through the districts to sensitize the population on the upcoming MDA. An estimated 6,710 community health workers sensitized the community using the educational flip charts. Religious leaders help spread the word at religious services and in community settings, and administrative authorities organized information meetings at regional, district, and community levels. Togo's repeated success in attaining high MDA coverage attests to the efficacy of its social mobilization efforts.

### Training

No training was conducted before the FY20 January MDA. Because this MDA is considered the 2019 "second round" MDA, all training is conducted before the "first round" spring MDA. All MDA training takes place and is budgeted for the larger MDA, which is scheduled for June (due to COVID-19).

Training of Togo's chief of lab division on SCH/STH took place from October 21–27, 2019 in Brazzaville. This training is an element of the program's strengthening of local capacities and will contribute to Togo's efforts to manage STH/SCH programs beyond.

In the context of the Togo OV program, three lab technicians from Togo's INH laboratory flew to University of South Florida (USF) to run ELISA analysis on dried blood spot (DBS) samples under supervision as well as receive additional capacity building at Tom Unnasch's USF lab from November 15 to December 8, 2019. The Togo INH serology lab is involved in running ELISA analysis for the OV program, and this training has strengthened local lab capacity in adequate testing for OV. During their stay, the lab technicians were trained on the USF ELISA protocol and they conducted the ELISA analysis on 3,630 samples (476 from Maritime region, and 3,154 from Savanes region), all of which got a negative result.

**TABLE 53: SUMMARY OF TRAINING ACHIEVED IN FY 2020 (OCT 2019-MARCH 2020)**

Title of training	Location	Target participants (e.g., HCW, CDD, community)	Objective/s of training	Date	Lead organization (e.g., FHI360, HKI, HDI, WVI, Deloitte)	Key outcome/s of the training	# of participants		
							M	F	T
INH lab technicians training	USF	INH lab technicians	Strengthen laboratory capacities	Nov 15–Dec 8, 2019	USF	Lab technicians trained in WHO recommended ELISA techniques	3	0	3
SCH/STH training		Togo's chief of lab division	Strengthen Togo capacity in SCH/STH	Oct 21–27, 2019		Chief of Togo's lab division trained in SCH/STH	0	1	1

### Supervision for MDA

MDA supervision was organized at all levels (central, regional, district, and “Formations Sanitaires”) for the January 2020 MDA. A total of 16 supervisors at central level, 105 at regional and district level, and 377 team supervisors have conducted pre-MDA and MDA activity supervision using the supervision guide. HDI staff also supported MDA supervision.

### Monitoring, Evaluation and Learning

#### *Rapid Evaluation Surveys*

Rapid evaluation surveys have been routinely conducted after each MDA to evaluate the quality of MDA implementation. During this evaluation, all MDA preparation, implementation, and reported side effects are reviewed and analyzed to determine whether or not MDA has been successfully implemented, identify gaps, and develop recommendations to improve the next MDA. If areas are found “not covered” by MDA, they are treated during the rapid evaluation.

After the January 2020 MDA, rapid coverage surveys were conducted in sampled households, within treated villages, to document whether effective treatment coverage was achieved. The following was found among families surveyed: 81–89 percent of families were informed of MDA by town criers, 29–37 percent were informed by CHW, and 5–12 percent reported not being informed; 98–100 percent of targeted people were treated; and 85–95 percent of families know what disease PZQ is treating. All families interviewed received their treatment at home. Among the challenges recorded is the period when MDA was conducted, January 2 being a holiday. Some supervisors were not available, and some administrative follow-ups were delayed. Recommendations were developed to address challenges observed during this survey and to improve the next MDA.

#### *OV Impact Assessments*

For OV, HDI worked closely with Togo's MOH, WHO-Geneva, CDC, and members of the OEC several years ago to review Togo's data in detail and develop a stop-MDA assessment study design and sampling

that adheres to WHO guidelines. These stop-MDA surveys were conducted in Maritime and Savanes regions in 2017 and 2018 respectively; results of the OV16 tests from these regions run by the Togo INH lab technicians in Togo and USF were all negative. At the end of FY19, samples for MDA impact surveys were collected in Central and Kara regions, and ELISAs will be performed on these samples in 2020.

An OV impact survey was planned for FY20 in the Plateaux region, with an emphasis on villages that were not included in previous surveys; the survey began in March but was halted and teams called back to Lomé due to the COVID-19 pandemic. The Plateaux survey will complete the current round of OV surveys in Togo; the ELISA results will provide information to the OEC allowing it to recommend whether MDA can be stopped in Maritime and Savanne and provide guidance on next steps to eliminate OV from Togo.

An additional concern is quality control (QC) and quality assurance (QA) for OV16 ELISA. There is a need to establish a technical assistance resource for Togo and countries in a similar position to provide advice and guidance when difficulties are encountered and to provide QA when needed.

#### *SCH/STH DSA*

A disease-specific assessment (DSA) for SCH/STH was included in Togo's FY20 plan; however, during a meeting with USAID, FHI, HDI, and Togo on February 4, USAID highlighted that these surveys have not been approved for the current fiscal year, given that the funds budgeted for this purpose would not allow for a sufficiently robust survey as is expected from Togo at this point. Recommendations were made to hold on these surveys and wait for SCH/STH protocols currently being developed by WHO. The Togo SCH/STH program needs to collect data on the prevalence of these NTDS, to assess impact on these infections after several years of MDA with high coverage, evaluate the epidemiologic situation, and inform next steps for Togo.

#### **Supervision for Monitoring and Evaluation and DSAs**

HDI worked with the NTDP to provide supervision during the OV impact assessments in the Plateaux Region, which began in mid-March. These supervision activities were interrupted when the survey teams were called back to Lomé due to the COVID-19 pandemic restrictions. The NTDP hopes to finish the survey as soon as restrictions are eased.

#### **Dossier Development**

During this reporting period, HDI and FHI 360 supported the Togo NTDP to address the questions posed by the dossier review group regarding the trachoma dossier that was submitted in December 2018. From March 9–11, 2020, technical assistance visits from the WHO took place to support the finalization of the revised dossier and responses to the dossier review group. Both the WHO-Geneva and ESPEN/WHO AFRO's trachoma focal points helped PNMTN advance in the process and have a schedule in place to re-submit answers to WHO questions in May 2020.

Togo has already been validated by WHO as having eliminated LF as a public health problem (2017).

**Short-term Technical Assistance (STTA)****TABLE 54: SHORT TERM TECHNICAL ASSISTANCE**

Scope of work (include only short summary)	Name of consultant/s	Period of consultancy	Status (completed, in-progress)
TIPAC analysis	Deloitte	Jan 20–24, 2020	Completed
Sustainability plan development	Deloitte	Mar–Apr 4, 2020	Completed

**IR/S. PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL****Data Security and Management**

To date in FY20, those activities budgeted under this area have yet to take place.

**Drug Management**

Because of Togo's rather complex distribution plan, the drug distribution guide is reviewed by multiple people at the MOH and HDI. Drugs are delivered from Lomé to each district by the MOH. Each sub-district then collects its supply of drugs from the district and distributes the drug to individual CDDs. At each step, drugs are dispatched with an inventory form stating the name of each drug, the quantity being distributed at that level, the date the drugs are being distributed, the lot number, and the expiration date. The signatures of both the person delivering and the person receiving the order are included at each transfer point. At the end of MDA, the inventory form is returned to the next level up, with an indication of how many doses of each drug were used, together with any unused drugs. Unused drugs are returned to the district level, then collected by central level vehicles and returned to Lomé. These processes have been followed during the last MDA activity and have proven successful. The system in place has been working well so far, and therefore was carried out in the same manner for January MDA. Some lab reagents used from time to time for OV surveys are the only commodities requiring cold storage, and they are stored at Togo's National Institute of Health.

**MAINSTREAMING AND HSS ACTIVITIES****Develop NTD Sustainability Plan**

During this period, Togo received technical assistance from Deloitte to advance the sustainability and advocacy aspects of Togo's NTD program. During the first workshop of FY20, Deloitte reviewed TIPAC data entered by the NTDP; a new, annual TIPAC analysis was made; and a frame for Togo's sustainability plan was developed. The focus of second workshop (March 2020) was on developing a sustainability plan for Togo. However, due to the COVID-19 pandemic, this activity was postponed. The ministry of health requested this assistance from Deloitte to ensure they are taking the necessary steps in the development of both sustainability and advocacy plans that will help Togo continue NTDs programs management beyond the end of external funding.

Togo's efforts to strengthen their local health system and adopt a multi-sector approach in the fight against NTDS, to strengthen sustainability of NTD programs, continued during this past semester. TIPAC analysis for 2020 as well as a "Togo self-evaluation workshop" took place with the support of Deloitte from January 20–24. The workshop's objectives were to:



- a. Review and validate TIPAC data and do the annual TIPAC data analysis for 2020.
- b. Map out Togo's budget process and identify key dates, stakeholders, and processes.
- c. Identify key stakeholders for budget advocacy and create targeted outreach plans and messages.
- d. Understand where the PNMTN is on the maturity continuum.
- e. Identify areas where the program will need strengthening.
- f. Develop a list of priority activities to advance PNMTN along the maturity continuum.
- g. Understand how to better engage key stakeholders in order to strengthen the sustainability of PNMTN's achievements.
- h. Use workshop outputs to develop thinking and planning for next steps.

Some of the workshop's outcomes include the development of the following:

- A final SMM Excel tool with scores and priorities
- A final workshop presentation slides with draft activities by parameter
- A final summary of scores and priorities

As next steps, FHI and HDI will work with Deloitte on finalizing an advocacy plan for resources mobilization, determining the best approach for gathering stakeholder buy-in for the sustainability plan, and develop the frame for the sustainability plan for distribution to key stakeholders. The next scheduled activity is a workshop to further develop Togo's sustainability plan, which was scheduled from March 31–April 4, and this has since been postponed.

### **SCH, STH, Post-Validation Surveillance**

The appointment of a national NTD coordinator and the creation of a budget line for NTDs in 2019 showed Togo's commitment to eliminate NTDs and has facilitated planning, coordination, and budgeting activities for these programs. HDI will continue working with Togo's MOH on the creation of a SCH/STH committee and on ways the government can use this committee to ensure progress toward sustainable funding and management of SCH/STH programs.

From October 21–27, 2019 HDI supported training the person in Togo's MOH responsible for the SCH/STH laboratory division. This training will support Togo's efforts to put in place a national SCH/STH committee that will guide national program's next steps in applying strategies to eliminate both schistosomiasis and STH infections.

During Q1 of FY20, HDI supported Togo in developing ideas for post-validation surveillance of LF. These ideas were shared with WHO Geneva and the Task Force for Global Health (TFGH), who encouraged Togo to submit a proposal in response to an RFP. However, the RFP was for a somewhat different topic, and the deadline was too close (within a few days), which made it impossible to complete and submit a full proposal. HDI will continue supporting Togo to develop a full proposal for post-validation surveillance for LF, in hopes that in absence of guidance from WHO, Togo can conduct some operational research about post-validation surveillance strategies that can be implemented in Togo.

## Cross-sector coordination and integration with existing platforms

### *Cross Sector Landscape and Barrier Analysis*

The regional cross-sector and regional HSS advisor conducted the landscape and barriers analysis in Togo. The interviews explored the stakeholder landscape, existing platforms for cross-sector collaboration, barriers and opportunities for cross-sector collaboration, and potential service delivery platforms for NTD integrated interventions. The regional IRS team interviewed 22 stakeholders across the health ministry and other relevant ministries and partners (including Nutrition, Malaria Control Program; NTDP; Maternal and Child Division; Water, Sanitation, and Rural Equipment; Secondary and Primary Education; government decentralized entities and village communities; Livestock; National Health Insurance; UNICEF, USAID, Sightsavers, HDI, OOAS, and WHO).

## SUCCESS STORIES AND BEST PRACTICES

For NTD programs to be successful, there is a whole process that should take place prior to MDA, including community sensitization, training of CHW and nurses, transport of drugs peripheral level, and involving supervisors and teams from central level during and after MDA implementation.

During the MDA that took place January 3–8 in Togo, six teams from the central level conducted a supervision mission to evaluate the MDA process and the MDA itself and determine if challenges observed in previous distributions had been addressed. Each team was assigned a region and had as its general objective to contribute to an improvement in MDA implementation quality there.

A total of 104 subdistricts were visited, and around 50 teams of CHW were observed. These observations highlighted a few challenges: the implementation of MDA during the New Year holidays caused some delays, and resources were insufficient to cover the number of supervision days, fuel, and personnel per diems. However, several positive aspects of the MDA process were recorded that are worth mentioning:

- Effective start of MDA in all districts
- Availability of material and field work supplies
- Resistance to MDA almost non-existent, except for few families in Maritime region
- Drugs were administered according to protocol
- Door-to-door MDA treatment done in accordance with Togo's distribution strategy and achieved high coverage

These positive results attest to continued strong competencies of health care personnel and CDDs involved at all levels in Togo and will lead to effective MDA planning, implementation, and follow-up, and should ensure consistent progress toward NTDs elimination in Togo.

## CHALLENGES ENCOUNTERED AND SOLUTIONS PROVIDED/ACTIONS UNDERTAKEN

### **Funding cut**

Togo's budget for FY20 was considerably reduced, leading to significant reductions in supervision days and per diem rates of CHW. Togo is still facing challenges regarding the number of supervision teams for MDA, rapid evaluation post MDA, and overall funding and management of NTDs beyond USAID funding. A report from January MDA highlighted the reduced supervision days (due to funding cuts) as a

weakness that needs to be addressed to maintain high level of MDA coverage in Togo. These funding cuts seriously compromised PNMTN’s ability to properly prepare and conduct MDA activities and prompted Togo’s National Coordination to seek funds elsewhere. While Togo is working on developing a sustainable program, it would be good if, in the interim, they obtain the funds originally planned in order to properly conduct main program activities.

### Delay in drugs arrival

The “second round” MDA of FY19 was planned for November 2020. However, due to repeated delays in PZQ arrival, MDA was postponed until it could finally be carried out in in early January 2020. These kinds of delays have an impact in MDA implementation and supervision—the Christmas and New Year holidays are a less than ideal time for MDAs—and this also have domino effects on future MDAs, which need to occur every 6 months.

### Insufficient PZQ

Insufficient PZQ has been a long-term issue in Togo due to inconsistencies of Togo’s and WHO’s Schistosomiasis treatment policy and with that of the PZQ donation program. As a result, drugs provided by WHO are always insufficient, and people in need of treatment do not receive it consistently. HDI will continue to support the PNMTN in exploring strategies that will allow for drug orders to be honored by WHO and as much of the at-risk population to be treated as possible.

**TABLE 55: CHALLENGES/RESOLUTIONS**

Challenge encountered	Solutions	Status (resolved, pending)
Funding cut	Cut the budget in areas that will cause the least damage	Resolved
Late arrival of drugs	Postpone MDA activities	Resolved
Insufficient PZQ	Closer collaboration between the PNMTN WHO and HDI / New target population for schistosomiasis treatment	In progress

## PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

Table 56: FY20 Activities	Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep
<b>Strategic Planning</b>						
SCH/STH steering committee						
Review and development of 5-year strategic plan						
Work planning meeting for FY21						
onchocerciasis elimination committee meeting (local experts)						
cross border meeting with Benin						
<b>MDA Coverage</b>						
Printing Spring MDA						
MDA implementation, adverse effects surveillance						
Validation and collection of MDA data and drugs						
Update list of villages under Ivermectin treatment per district						
<b>Social Mobilization to Enable NTD Program Activities</b>						
Pre-meeting with village chiefs						
Community meetings in 18 high-prevalence OV endemic villages						
<b>Training</b>						
Training of Supervisors for Annual MDA						
Training of Nurses in the districts before Spring 2020 MDA						
CDD Training						
ArcGIS training in Accra						
<b>Drug Supply and Delivery Management</b>						
Drug Delivery Spring MDA						
Reverse supply chain for tablets and data collection						
Tablets and Data Collection						
<b>Supervision for MDA</b>						
Supervision May 2020 MDA						
SAE investigation						
<b>Monitoring and Evaluation</b>						
MDA Rapid Coverage Evaluation						
WASH data collection and analysis						
<b>Disease Specific Assessment</b>						
OV Impact Assessment for Plateaux region						
<b>Short-Term Technical Assistance</b>						
STTA for TIPAC and sustainability plan development (Deloitte)*						
Local consultant to assist with landscape analysis*						

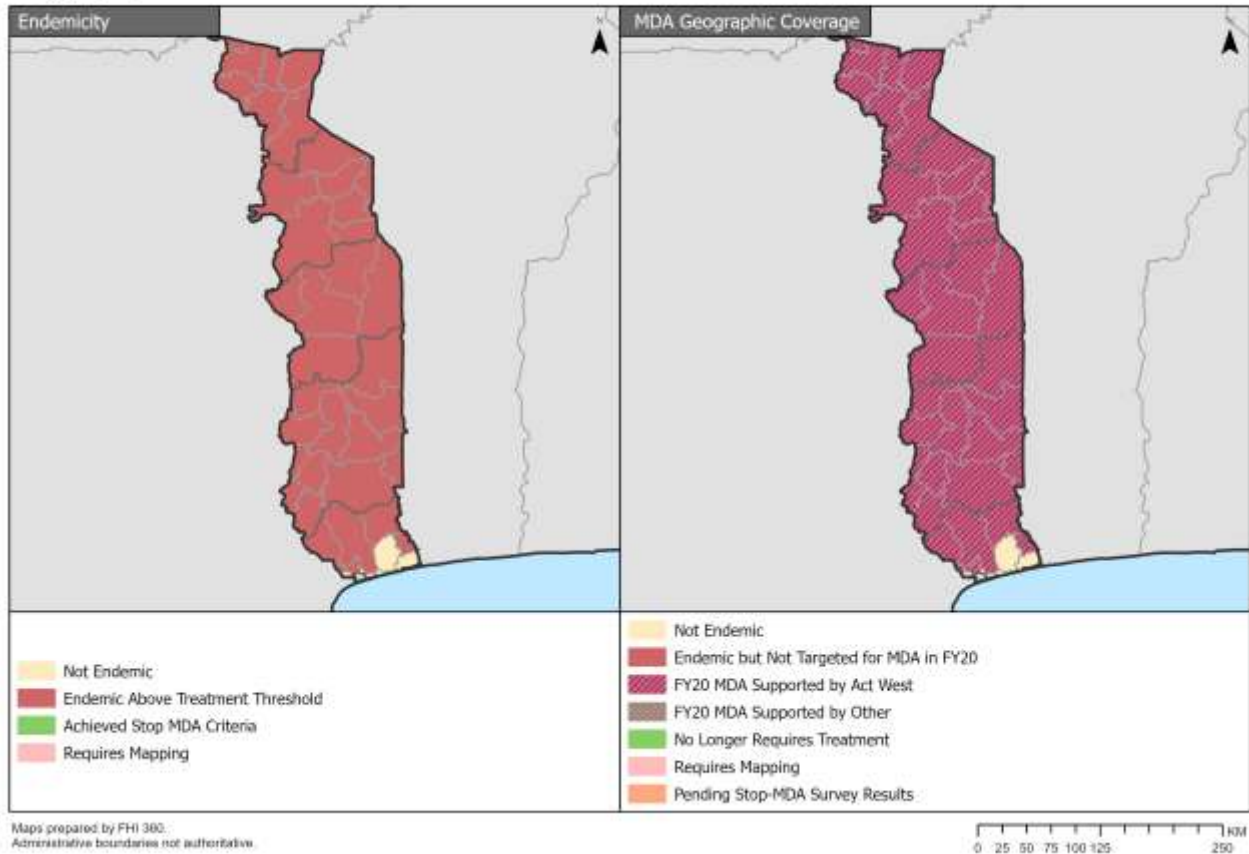
\*-the timeline for the activities is yet to be decided in consultation with Technical support providers due to COVID-19 related restriction

All planned activities are subject to change in accordance with guidance from the WHO, USAID, and host country governments in response to the COVID-19 pandemic.

## MAPS

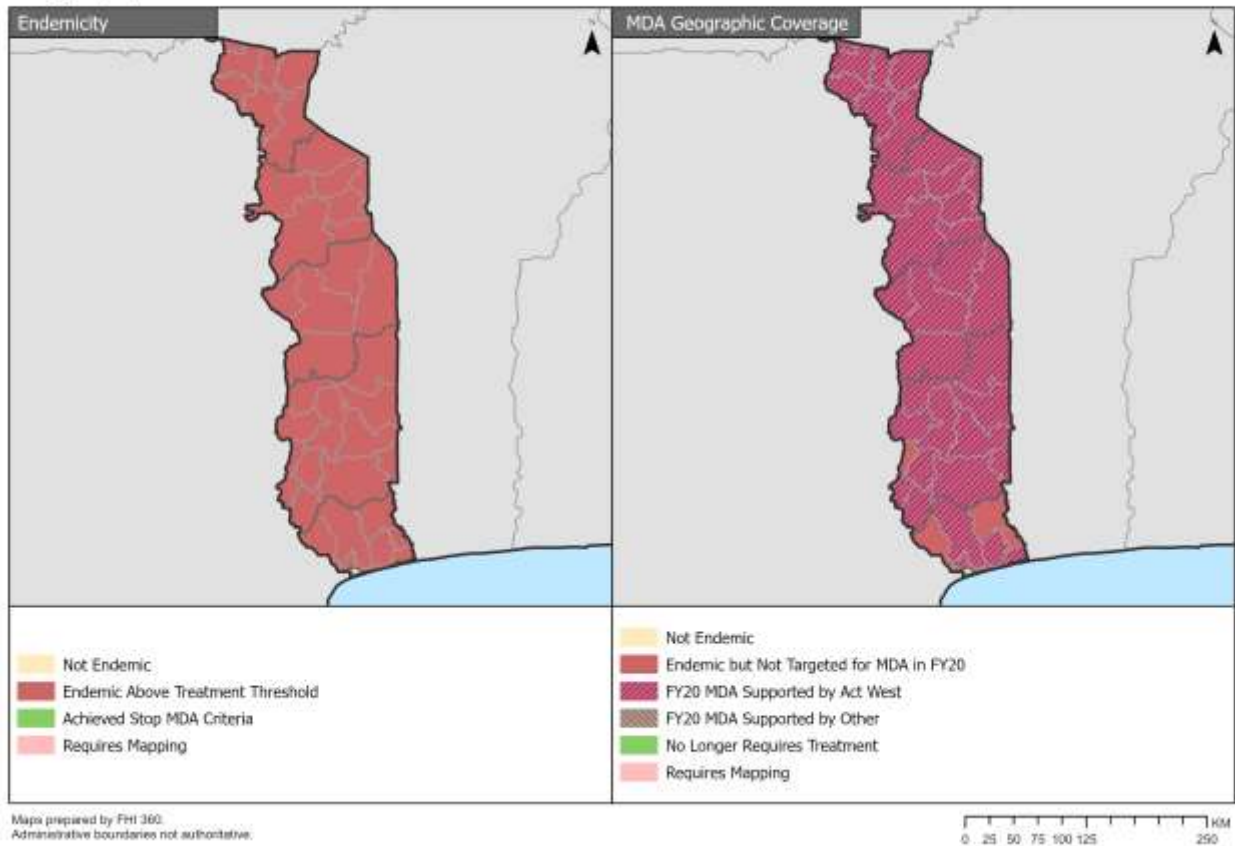
### Onchocerciasis

Togo | April 2020



# Schistosomiasis

Togo | April 2020



## Soil-Transmitted Helminths

Togo | April 2020

