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Act to End NTDs I West Annual Work Plan

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This work plan is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of the Act to End NTDs | West Program, led by FHI 360 in partnership with Helen Keller International, Health and Development International, Deloitte, World Vision, Americares, and The AIM Initiative under Cooperative Agreement No. 7200AA18CA00011 and do not necessarily reflect the views of USAID or the United States Government

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ACRONYMS AND ABBREVIATIONS

AFRO	World Health Organization Regional Office for Africa
AIM	Accelerating Integrated Management
AOR	Agreement Officer Representative
ASCEND	Accelerating the Sustainable Control and Elimination of NTDs
ASTMH	American Society of Tropical Medicine and Hygiene
BELF	Blueprint for Elimination for Lymphatic Filariasis
BEO	Bureau Environmental Officer
BETR	Blueprint for Elimination for Trachoma
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CIND	Country Integrated NTD Database
COR-NTD	Coalition for Operational Research on Neglected Tropical Diseases
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EDC	Electronic Data Collection
EMMP	Environmental Monitoring and Mitigation Plan
END	Ending Neglected Diseases
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease (WHO)
EU	Evaluation Unit
FAA	Fixed Amount Award
FTS	Filariasis Test Strip
GIS	Geographic Information System
HD	Health District
HDI	Health & Development International
HKI	Helen Keller International
HMIS	Health Management Information System
HRH2030	USAID's Human Resources for Health in 2030 Program
HSS	Health System Strengthening
JRSM	Joint Request for Selected PC Medicines
ICTC	International Coalition for Trachoma Control
IEC	Information, Education, and Communication
IMT	Independent Monitoring Tool
IR	Intermediate Result
IR/S	Sustainability IR

IU	Implementation Unit
LF	Lymphatic Filariasis
LOA	Letter of Authorization
LOE	Level of Effort
MEL	Monitoring, Evaluation, and Learning
MCH	Maternal and Child Health
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
NNN	NTD NGDO Network
NTD	Neglected Tropical Disease
NTDP	Neglected Tropical Disease Program (of the MOH)
OEC	Onchocerciasis Elimination Committee
OV	Onchocerciasis
Ov16	<i>Onchocerciasiscerca volvulus</i> -specific antigen
PC	Preventive Chemotherapy
PHII	Public Health Informatics Institute
PTS	Post-Treatment Surveillance
PZQ	Praziquantel
QA	Quality Assurance
QI	Quality Improvement
ROI	Return on Investment
RPRG	Regional Program Review Group
SAC	School-Age Children
SBC	Social and Behavior Change
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SCT	Supervisor's Coverage Tool
SMM	Sustainability Maturity Model
SMT	Senior Management Team
STH	Soil-Transmitted Helminths
STTA	Short-term Technical Assistance
TAS	Transmission Assessment Survey
TA	Technical Assistance

TAG	Technical Advisory Group
TF	Trachomatous Inflammation—Follicular
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TIS	Trachoma Impact Survey
TOR	Terms of Reference
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
USG	United States Government
WAHO	West African Health Organization
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization
WV	World Vision

INTRODUCTION

Act to End NTDs | West (hereon after referred to as Act | West) will support the elimination of neglected tropical diseases (NTDs) in Benin, Burkina Faso, Cameroon, Ghana, Guinea, Cote d'Ivoire, Mali, Niger, Senegal, Sierra Leone and Togo. The program seeks to build upon the achievements of Ending Neglected Diseases (END) in Africa and ENVISION in West Africa in their efforts to eliminate lymphatic filariasis (LF) and trachoma as public health problems, and of onchocerciasis (OV) in selected countries. It aims to make Neglected Tropical Disease programs (NTDPs) capable of sustaining treatment for long-term control programs for schistosomiasis (SCH), soil-transmitted helminths (STH) and OV and to mainstream NTDPs into the national health system.

The key principles that govern Act | West operations are in accordance with the expected program results as defined in the Program Framework. The FY20 Work Plan is built upon the accumulated experience and lessons learned in NTD programs in West Africa and Act | West's first year of implementation, directly by FHI 360 or in collaboration with our partners. These include maximizing the utilization of existing government networks and well-established channels for implementation of NTD activities; partnering with Ministries of Health (MOHs) and other NTD stakeholders to strengthen MOHs and enhance local sustainable capacity in 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 (HKI), Health & Development International (HDI), Deloitte Consulting, World Vision International (WV), AmeriCares, and AIM Initiative.

MANAGEMENT OF COOPERATIVE AGREEMENT

Main Activities

- **Monitoring and supervision.** The FHI 360 Act | West team leaders will be responsible for monitoring and supervising the work of sub-grantees. In FY20, the program will intensify monitoring and field supervision visits, in line with the renewed effort to improve and ensure quality implementation. Critical tasks for a successful implementation, such as effective mass drug administration (MDAs) and technically sound executed disease specific assessments (DSAs), will be closely monitored and supervised by FHI 360 and HKI technical leads as country specific circumstances demand. Priority will focus on countries such as Sierra Leone, Niger, Cameroon, Burkina and Ghana, where weaknesses have been identified or indicate a pattern of failing interventions, though all countries will be subject to stronger scrutiny. Monitoring and supervision visits will be coordinated with USAID/Agreement Officer Representative (AOR) to facilitate participation of other members of the USAID NTD team. After each monitoring field visit, a memorandum will be issued to summarize findings and identify actionable items for execution. The frequency and scope of country visits should be synchronized with the QI/QA activities as identified within this document.
- **Technical Advisory Group (TAG).** Act | West will convene NTD technical experts semi-annually to present and discuss the latest evidence, innovations, programmatic challenges and solutions to catalyze sharing and learning on how to improve programming. Meetings will result in guidance and recommendations for the country teams, particularly those that may be facing unique or complicated questions. TAG members will include USAID AOR, Act | West technical representatives, and partners.

- Senior Management Team (SMT). The Program Director, Country Managers, partners' leadership and other key personnel from the SMT will hold semi-annual meetings to discuss progress and the status of activities, sub-grantee coordination and stakeholder collaboration. The Program Director, along with select members of the SMT, will participate in bi-weekly meetings with the USAID AOR and NTD team to discuss implementation progress.
- Act | West Operations. The operations team will continue to oversee the programmatic, operational and administrative management of cooperative agreement to ensure compliance to USAID award conditions and FHI 360 policies and procedures. This includes monitoring and tracking quality contractual management of subawards, workplans, fixed amount awards, progress reports, and other cooperative agreement deliverables, as well as ensuring all program activities stay on schedule, within scope and on budget.

FY 2021 WORK PLANS

Work plans will be developed using USAID templates and submitted to USAID on an agreed due date schedule in Q4 FY20 that ensures USAID inputs are incorporated and approval is provided prior to the beginning of FY21. In-country sessions will be held during Q3 FY20 following a schedule to be agreed upon by all key stakeholders. During each country's annual work planning exercise, the program will collaborate with NGOs executing NTDPs or complementary activities to participate in work planning, such as Sight Savers, Liverpool School of Tropical Medicine, Schistosomiasis Control Initiative (SCI), London School of Hygiene & Tropical Medicine, Carter Center and others, depending on the country. The operations team utilizes a work plan tracking tool to note deadline milestones among all content providers.

COLLABORATION AND COORDINATION WITH USAID AND ACT | WEST CONSORTIUM

Coordination with USAID. The Act | West technical team will have regular contact with USAID technical specialists for each NTD (LF, trachoma, OV, SCH and STH):

- Bi-weekly Meetings, Calls and Ad-hoc Communication. Weekly meetings or calls will be held between the Program Director, Technical Director, MEL Director and Health System Strengthening (HSS) Lead and USAID/AOR to discuss progress and challenges, and to seek solutions to problems. Other members of the Act | West team will join these meetings as appropriate, depending on the topics and interest of USAID. Ad hoc communication channels via email and phone will be permanently open with the Program Director and other members of the team.
- Bi-monthly Review Meetings. An expanded stakeholders meeting will be held bi-monthly to discuss progress toward objectives, facilitate collaboration and troubleshoot issues. These meetings will include Act | West key personnel plus other technical staff from HKI, WV and other partners as appropriate.
- Quarterly USAID & FHI 360 Technical and Operations Meetings. FHI 360 proposes to host quarterly meetings with USAID to discuss current technical and operational issues. Agendas will be agreed on in advance with the AOR and the Senior Program Director.
- Monthly FHI 360 and HKI Operations Meetings. FHI 360 and HKI have agreed to hold monthly meetings to cover any management, prime-sub issues and operational topics in the 8 portfolio countries where HKI is either the lead or co-implementer. FHI 360 will provide relevant updates from Act | West and

USAID regarding all operational matters on per country basis, discussions regarding FAAs, award modifications, budget ceilings, travel, contractual, workplans and country budget issues.

- Annual Partners' Meetings – FHI 360 will continue supporting the USAID NTD Partners' Meeting in its Washington, D.C. offices in Q1 of each FY. We will also coordinate, along with USAID, the Act | West Partners' Meeting, held annually in West Africa and attended by USAID, CDC and NTD program countries and partners; MOHs; WHO; Task Force for Global Health; and pharmaceutical companies to foster stronger collaboration and coordination among all key stakeholders.

COLLABORATION AND COORDINATION WITH OTHER NTD STAKEHOLDERS

- Coordination with Act | East. We will continue to collaborate and coordinate with Act | East to advance USAID NTDs agenda. Multiple working groups will be created, and periodic technical meetings will continue through FY20. An emphasis will be placed on the planning and conceptualization of IR2/IR3 activities and M&E among others.
- Coordination with COR-NTD. Increase coordination with the COR-NTD Consortium in topics related to on-going operational research where implementing partners and countries are participating. Act West will work with MOH to respond to expression of interest advertised by COR-NTD.
- Coordination with Sight Savers, Accelerating the Sustainable Control and Elimination of NTDs (ASCEND) and Accelerate. Both programs overlap with Act | West in 6 countries. Given the similarities in objectives and commonalities, coordination is necessary to avoid duplication of efforts and conflicting interactions with MOH and other local partners. We will explore the complementarities among the three programs concerning splitting MDAs, such as 2nd round for oncho, when necessary and interventions addressing morbidity for LF and trachoma. A particular point of concern is in the area of HSS. Once the ASCEND work plan is approved by DFID a meeting will be organized to agree on the mechanism to facilitate coordination at the HQ and country level between the ASCEND and Act | West consortiums.
- Coordination with the END Fund. Traditionally, the END Fund has been providing partial support for the programs in Senegal and Cote d'Ivoire. We will continue to explore how Act | West can enhance coordination.
- Coordination with Expanded Special Project for Elimination of NTDs (ESPEN). Act | West will continue collaborating with ESPEN through our MEL structure concerning electronic data collection (EDC) and via our program SCM Lead concerning drugs application package and drugs delivery in countries. As ESPEN expands their footprint into new areas such as technical assistance (TA) and as a funding provider to MOHs, additional topics of collaboration are emerging such as Tool for Integrated Planning and Costing (TIPAC) and capacity building for better implementation. We will seek Act | West technical experts' engagement in the West Africa Regional Program Review Group (RPRG) and other mechanism for strengthening NTD programs.
- Coordination with other implementing partners. Throughout implementation and especially during each country's annual work planning exercise, the program will collaborate with NGOs executing NTD projects or complementary activities to participate in work planning, such as Liverpool School of Tropical Medicine, SCI, London School of Hygiene & Tropical Medicine, Carter Center and others, depending on the country.

- Globally, the team will foster a strong collaboration with WHO HQ, WHO AFRO, and ESPEN to further ensure prompt and well-facilitated exchange of information. Act | West will seek to participate in:
 - ESPEN annual NTD program managers meeting.
 - Preventive Chemotherapy NTD RPRG
 - Strategic and Technical Advisory Group (STAG) of NTDs and STAG on M&E of NTDs at WHO
 - International Coalition for Trachoma Control (ICTC)
 - Trachoma Expert Committee (TEC) meetings
 - The Carter Center Annual Program meeting
- Participation in other global meetings and conferences. Act | West technical staff will present results and share its knowledge throughout the program at these organizations' meetings:
 - American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting
 - Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) meeting
 - NTD NGDO Network (NNN) Annual Conference and its Onchocerciasis Elimination Coordination group
 - Disease-specific meetings of the International Trachoma Initiative, Global Alliance to Eliminate LF and Global Schistosomiasis Alliance

ENVIRONMENTAL MONITORING AND MITIGATION REPORT (EMMR)

- FHI 360 will submit the annual EMMR within 60 days of the end of the fiscal year 2020.
 - FHI 360 will complete an annual EMMR template that summarizes the mitigation measures that were implemented, including successes and failures of mitigation and any adjustments necessary. This report will be incorporated into Performance Monitoring and Evaluation Plans and annual work plans. The EMMR will be submitted to the AOR by the end of November each year. FHI 360 will be responsible for gathering the relevant information from its sub-grantee to prepare the EMMR. Intermittently, as designated in the EMM Plan (EMMP), FHI 360 and its sub-grantee will monitor the implementation of mitigation measures.
 - FHI 360 will do a refresher training for implementing partners to ensure that sub-grantees understand that activities to be undertaken must be within the scope of the environmental determinations and recommendations in this Supplemental Initial Environmental Evaluation, including the requirement that mitigation measures required herein must be followed. Initial training was completed in FY19 when the EMMP was approved by USAID.
 - In consultation with the Global Health Bureau Environmental Officer (BEO) and Act | West's AOR, FHI 360 will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this EMMP arise during implementation, and modify or end activities, as appropriate. If additional activities that are not described in this EMMP are added, an amended EMMP will be prepared and submitted to the Global Health BEO for approval.

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

IR 1 – INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES

Overview of activities supported by Act | West program

In 2019, across all 11 countries supported by USAID’s Act | West Program, there are an estimated 205,818,896 million people living in 138 health regions (HRs) and 1,026 health districts (HDs) (Table 1). In FY20, more than 77 million people are targeted for MDA for at least one NTD with Act | West funding, representing more than 109 million targeted treatments. A major objective of Act | West Program support to NTDPs is the provision of quality MDA campaigns for the seven NTDs targeted with preventive chemotherapy (PC): LF, trachoma, OV, SCH, and three STH (round worm (*Ascaris lumbricoides*), whip worm (*Trichuris trichuria*) and hookworm (*Ancylostoma duodenale* and *Necator americanus*). Many countries — Mali, Burkina Faso, Guinea, Senegal, Cameroon, Ghana, Togo and Cote d’Ivoire — have stopped (or will soon stop) MDA country-wide for LF and/or trachoma. Some remaining areas requiring MDA are districts of persistent high prevalence where Act | West will focus efforts on improving MDA coverage. Act | West will pay special attention to countries and districts where coverage issues have been reported and/or “hard-to-reach” populations are challenging. Act | West, collaboratively with the Ministries of Health (MoHs), will conduct a systematic review of data, procedures, processes, and approaches used to complete MDA, especially advocacy, micro-planning, social mobilization, training of community drug distributors (CDDs) and health workers, supervision, data analysis/management, and reporting.

Table 1 below shows the district, region and population figures by country for FY20. It is worth noting that in many of the countries, Act | West’s support is focused on specific geographic areas (i.e., not the whole country).

Table 1: Demographic/geographic details of Act | West-supported countries in FY20

Country	Estimated FY20 population	Total # health regions	Total # Health districts
Benin	10,481,404	12	77
Burkina Faso	21,478,529	13	70
Cameroon	25,753,899	10	189
Côte D’Ivoire	26,554,683	36	146
Ghana	31,764,697	16	260
Guinea	12,559,626	8	38
Mali	21,197,708	11	75
Niger	23,196,002	8	72
Senegal	16,535,747	14	77
Sierra Leone	8,601,779	4	14
Togo	7,694,822	6	44
Total	205,818,896	138	1,062

Areas endemic for the seven PC NTDs in the 11 Act | West-supported countries are generally shrinking, thanks to support to these countries from USAID via the END in Africa, ENVISION, and Act | West programs. Of the 691 districts endemic for LF at baseline, only 191 are targeted for MDA with support

from any partner and 164 with Act | West support in FY20. An additional 23 districts will undergo LF transmission assessment survey for stopping treatment (TAS 1) and may stop MDA. Regarding trachoma, 323 districts were endemic at baseline and only 30 are targeted for MDA in FY20. A total of 138¹ districts have conducted trachoma surveillance surveys (TSS) that demonstrated TF remained <5% following two years of no MDA. Twenty-seven districts will undergo trachoma impact surveys (TIS) to determine whether MDA may be stopped.

Forty-one LF HDs have failed DSA at least once and are considered hotspots. Twenty-six of these will conduct pre-TAS or re-TAS1 in FY20. Act | West will provide technical support to ensure that the surveys are conducted according to the highest quality standards, including the use of the Improving TAS Preparation, Improving TAS Supervision, and Failed TAS1 Response checklists. However, in some² districts, the prevalence of active trachoma has persistently remained above the elimination threshold of <5% trachomatous inflammation — follicular (TF) among children ages one to nine years, and MDA continues. In addition, two countries, Niger and Cameroon, have experienced TSS with TF ≥5% (across eight districts). In FY20, Act | West aims to work with the respective National Programs to further investigate the reasons for these results and develop standard operating procedures for Act | West-supported countries to undertake in the future, should similar situations occur elsewhere (see Learning Agenda). Likewise, persistent LF hotspots are threatening to slow progress towards LF elimination in some countries (Sierra Leone, Ghana, Burkina Faso, and Niger). Act | West will deploy quality improvement approaches and tools (QI plan) to resolve the issues.

In FY20, Act | West will roll out its quality improvement (QI) plan to address low coverage and other disease-specific issues. The Act | West consortium's implementing partners (FHI 360, HDI, and HKI) will work with Act | West's disease-specific technical leads and MEL teams to utilize existing "hotspot" maps to discuss issues in districts identified as having persistent issues and track implementation of proposed activities in the relevant countries to address issues.

Act | West will support the organization of review meetings at the central, regional, and district levels. These will serve as one entry point for the program to work with MOHs to critically review MDA processes, discuss coverage issues (if any), and plan for corrective measures through the implementation of the QI plan.

The 11 Act | West portfolio countries have made significant progress in their efforts to eliminate LF and trachoma, yet there are still challenges with OV elimination (Table 2).

- LF: LF-endemic districts requiring MDA have decreased more than 70% from baseline. In FY20, 23 HDs are due for TAS 1 in FY20. In Togo, where the country received validation from the WHO as having eliminated LF as public health problem in 2017, Act | West program will continue work to link the National Program, along with HDI, to the NTDP Support Center to accelerate the development of PVS approaches in Togo.

¹ This number excludes eight HD in Senegal where baseline mapping demonstrated TF between 5-9.9% among children ages one to nine years of age where MDA was never conducted. Subsequent remapping demonstrated TF was <5% and therefore, TSS will not be conducted. This number also excludes Mali since USAID does not provide financial support to the trachoma program and no data are available.

² Here, we are referring to 12 HD that have had ≥2 TIS with TF ≥5% in Niger specifically. This does not include the districts where TSS has come in ≥5% as it may be a different issue. We would prefer, however, not to change "some" to "12" in the text, however, given that this number may change following another round of TIS planned for Q1/early Q2 FY20.

Act | West will conduct LF MDA in seven of the ten LF-endemic countries in the Act | West program in FY20, as follows.

- Benin will conduct MDA in four HDs (all Act | West-supported)
- Burkina Faso will conduct MDA in eight HDs (all Act | West-supported)
- Cote d'Ivoire will conduct MDA in 92 HDs with all funding (70 with support from Act | West)
- Ghana will conduct MDA in 12 HDs (all Act | West-supported)
- Guinea will conduct MDA in 15 HDs total (12 with Act | West support)
- Niger will conduct MDA in 2 HDs (all Act | West-supported)
- Senegal will conduct MDA in 44 HDs (all Act | West-supported)

In three countries, MDA is not expected, because the remaining endemic HDs will be conducting either TAS 1 (Cameroon and Mali) or pre-TAS (Sierra Leone). However, MDA is being tentatively planned, pending the DSA results.

- **Trachoma:** In total, 323 HDs were endemic for trachoma during baseline mapping. Of these districts, only 30 (9.0%) are targeted for MDA in FY20. Ghana was validated by the WHO as having eliminated trachoma as a public health problem in 2018 and Togo submitted its trachoma elimination dossier to the WHO in 2018. Among the other eight trachoma-endemic countries, four countries (Benin, Burkina Faso, Senegal, and Mali) have achieved WHO criteria for stopping MDA in all baseline trachoma-endemic HD. Among the four countries still conducting MDA, the situation is as follows:
 - Cote d'Ivoire: MDA will be conducted in 11 HDs in FY20 with Act | West support. Of these, seven HDs will conduct MDA for the first time. Act | West will support treatment for those HD where TF $\geq 10\%$ following the FY19 baseline mapping. Additionally, the other two HD with Act | West support are those that are continuing their MDA cycles. The mapped districts that will not receive Act | West support in FY20 are those where TF was between 5-9.9%. FHI 360 has begun discussions with Sightsavers to determine whether support will be possible for those HD in FY20, but confirmation has not yet been obtained.
 - Cameroon: MDA will be conducted in two HDs in FY20 (both with Act | West support). In FY19, TSS in two districts demonstrated TF $\geq 5\%$ and thus warrant re-starting MDA.
 - Guinea: Only one HD out of the 18 trachoma endemic HDs will conduct MDA in FY20 and then proceed to conduct TIS six months afterwards. This MDA was originally planned in FY19, but due to an SAE that occurred during an unrelated MDA, this MDA was rescheduled for FY20. Seventeen of the 18 trachoma endemic HDs at baseline have passed TIS and stopped treatment.
 - Niger: nine out of the 62 trachoma endemic HDs are known to need MDA in FY20, though an additional seven HD may require further MDA rounds following TIS in early FY20, given that current TF prevalence is still $\geq 10\%$ in these districts. Act | West will support all MDAs.

Additionally, many of the countries have progressed far in implementing TSS: Burkina Faso has implemented TSS in 27 districts (all with TF $< 5\%$) and, if security permits, by the end of FY20, could implement TSS in all remaining endemic HDs. Niger has likewise conducted successful TSS in 30 HDs; Senegal has conducted successful TSS in all but two endemic districts (those two are planned in FY20); and Cameroon conducted successful TSS in 19/21 districts in FY19. Niger and Cameroon have experienced TSS with TF $\geq 5\%$.

- **Onchocerciasis:** A total of 489 HDs were endemic at baseline. 485 of the 489 HDs (99.2%) still need MDA, and 432 (89%) of those districts are targeted for treatment through USAID. Seven of the 11 Act to End NTDs | West countries (see Table 2) have been identified as being more likely to interrupt OV

transmission by 2025 and will be supported by Act | West to achieve elimination, while the other four countries will be supported to maintain annual MDA for onchocerciasis. In total, Act | West is supporting MDA in nine of the 11 Act | West countries. In FY20, Togo will complete analysis of its samples from stop MDA assessments in Maritime and Savanes regions and may be able to stop MDA in the four OV-endemic districts of Maritime region and the seven districts of Savanes region. Act | West will support OV impact assessments in the other regions as recommended by the Onchocerciasis Elimination Committee (OEC) with will convene in October 2019.

- **SCH/STH:** SCH and STH MDA will be implemented in 401 HD (284 with Act | West support) and 313 HD (255 with Act | West support), respectively, in FY20. SCH and STH MDA will be supported by Act | West in all countries except Cote d'Ivoire and Cameroon where the NTDPs receive SCH/STH funding from other sources such as ASCEND. Pending the release of new WHO guidance on SCH MDA, Act | West, in coordination with ESPEN, will assist national programs in Guinea, Senegal and Mali to tailor the SCH MDA to areas where treatments are needed the most, including focal treatments. In FY20, Togo will receive praziquantel (PZQ) to target high risk adults (HRAs) and thus extend treatment beyond school-age children. The NTDPs in Guinea and Senegal have requested TA from Act | West to help with the analysis of their sub-district level SCH data and environmental information to determine the best strategy for SCH MDA. Act | West will support Togo and Burkina Faso to establish their SCH/STH technical committees.

The table below provide disease specific baseline, MDA, post-MDA and PVS data in each of the 11 countries for FY20.

Table 2: Number of districts endemic at baseline, no longer endemic, or targeted for treatment: by Act | West country and disease

Country		LF	OV	SCH	STH	Trachoma
Benin ³	# HDs endemic at baseline	48	51	76	45	8
	# HDs achieved stop-MDA criteria	44	0	0	0	8
	# HDs targeted for MDA FY20 (USAID)	4	51	34	44	0
	# HDs targeted for MDA FY20 (All)	4	51	34	45	0
Burkina Faso ³	# HDs endemic at baseline	70	6	70	70	48
	# HDs achieved stop-MDA criteria	61	0	0	0	48
	# HDs targeted for MDA FY20 (USAID)	8	4	33	0	0
	# HDs targeted for MDA FY20 (All)	8	6	48	0	0
Cameroon ²	# HDs endemic at baseline	137	113	142	95	22
	# HDs achieved stop-MDA criteria	136	0	12	20	20
	# HDs targeted for MDA FY20 (USAID)	0	113	0	0	2
	# HDs targeted for MDA FY20 (All)	0	113	0	0	2
Côte D'Ivoire ⁴	# HDs endemic at baseline	92	86	97	36	33
	# HDs achieved stop-MDA criteria	0	0	0	0	1
	# HDs targeted for MDA FY20 (USAID)	70	62	0	26	19
	# HDs targeted for MDA FY20 (All)	92	86	51	36	19
Ghana ³	# HDs endemic at baseline	118	132	260	260	40
	# HDs achieved stop-MDA criteria	103	0	0	0	40
	# HDs targeted for MDA FY20 (USAID)	12	132	89	89	0
	# HDs targeted for MDA FY20 (All)	12	132	89	89	0

Country		LF	OV	SCH	STH	Trachoma
Guinea ⁵	# HDs endemic at baseline	24	24	31	17	18
	# HDs achieved stop-MDA criteria	0	0	0	0	17
	# HDs targeted for MDA FY20 (USAID)	15	17	19	13	1
	# HDs targeted for MDA FY20 (All)	20	24	26	17	1
Mali ³	# HDs endemic at baseline	75	22	75	75	65
	# HDs achieved stop-MDA criteria	49	0	0	28	65
	# HDs targeted for MDA FY20 (USAID)	0	0	33	5	0
	# HDs targeted for MDA FY20 (All)	0	20	45	10	0
Niger ^{1,3}	# HDs endemic at baseline	54	0	69	72	62
	# HDs achieved stop-MDA criteria	43	0	0	6	43
	# HDs targeted for MDA FY20 (USAID)	11	0	6	12	8
	# HDs targeted for MDA FY20 (All)	11	0	38	44	8
Senegal ³	# HDs endemic at baseline	50	8	63	45	27
	# HDs achieved stop-MDA criteria	3	0	2	13	27
	# HDs targeted for MDA FY20 (USAID)	44	6	32	15	0
	# HDs targeted for MDA FY20 (All)	44	6	32	15	0
Sierra Leone	# HDs endemic at baseline	14	12	12	14	0
	# HDs achieved stop-MDA criteria	9	0	0	0	0
	# HDs targeted for MDA FY20 (USAID)	0 ⁷	12	6	13	0
	# HDs targeted for MDA FY20 (All)	0	12	6	13	0
Togo ^{3,6}	# HDs endemic at baseline	9	35	44	38	0
	# HDs achieved stop-MDA criteria	9	0	0	0	0
	# HDs targeted for MDA FY20 (USAID)	0	35	32	34	0
	# HDs targeted for MDA FY20 (All)	0	35	32	34	0
Total # HDs endemic at baseline		691	489	939	767	323
Total # HDs targeted for MDA FY20 (USAID)		164	432	284	251	30
Total # HDs targeted for MDA FY20 (All)		191	485	401	303	30
% of baseline HDs targeted for MDA in FY20		27.6%	99.0%	42.7%	39.5%	9.0%
Total # HDs achieved stop-MDA criteria and in post-treatment surveillance (PTS) phase		457	0	14	67	269
% of baseline-endemic HDs in PTS phase		66.1%	0%	1.5%	8.7%	83.3%
Total # HDs in PVS phase		9	0	0	0	40
% of baseline HDs in PVS phase		1.3%	0.0%	0.0%	0.0%	12.4%

¹ Niger: OV- 5 districts endemic at baseline where vector control interventions reduced prevalence to below control level

² Cameroon: “# HDs achieved stop MDA criteria”: The district of Kolofata is not included here, although MDA has de facto been stopped. However, as the methodology used in the survey is not clear, the decision to stop MDA may not have been made on robust enough data.

³ Countries identified as most likely to eliminate OV transmission by 2025.

⁴ One HD in Cote d'Ivoire has stopped MDA and one additional HD will conduct TIS in FY19.

⁵ One HD in Guinea will undergo MDA for trachoma with USAID support in FY20. This district was targeted for MDA in FY19, but due to an SAE resulting from a SCH MDA, the trachoma MDA was delayed until FY20.

⁶ Eleven districts in Togo have conducted stop-MDA evaluations. Serology tests show favorable results for four districts, but some *Onchocerca volvulus*-specific antigen (Ov16) ELISA analyses results are still outstanding.

⁷ LF MDA is not targeted in Sierra Leone in FY20; however, should these five districts fail pre-TAS, MDA will be undertaken.

ACTIVITY 1.1: STRENGTHEN AND LINK TO NATIONAL PLANS WITH QUALITY DATA

The 11 Act | West countries will be supported and guided to create disease-specific road maps to reach elimination goals for LF, trachoma and, where deemed feasible, for OV (in seven countries supported by USAID for elimination). To help countries reach these goals, Act | West will help countries strengthen their capacities to develop sound national plans based on high quality data. Act | West will do the following in FY20:

- Provide TA support to countries during annual planning: In FY20, Act | West in-country support teams will work directly with the NTDPs in all 11 countries and support the development of annual work plans for FY21. Technical leads will provide technical assistance (TA) related to their respective diseases, and the operations team will review budgets and FAAs. These draft plans will be presented to relevant partners within the Act | West Consortium for review and validation. In FY20, Act | West will strive to include all partners in these meetings to ensure comprehensive understanding of support. The validated annual work plans will then be submitted to USAID NTD Division for final approval.
- In FY20, Act | West is putting a strong emphasis on program quality and, as such, will support countries to implement Data Quality Assessment (DQA), WHO Supervisor's Coverage Tool (SCT), and other tools to help assess MDA effectiveness (see MEL section for more details). To that end Act | West's Implementation Management Lead and technical leads will discuss USAID guidance (context, prioritization, timing) for using these various tools during series of agenda items during the bi-weekly in-person meeting with USAID. To ensure countries have the required technical support, the FHI 360 Implementation Lead will pull together a list of resource persons both within the consortium and externally (e.g. ESPEN, Tropical Data, NTD-SC, CDC) to support countries as needed. Having a list of resource persons readily available will ensure Act | West can provide TA in a time fashion when needed.
- In the same vein, starting in October 2019, Act | West's Technical Director and SCH/STH Focal Point will select a group of SCH national and international young professionals from the Act | West-assisted countries and provide technical and financial support for their training at ESPEN's headquarters in Brazzaville. This group of experts will be called upon to provide on-demand technical support to countries in West Africa in the rollout of new SCH MDA and DSA guidelines. These experts will be added to list of resource persons above-mentioned.
- ESPEN is developing a new template for the NTD Master Plans and is planning to reach out to partners to review the templates prior to providing them to countries. Act | West will review the template and will ensure the template includes any new policies or guidelines, as well as long-term sustainability and mainstreaming. Following the release of the template and ESPEN's workshop on the template, Act | West will provide additional TA to countries as they develop their Master Plans. We expect this to include Burkina Faso, Senegal, and Benin in FY20.
- ESPEN has developed a portal to allow countries to upload their Joint Application Packages as well as mapping, MDA, and DSA data. Act | West will encourage all countries to use the ESPEN portal and promote its utilization during TA visits to each country (e.g. work planning, DSA-specific support trips).
- Provide TA to countries to analyze district and sub-district-level data for SCH and STH. The SCH/STH focal point and MEL team will support countries to review granular data (if any) in conjunction with ecological and environmental information. Senegal, Burkina, and Mali will be targeted in the second quarter of FY20 for data review. Sierra Leone, Togo, and some regions of Niger have already conducted sub-district MDA but need to ensure areas with insufficient prevalence data will be

targeted by future epidemiological surveys (see Communications section on webinar on new guidelines).

ACTIVITY 1.2: COMPLETE TRACHOMA MAPPING FOR REMAINING ACT TO END NTDS | WEST COUNTRIES

Countries supported by the Act | West program have made considerable progress towards completing baseline mapping for trachoma under the END in Africa, ENVISION, and Act | West programs. Some countries, such as Burkina Faso, Niger, Mali, and Guinea have fully completed mapping. In other countries, such as Benin, Cameroon, and Senegal, mapping was completed in areas believed to be at highest risk of trachoma. However, in line with global thinking to revisit original decisions in order to ensure countries have eliminated trachoma as a public health problem prior to submitting their dossiers, the NTDPs in these countries want to reconfirm the decision not to map; they plan to conduct desk reviews where baseline mapping has not been completed.

- Act | West will support a workshop with Benin, Cameroon and Senegal to develop a protocol for a trachoma mapping desk review. This workshop will enable these countries to develop a common methodology and decision-making process to conduct the desk reviews and determine whether mapping is needed in a given district. The workshop is planned to take place in Dakar. MOH and FHI360 participants from each country, external experts, and the Act | West Trachoma Technical Advisor will participate [see also FY20 Senegal country workplan]. Cote d'Ivoire, on the other hand, only began mapping in 2015 and will continue mapping in FY20. Act | West is supporting mapping in seven districts that border other known endemic districts. Future mapping after FY20 through Act | West will be contingent on reviewing mapping data to date and available desk review data from any non-mapped districts.
- The Act | West Trachoma Technical Advisor and the NTDP of Cote d'Ivoire will review mapping data and any desk review data from non-mapped districts together to determine if any further mapping will be needed beyond FY20. This will likely be conducted as part of preparation for the trachoma action plan (TAP).
- Additionally, the epidemiology of trachoma in Cote d'Ivoire is somewhat distinct from the neighboring countries, in that nearly all districts/evaluation unit (EU), even those with TF over 10%, have trachomatous trichiasis below the elimination threshold of 0.2% among adults ages 15 and above. The reasons for this anomaly should be explored. Act | West will work with the NTDP of Cote d'Ivoire to review clinical indicators by age and sex as well as water, sanitation, and hygiene (WASH) indicators to better understand the epidemiological situation. Operational research may also be of interest to better determine the reasons for this. Should the NTDP and researchers agree to move forward with operational research, Act | West will link the NTDP with CDC and/or the NTD-SC and support proposal development, as needed.

ACTIVITY 1.3: STRENGTHEN OECs AND ACCELERATE IMPLEMENTATION OF OEC GUIDANCE

Each of the 11 Act | West countries has established an OEC or sub-committee consisting of international and national OV experts. These committees are independent bodies that provide critical guidance to NTDPs on decisions that move countries towards the elimination of OV transmission. Through participation in OEC meetings in FY19, Act to End NTDS | West has identified several areas where capacity strengthening is needed to provide countries with the necessary skills to implement OEC

recommendations. In FY20, to support OEC activities and build country capacity interpret and implement OEC recommendations, Act | West will:

- Improve countries' understanding of the latest WHO guidelines for OV elimination: WHO guidelines for OV elimination are complex and formal recommendations are either under development or lacking for many of the steps towards OV elimination. Act | West has encountered numerous instances where there was confusion, both within MOH and among in-country partners, about the various assessments along the path to OV elimination. In the first quarter of FY20, Act | West will hold a webinar in both French and English to review and clarify the sequence of activities leading to OV elimination, including the theory behind the sampling, testing modalities and thresholds of current WHO guidelines. This will provide a foundation to help countries both incorporate and implement OEC recommendations.
- Support countries and OECs by building country capacity for data analysis and interpretation: While OECs provide critical advice to NTDPs, they do not always have the time or resources to delve in depth into a country's data, and NTDPs also often face challenges in analyzing their own data with respect to new and evolving WHO guidelines. Having witnessed data issues at OECs in FY19, Act | West will address this gap in FY20 by continuing to provide TA to assist countries with in-depth review of their OV data to ensure clear and complete presentation of data to OECs and make optimal use of OEC meetings. Additionally, this will build NTDP capacity to conduct thorough and critical analyses through the process of cooperative data examination and analysis.
- Strengthen in-country laboratory capacity: In FY20, Act | West will continue to collaborate with University of South Florida (USF) to support in-country laboratories in conducting *onchocerca volvulus*-specific antigen (Ov16) ELISA and O-150 PCR. The OV focal point for Act | West will continue to provide near-real-time support in the review and analysis of raw ELISA data as the first step in data quality control and to quickly identify where laboratory support may be needed. The OV focal point will also work with USF to develop a laboratory QA testing strategy for both OV ELISA and PCR to support Act | West countries that are conducting their own analyses.
- Support OEC meetings: All Act | West countries except Burkina Faso and Cameroon plan to convene OEC meetings in FY20; the OV focal point will attend as many of these as feasible, as these meetings are key junctures for decision-making and allow Act | West to closely track and contribute to country decisions regarding OV elimination. In FY20, Act | West will also continue to support OECs by supporting meeting budgets, funding travel for some international experts and ensuring that OEC recommendations are implemented according to deadlines. A key deliverable from these meetings will be a meeting report stating key OEC recommendations, including a timeline for implementation of those recommendations and identification of the point person responsible for overseeing each activity.
- Protocol review: To support the quality implementation of disease-specific assessments recommend by OECs, Act | West will review the protocols of all OV DSAs implemented by Act | West in FY20 and will be available to provide supervision in the field for the implementation of these activities as needed.
- Review strategic plans: As part of support to OECs and countries in FY20, Act | West will review all OV strategic plans to ensure that they are comprehensive, that they capture OEC recommendations, and that they reflect activities planned by countries.

ACTIVITY 1.4: STRENGTHEN COMMUNITY-LEVEL PARTICIPATION IN MDAs

- Community platforms remain the most important channel to reach people in need for MDA. Act | West will provide TA to countries to reinforce community-based platforms, with an emphasis on reaching the adult population for SCH MDA via the soon-to-be-released WHO guidance. WHO and Merck are expanding their MoU to include treatment for adults at risk for SCH. Togo is likely to receive the PZQ donation for at-risk adult population in FY20. The inclusion of treatment for adults will involve the strengthening of the current community-based platforms used for other NTDs MDA (LF/Trachoma). Also, Act West will work with supported countries to identify and use community-based health platforms suitable for PZQ distribution to adult population (e.g malaria) Act | West will continue to provide technical support to identify and or use community-based platform for MDA in FY20.
- Act | West in-country implementing partners (HKI and HDI) will work with the MoH to intensify community mobilization (in line with local socio-cultural contexts) to ensure proper uptake and increased participation to MDA, to reach Good coverage. Increased MDA coverage would surely contribute to solve the issue of LF and trachoma DSAs failures (failed pre-TAS, TAS, TIS and TSS). In addition, it should be emphasized that Community-based platforms are valuable assets for maintaining deworming for STH and SCH and OV in areas where LF and trachoma MDAs are stopping. Act | West will explore ways to continue using community-based platforms or combining with or shifting to school-based platforms to maintain MDAs wherever needed.
- Rumors of severe adverse events have negatively affected community participation to MDA in some regions in Guinea. In FY20 Act | West will continue to work with NTDP in Guinea to strengthen its communication strategy to reach local communities and address fears of adverse events and to re-ensure people about the safety of NTD drugs.

ACTIVITY 1.5: DELIVER MDAs IN ENDEMIC AREAS, AND ENSURE THAT HOTSPOTS, CONFLICT AREAS AND HARD-TO-REACH POPULATIONS HAVE ADEQUATE COVERAGE

Act | West recognizes that MDA is a process, not an event; it is a yearlong set of activities that need to be implemented to ensure a successful MDA. The continuous activities to be implemented include: 1) strategic and technical planning at all levels of the health system, 2) supervision using tools to help detect issues, and 3) frequent advocacy — targeting religious, political, administrative, and health leaders at the community, district, region/department, and central levels. Act | West in-country support teams will work closely with the NTDPs to roll out MDA and related operations, including micro-planning, training, social mobilization, logistics, supervision and validation of reported data, as well as ensure effective communication channels are utilized.

- Reliable target population data: The fundamental basis of effective MDA is the determination of target population estimates that are as accurate as possible. Endemic countries will be supported to compare existing data from available sources, such as country censuses and community registers for health program implementation (such as CDD registers for MDA or malaria program census for bed nets distribution) to estimate the target population. Where these are not reliable, e.g., when data from these sources diverge significantly, Act | West will support endemic districts to conduct a census of target population by community and households at least every three years, should the MOHs agree. Between the 3-year census, community registers or tally sheets will be updated annually before the MDA by CDDs, again, contingent on agreement with the MOHs.

- Tailored social mobilization: With USAID support, countries have validated communication channels and approaches used in community mobilization to stimulate demand for NTD services including MDA and DSAs. The best approaches have included engagement of community/religious leaders; traditional healers and social groups; and use of NTD documentaries, radio announcements and discussions. The most effective channels will be prioritized in each country. For example, in Sierra Leone, where traditional healers hold significant influence in the health seeking behavior of some rural and peri-urban populations, Act | West will continue to engage them to promote community participation during community meetings and employ them as CDDs in communities where their roles will make the most impact. For countries needing any additional support to ensure effective social mobilization, Act | West will provide TA to countries to use the information, education, and communication (IEC) and Social Mobilization NTD Tool Kit (part of the NTD toolkit).
- Appropriate timing of MDA: Timing of MDA is important to achieving a good treatment coverage. Several countries have identified rainy season and peak farming seasons as periods that impede a successful MDA due to worsened terrain and community absence from home due to land preparation, planting, or harvesting. Countries will be supported to engage the communities to determine best timing for MDA.
- Effective training: At the regional and district levels, health workers will be trained to effectively train lower level health workers, manage logistics for MDA, provide effective supervision, and manage data. At the lower level, health workers will be trained to supervise CDDs, respond to community concerns including adverse events, accurately collate treatment data from registers and tally sheets. CDDs will receive practical training that emphasizes identification of households, communication of the importance of individual and community participation in MDA, drug eligibility criteria, correct use of dose poles, accurate recording of treatment data, importance of revisits, and achieving high coverage.
- Effective supervision: In several countries (Sierra Leone, Benin, Burkina Faso, Benin and Guinea) Act | West will support MOHs to replace independent monitoring of MDA, which was implemented for several years, with the SCT which is more reliable in capturing the need for mop-up for areas with unsatisfactory coverage. The SCT and monitoring checklists will be important in-process MDA supervision tools at all levels of supervision. Sub-district supervisors will use the tool to monitor coverage at the sub-district level. Higher level supervisors (district, regional and national) will also visit selected communities during supervision to apply the SCT. CDDs, sub-district and supervisors will receive immediate feedback on the field based on results of SCT for necessary corrective measures including mop up in communities or sections of communities to be conducted. A monitoring check list will also be used to monitor MDA logistics including medicines, registers, dose poles, tally sheets and summary forms for timeliness of supply, adequacy, and accuracy.
- Timely reporting: Reporting channels and times will be discussed and agreed during MDA training at all levels. For example, in Sierra Leone, health workers will be provided resources (transport and fuel) to visit CDDs and sub-district supervisors in distant, remote and hard-to-reach communities to collect completed registers, thus avoiding delayed results from these communities. Act | West will monitor to ensure data will be collated and transmitted electronically from district and regional levels using Excel templates.
- Sub-district MDA analysis: Act | West disease specific leads will provide technical support to countries to support the review and analysis of sub-district MDA data. Act | West will support training for sub-

district-level supervisors to analyze MDA data on community level coverage to identify communities with low coverage for mop-up treatment.

- Validation of reported data: Some districts have been selected in FY20 for coverage evaluation survey (CES) according to WHO guidelines to validate reported coverage. Act | West will aim to work with NTDPs and partners to ensure that at least one post-MDA coverage survey is conducted prior to impact assessments in endemic districts.

MDA support by disease:

- LF: Seven of the 10 LF endemic countries supported by the Act | West program will conduct MDA for LF in FY20. Togo has been validated by the WHO as having eliminated LF as a public health problem. Three countries will not be conducting MDA because the remaining endemic HDs will be conducting TAS1 (Cameroon & Mali) or pre-TAS (Sierra Leone) in FY20. Planned MDA with Act | West support includes: Benin (4 HDs), Burkina Faso (8 HDs), Cote d'Ivoire (70 HDs), Ghana (12 HDs), Guinea (15 HDs), Niger (11 HDs) and Senegal (44 HDs).
- Trachoma: Only 9 countries supported by Act | West are trachoma endemic, but only four countries need to conduct MDA for trachoma in FY20. An additional four countries (Benin, Burkina Faso, Mali and Senegal) have reached the criteria to stop MDA country-wide and Togo never warranted MDA. Sierra Leone was never considered endemic, and Ghana has received validation from the WHO as having eliminated trachoma as a public health problem. Act | West will support MDA in the following number of districts by country: Cameroon (two HD), Guinea (one HD), Niger (9 HD) and Cote d'Ivoire (19 HD). MDA is planned in all districts warranting treatment. Contingency funds are planned for an additional seven HD in Niger where TF prevalence is currently $\geq 10\%$.
- Onchocerciasis: Act | West will support OV MDA in nine of the eleven Act | West countries. MDA in Mali will be supported by other donors and no MDA is required in Niger. In Cameroon, although 103 of the 113 districts supported for OV MDA are also co-endemic for loa, long-standing treatment has resulted in very low incidence of SAE. In Togo, the final results of stop MDA assessments in Maritime and Savanes regions are expected in early FY20, and this may reduce the number of districts requiring MDA in FY20.
- SCH/STH: Due to successful large scale LF MDA which combines Albendazole and Ivermectin, STH has been controlled in Mali and Burkina to the level where MDA is no longer needed ($<1\%$ prevalence after impact survey). In these two countries, STH MDA will not be implemented in FY20. A similar drastic decrease of STH prevalence was observed in Sierra Leone, Togo, and Senegal. However, the LF/STH cliff is not completely assessed in most countries and despite significant decrease in prevalence, STH MDA will be an ancillary benefit of the LF MDA in many districts. SCH MDA will be implemented at the sub district level in Togo and Sierra Leone. The other countries will need to review their data before undertaking sub-district or focalized treatments with PZQ.
- Addressing challenges to effective MDA: Act | West will focus on supporting NTDPs to address challenging and persistent gaps in coverage and hard-to-reach and mobile populations, as detailed below.
 - Mobile populations: Mobile populations like nomads and persons who live and work across borders of endemic countries are often missed during the planning MDAs, resulting in poor coverage. Act | West will work with countries to identify these groups during the planning process and determine appropriate strategies to target them during MDAs. Togo and Benin use a special MDA card carried by mobile populations to access MDA on either side of the border. Through

district level meetings, Ghana and Togo have synchronized MDA across districts. In FY19, Sierra Leone conducted cross border meetings in communities across the border with Guinea which allowed MDA to be conducted for persons crossing the border into Sierra Leone. In Sierra Leone, efforts are underway to engage leaders of nomadic communities to enhance acceptance. If successful, this will be replicated elsewhere. These efforts will be continued and adopted and adapted in other countries.

- Conflict areas: Conflicts have emerged as a growing threat to the success of MDA and DSA in West Africa, limiting safe access to regions within Burkina Faso, Cameroon, Mali and Niger. These areas have had interruptions to MDA, potentially hindering country efforts toward elimination. In Mali, Act | West engaged community leaders in conflict areas to facilitate implementation of MDA and DSAs. Another practice has been the use of local health staff to implement interventions where the security risk of central level presence is high. Following from lessons in Mali in FY20, training of local staff used for interventions such as MDA and DSA will be enhanced to include significant practical sessions and quality control processes. Act | West in-country support teams will continue to monitor the security situation and adapt their strategies as necessary.
- Seasonal communities: Reaching seasonal workers, such as mining communities, can be challenging as they often have no schools, little community infrastructure, and fluctuating populations depending upon the season. To ensure high coverage in these communities, Act | West will pursue intensified planning and partnership with local health and development officials, and employers in the target areas. This strategy has proven effective at improving MDA coverage and compliance in mining communities, especially among adult males who travel to work outside of their census villages. The use of separate registers and tally sheets for seasonal communities has helped mitigate large fluctuations in community populations that complicate the calculation and interpretation of MDA coverage.

ACTIVITY 1.6: SUPPORT DSAs FOR PROGRAM MONITORING

Act | West will support country NTDPs to implement high quality DSA that conforms to WHO guidelines and best practices, synthesized and shared from the larger global USAID NTD portfolio. Where DSA protocols are unavailable, the Act | West partnership will work with WHO and expert committees, such as OECs, to guide countries in conducting technically sound DSAs. Act | West will provide technical support to monitor DSAs through review of district and evaluation unit eligibility criteria and survey protocols, assistance with sampling, supervision and provision of TA for training of survey teams, and field monitoring of DSA implementation to ensure adherence to highest quality standards. Additionally, Act to End NTDs | West supports TA for laboratories conducting Ov16 ELISA and O-150 PCR through USF or supports them to receive assistance from the revamped ESPEN laboratory. Countries will be supported in analysis of DSA data and/or interpretation of results to make the right decisions. The following activities be undertaken.

- Hotspots: Act | West is adopting a tailored approach to address LF and trachoma hotspots across the portfolio. In addition to reinforcing quality execution of MDA and components of MDA, specific contextual analysis of challenges to persistent LF and trachoma transmission will be conducted or continue.
- Act | West is concerned about DSA failures across the portfolio and has created “hotspots maps” for trachoma and LF to help identify which countries and which specific districts have had issues and may require additional support. Act | West will use these maps to hold discussions with the relevant NTDPs and track implementation and impact of activities proposed in the relevant country workplans to provide solutions to issues. Hotspots are defined as follows:

- For LF, a district is operationally defined as a hotspot if it ever failed a pre-TAS and is yet to pass TAS1, or if it ever failed TAS1. If a district ever failed a pre-TAS or TAS1 and has subsequently passed reTAS1, it is not considered a hotspot. However, if it failed a pre-TAS and passed a pre-re-TAS later, it is considered as a hotspot until it passes TAS1. At this time, TAS2 and TAS3 failures are not included in the definition of hotspot because there have not been any TAS2 or TAS3 failures in the Act | West program. Countries with one or more districts meeting this definition are Benin, Burkina Faso, Ghana, Niger and Sierra Leone.
- For trachoma, a district is defined as a hotspot if it has had at least 1 TIS with TF \geq 5% but has not yet conducted a TSS with TF $<$ 5 (in other words, if a district had a TIS with TF \geq 5% and then subsequently a TIS with TF $<$ 5%, it will still be considered as a hotspot until it undergoes a TSS with TF $<$ 5%). Additionally, any district with a TSS demonstrating TF \geq 5%, regardless of whether it ever had a TIS with TF \geq 5% is also considered a hotspot. Once that district has a subsequent TSS with TF $<$ 5%, it will no longer be considered a hotspot. Countries with one or more districts meeting this definition are Burkina Faso, Cameroon, Niger and Senegal [see also Learning Agenda and Cameroon and Niger country workplans].
- Some example activities to help resolve these issues include sub-district-level MDA analyses to identify pockets of poor coverage to target for increased/improved supervision; introducing the SCT to enable supervisors to better identify where mop-up efforts are required; working with NTDPs to prepare DSA survey protocols taking into consideration any trends detected during analysis of available DSA data; and utilizing the TAS failure checklist and recommendations from the WHO failed TAS meeting, as relevant.
- In the implementation of all DSAs supported by Act | West, the program will develop a process for the consortium to follow to ensure that best practices and WHO guidance are followed. This includes:
 - Establishing a timeline of activities for DSA implementation including protocol review, procurement, training, and post-DSA data and report submission;
 - Ensuring that all pre-TAS and TAS for LF will conform to WHO technical expectations (e.g. limiting size of TAS to approximately 500,000 population, including clusters with significant number of positive cases in subsequent TAS and investigating/tracking positive cases to determine extent of infection among contacts/ensure treatment);
 - Ensuring trachoma surveys (mapping, TIS and TSS) will be guided by Tropical Data quality standards; and
 - For OV DSAs, ensuring WHO guidelines are supplemented by technical recommendations from country expert committees.
- Act | West will employ the TIS/TAS trackers and LF and trachoma “pathways to the dossier” trackers for monitoring progress towards elimination of these diseases.
- Act | West will track OV and SCH/STH data to monitor progress across the Act | West portfolio and will collaborate with USAID, Task Force for Global Health (TFGH)/ Public Health Informatics Institute (PHII), and Act | East in the development of trackers for these diseases.
- LF DSA Workshop: Act | West will hold LF DSA workshop in the first quarter of the FY20 to enhance Act | West in-country program managers’ capacity to support and supervise MoH NTDPs to implement high quality DSAs. The workshop will review WHO guidelines on pre-TAS and TAS with emphasis on EU eligibility criteria and sample selection; review checklists for Improving TAS Outcomes Checklist and Responding to Failed TAS Report, discuss modalities for effective supervision of DSAs, response

to positive cases identified in DSA and effective community engagement for successful DSA implementation. There will be breakout sessions for participants to analyze and address problems using anonymized data from some country situations. Participants will include Act | West in-country program managers from countries starting DSA, hotspot countries, new program managers - Benin, Burkina Faso, Cote d'Ivoire, Ghana, Guinea, Niger, Senegal, Sierra Leone; Country (MOH) NTD Program Managers and LF Coordinators from the Burkina Faso, Ghana, Niger and Sierra Leone. The workshop will be facilitated by experts and staff from WHO, USAID, CDC/TFGH, FHI360 and HKI.

Table 3, below, shows the DSAs planned for FY20 in the 11 Act to End NTDs | West countries.

Table 3: Districts with Planned DSAs with Act | West Funding in FY20

	DSAs	Burkina Faso	Côte d' Ivoire	Ghana	Niger	Sierra Leone	Togo	Guinea	Cameroon	Mali	Benin ¹	Senegal ¹
LF	Mapping	-	-	-	-	-	-	-	-	-	-	-
	Pre-TAS	3	28	5	11	5	-	4	-	-	4	14
	TAS 1	1	-	3	-	-	-	-	1	15	-	3
	TAS 2	5	-	-	15	-	-	-	12	-	9	3
	TAS 3	13	-	8	-	-	-	-	-	34	-	-
	Post-validation surveillance	-	-	-	-	-	-	-	-	-	-	-
Trachoma	Mapping	-	7	-	-	-	-	-	-	-	6	10
	TIS	-	12	-	0	-	-	1	1	-	-	-
	Re-TIS	-	-	-	2	-	-	-	-	-	-	-
	Re-re-TIS	-	-	-	11	-	-	-	-	-	-	-
	TSS	12	0	-	2	-	-	6	-	-	4	2
	TT-only surveys	-	-	-	-	-	-	-	-	-	-	-
	Post-validation surveillance	-	-	40	-	-	-	-	-	-	-	-
Onchocerciasis	Mapping	-	-	-	-	-	-	-	-	-	-	-
	Elimination mapping	-	-	-	-	-	-	-	-	-	-	-
	Impact assessment	-	-	-	-	-	12	-	-	-	-	-
	Pre-stop MDA	-	-	-	-	-	-	-	-	-	-	-
	Stop MDA	-	-	-	-	-	-	-	-	2 ²	-	-
	Post-validation surveillance	-	-	-	-	-	-	-	-	-	-	-
SCH	Impact assessment	-	-	-	-	-	39	-	-	7	-	1
STH	Impact assessment	20	-	-	-	-	39	-	-	4	-	1

¹ Baseline mapping for trachoma in Benin and Senegal is contingent on results from planned FY20 desk review.

² Two stop MDA assessments will be funded by Act | West if the results of impact assessments funded by other donors are favorable.

ACTIVITY 1.7: IMPROVE THE QUALITY OF NTD INTERVENTIONS THROUGH QA/QI

In late FY19, in recognition of low coverage and DSA quality issues in certain countries, FHI 360 and HKI undertook a process to review country-specific issues and proposed activities to address those issues in each country. The specific country-level activities are included in relevant country workplans but are primarily related to actions to address low MDA coverage (including reaching migrant and transient populations in cross borders areas and in mining zones) and improve DSA implementation or investigate DSA results. As part of this process in FY19, the disease-specific focal points and MEL teams worked together to identify districts with persistent issues and created hotspot maps, which will help guide the focus of the QI plan (i.e. the specific countries/districts identified during the exercise).

As a continuation of the process developed in FY19, in FY20, Act | West will roll out a program-wide quality improvement plan, with a focus on improving DSAs and MDAs. This QI plan PDSA will be based on FHI 360's Quality Improvement Model used to enhance the performance of quality health care services in low- and middle-income countries. The model, based on the Plan-Do-Study-Act (PDSA) cycle spearheaded by the Institute for Healthcare Improvement, is designed to test and implement system changes and measure progress. If a change yields improvement, it is sustained and replicated. Once adapted to NTDs, this plan will be deployed at the country level. The model has been piloted in Ghana, where the final cycle is underway. The expected result of this plan is that as activities are rolled out, FHI360, partners and NTDPs will have an established process that they routinely implement for critically reviewing the impact of activities and results of DSAs, identifying issues, and proposing solutions to improve outcomes.

Act | West will undertake the following interventions to improve implementation quality:

- Implementation of a quality improvement workshop: In FY20, Act | West program will organize a quality improvement (QI) workshop focused on MDA processes with the implementing partners – FHI 360, HKI and HDI — to operationalize the FHI QI model. The QI workshop will help implementing partners to revisit the MDA process, map out pre-MDA, MDA and post-MDA tasks with an emphasis on the timing and duration of activities, the responsibilities of the actors involved and the deliverables at each stage, with a view to improving them the following year. The workshop will include a review and discussion of existing NTD tools, where and when to utilize them, and how to train others to use them.

In FY20, Act | West will work with countries through the QI framework to standardize the supervision checklist used for supportive supervision as mentioned above in Activity 1.5. Act | West will also promote the use of supervisor's coverage tool (SCT) especially during the second half of the MDA campaign to allow for mop up where a gap in coverage is identified. Act | West Implementation Management Lead will primarily help countries to implement these above-mentioned tools to improve MDA coverage.

- Roll-out of the QI model in select countries: In several countries (likely Sierra Leone, Ghana and Niger), the QI model will be discussed with in-country support teams and NTDPs opportunistically (for example, during existing meetings, such as country program review meetings or technical support visits), focusing on country-specific issues and solutions and identifying any tools (such as SCT, utilization of the WHO Failed TAS manual) or TA required to help resolve the issues. Where needed, TA will be provided to countries to utilize those tools. Special attention will be given to tools to improve supply chain, including an improved standard of operation manual dedicated to NTD in-country supply chain and drug management. As the QI model is rolled out and activities are

undertaken and tools utilized, the Implementation Lead will track progress and impact of activities and uptake of tools via a QI tracker.

- **LF DSA Workshop:** As part of the quality assurance of NTD activities implementation, in early FY20, Act | West will organize a workshop to strengthen in-countries capacity to implement high quality LF DSA. The workshop will be the opportunity to review LF WHO guidelines and discuss modalities for effective supervision and follow up of positive case identified. See section on Activity 1.6: Support DSAs for program monitoring.
- **Improved management of severe adverse effects (SAEs):** Given issues with SAEs that have arisen in Guinea and in other countries in the USAID NTD program, Act | West plans to place a strong emphasis on ensuring proper prevention of SAEs including communication strategy and, should they occur, proper detection, reporting, and investigation. Act | West will review the SAE management procedures (utilizing the NTD SAE Handbook) with all countries and will map out each country's reporting procedures. In addition, this will include underlining the importance of reporting not only to WHO, but also within the Act | West program. Act | West will revise the existing SAE tracker to better fit the context of the supported countries supported.
- **Review of MDA training materials:** In addition, in FY20 Act | West will review pre-MDA training curricula to ensure comprehensiveness and appropriate focus on aspects such as SAE reporting, proper dosing, and managing non-compliance, among other aspects of MDA implementation.
- **The Act | West technical and MEL teams will support countries to improve data quality by making available NTD toolbox to NTDPs for use and provide orientation on the tools and coaching program managers and Act | West staff on selecting and using the right tool [also see MEL plan].**

ACTIVITY 1.8: IMPROVE CROSS-BORDER COLLABORATION, FOCUSING ON SPECIFIC DISTRICTS WITH HIGH PREVALENCE AND SHARED BORDERS

- FHI 360 created cross-border maps for LF and OV for all the Act | West countries in late FY19, and these will be shared in FY20 with relevant countries and used to facilitate cross-border collaboration/coordination of MDA. Act | West program disease specific focal points will undertake a critical review of cross-border issues including the use of geospatial data, cross-border maps, anthropological and socio-economic information (seasonal mobile workers, farmers, traders etc.) and data on the dynamics of population movements.
- In FY20 Act | West program will review cross-border meeting reports and recommendations and track follow-up to ensure the meetings are effective and achieve the intended goals, such as MDA synchronization between bordering districts. Act | West will support the organization of meetings in the bordering districts and will emphasize timely sharing of MDA plans among bordering districts. In addition, Act | West program will help countries set up a mechanism to follow up and ensure that meetings recommendations are implemented. In FY20, focus will be on bordering districts between 1) Cote D'Ivoire, Ghana and Burkina, 2) Sierra Leone and Guinea, 3) Togo and Ghana, and 4) Togo and Benin.

ACTIVITY 1.9: ENSURE USE OF THE INTEGRATED DATABASE FOR DATA MANAGEMENT, TRACKING TRENDS, DRUG APPLICATIONS AND DATA ARCHIVING

- Act | West's promotes the capacity of each MOH to securely store, organize, and analyze NTD data. In settings where the WHO integrated NTD database (also known as the Country Integrated NTD

Database, or CIND) is currently in use or is the most appropriate data solution, Act | West will provide technical support on its use and external support as needed for historical data entry for data archiving.

- Act | West will support countries to update their national NTD database with current and historical data from MDAs and DSAs, engaging external consultants to assist with historical data entry if necessary. Technical assistance will also be provided to ensure that all countries have the capacity to capitalize on the capabilities of this tool for data analysis and in-depth understanding of country trends and challenges as well as the ability to use the database for drug applications. The long-term security and accessibility of all current and historical NTD data from the eleven Act | West countries is of great importance for the countries and NTD partners. In FY20, where needed, Act | West will provide support for the acquisition of necessary back-ups; in some cases, this may include additional laptops and/or external hard drives.
- Details of Act | West support to individual countries on maintaining and using the CIND are given in the MEL section of this FY20 Work Plan.

ACTIVITY 1.10: SUPPORT COUNTRIES TO PREPARE DOSSIERS ON LF, TRACHOMA AND ONCHOCERCIASIS

To date, of the countries in the Act | West portfolio, Togo has been validated by the WHO as having eliminated LF as a public health problem (2017), and Ghana received its validation from the WHO as having eliminated trachoma as a public health problem (2018). Togo additionally sent its dossier to the WHO for trachoma validation in 2018 and is currently revising the document based on feedback from the Dossier Review Group.

Act | West will 1) help ensure National NTDPs understand all requirements to document their achievements towards elimination of LF, trachoma, and OV; 2) are able to collect all required data for their dossiers; 3) support in-country dossier committees (where needed); and 4) provide national programs with TA where needed.

In FY20, Act | West will provide the following support for dossier preparation, by disease:

Trachoma

In most Act | West-supported countries, the program will support NTDPs to hold workshops to either begin, further develop, or validate certain aspects of existing dossiers with technical support from the Act | West Trachoma Technical Advisor. As relevant, Act | West will coordinate with ASCEND or AcceleraTE.

- The Trachoma Technical Advisor will provide TA. In Benin and Guinea, the TA will be for initial dossier orientation and planning workshops already planned; in Cameroon, for ongoing additions, modifications and review of an existing document; and in Burkina Faso, TA will be provided during a workshop to validate the existing draft document and determine the next steps to finalize the dossier [see relevant country workplans for more details]. In Cote d'Ivoire, this will likely be conducted in tandem with the TAP workshop.
- In Togo, which has already previously submitted its dossier to the WHO and is currently working to address comments by the Dossier Review Group, Act | West will provide TA for a workshop to validate the revised dossier to enable the NTDP to resubmit its dossier [see Togo workplan for more details].
- Act | West will also be leading a mixed methods landscape analysis to inform trachoma surveillance needs [see Learning Agenda for more information].

LF

In FY20, Act | West will provide TA to countries with the goal of ensuring that those countries that have not started input into the LF dossier data template start doing so, in line with WHO's focus in 2020 to have all countries enter data into the WHO data template as the data are generated. Countries will then be expected to update the template annually with data generated. When all endemic HDs in a country are in the post-MDA surveillance phase, they will be supported through TA to start drafting the dossier narrative. Act | West will collaborate with ASCEND in its support to the National Programs, as relevant.

- The LF Technical Advisor will provide TA during workshops to help orient the NTDPs of Senegal, Mali, Sierra Leone, Ghana, Niger, Guinea, Benin, and Cote d'Ivoire on the LF dossier requirements and templates, historical entry of available data into the datasheet, and development of a plan to continue data compilation, data entry, and writing as appropriate [see relevant country workplans for more details].
- In Burkina Faso, a workshop to update LF morbidity data and present the LF elimination dossier is planned in FY19, though not yet held as of the writing of this workplan. In FY20, Act | West will support the National Program to conduct a second LF elimination dossier workshop to review and validate the historical LF data collected since 2001 and TA will be provided by the LF Technical Advisor.
- In Cameroon, the PNLOC has begun collating available data for the LF dossier. In FY20, Act | West will provide technical and financial assistance for conducting three meetings related to the LF elimination dossier: one to review the dossier documents and requirements and set a timetable, and two meetings to enable the National Program to review progress and update the document. The LF Technical Advisor will provide TA as needed.

Onchocerciasis

Through participation at OEC meetings in FY20, Act | West will actively encourage countries to start preparatory activities, including developing a plan and timeline for dossier preparation. Specific dossier-related support in FY20 includes the following:

- In FY20 Niger plans to analyze its backlog of over 15,000 dried blood spots by Ov16 ELISA. The results of some final entomological surveys will also be available in FY20. Pending favorable results from these surveys, Niger will be fully ready to initiate dossier preparation. Currently there is no Act | West support to Niger for OV activities in FY20 (all is supported through End Fund), but Act | West will continue to advocate for Niger to begin dossier planning in FY20.
- Senegal has requested technical support to develop an OV elimination package. In FY20 Act | West will hire a consultant to assist with this work and the Act | West OV focal point will assist the OV/LF national coordinator to review the package and assist Senegal in moving forward with the dossier work in collaboration with the OEC.
- Togo received support through END in Africa for review and analysis of OV data. In FY20, the OV focal point will continue to provide support with data analysis and preparation for the OEC meeting scheduled for October 2019 and will work with the NTDP to review and organize data in preparation for the OV dossier.

Morbidity data

Act | West will also support National Programs' data needs for morbidity management and disability prevention (MMDP). In FY19, Act | West, via AIM Initiative conducted MMDP situation analyses in Ghana and Cote d'Ivoire. Additionally, HKI collated available burden data in Guinea, Niger, Mali and Sierra Leone.

The MMDP Project provided the HKI Act | West team with burden estimates from Burkina Faso and Cameroon. In FY20, Act | West will focus on several areas for morbidity data management:

- Act | West will work with HKI and AIM Initiative to review the data collected in FY19 in the situation analyses and together with the National Programs, will work to determine where additional data are required. This may result in identifying districts where burden assessments or validation of existing data are required to help the National Programs begin planning service delivery. To foster cross-learning and discuss needs and methodologies for any additional MMDP data collection, we will hold a two-day meeting with AIM Initiative and HKI to review data to identify opportunities to collect data where gaps exist, as well as discussing steps to develop appropriate protocols and materials, adapting any available tools forthcoming from the WHO and the MMDP Project.
- In Senegal and Benin, Act | West via AIM Initiative will assist in determining the available data on morbidity burden in the countries and the level of data security for available MMDP data via a situation analysis, as conducted in Ghana and Cote d'Ivoire in FY19.
- In-country workshops will be held to support all countries to develop draft strategic plans and to validate them (where plans already exist) based on the situation analysis findings.
- To ensure coordination with other programs (e.g. ASCEND), Act | West will organize an HQ-level meeting with FHI 360, HKI, and AIM Initiative, along with Sightsavers and other relevant ASCEND consortium members, to ensure our efforts do not duplicate ongoing work. Act | West envisions that this half-day meeting will take place during ASTMH or another global forum to minimize costs and travel.

IR/S – PROMOTE SUSTAINABLE NTDS ELIMINATION AND CONTROL

Act | West will continue using a strategic approach to sustain the success of NTDPs as they move towards elimination and control targets. To achieve this, Act | West will provide technical support to countries to improve the capacity of governments and other domestic stakeholders to manage and implement their NTDP, by:

- (1) Mainstreaming policies, planning, financing, data and NTD program governance into broader public health programs, including WASH, nutrition, malaria, maternal and child health (MCH), school programs; and
- (2) Institutionalizing cross-sectoral collaboration and services delivery platforms for implementing NTD activities.

In FY2019, Act | West collaborated with USAID and Act | East to finalize the working paper, “USAID’s Strategy and Framework for Promoting Sustainable NTD Control and Elimination,” to guide national and global conversations around sustainability and mainstreaming of NTDs programming. This working paper and its Sustainability Framework provide the technical foundation for all Sustainability IR (IR/S) activities, acting as a guide for sensitization meetings, ongoing landscape analyses, and country conversations around sustainability in FY20. In addition to providing clarity and structure to Act | West approach, the framework’s six outcomes are designed to achieve two goals: sustained control of schistosomiasis and STHs, and sustained elimination of LF, trachoma, and onchocerciasis.

- **Outcome 1** (Coordination): Multi-sector coordination of NTDPs is institutionalized
- **Outcome 2** (Policy and Planning): National health and education policies integrate and institutionalize core NTD functions

- **Outcome 3** (Operational Capacity): NTD resources related to the health and education systems are optimized
- **Outcome 4** (Information Systems): Information systems include NTD data and indicators
- **Outcome 5** (Service Delivery): NTD services are provided through existing and emerging community and facility platforms
- **Outcome 6** (Financing): Sufficient domestic funding to support NTD programming needs.

Act | West will continue to provide TA, including capacity building and mentorship to country teams to successfully implement IR/S activities. A number of sustainability sensitization meetings, landscape analyses, and guided self-assessments will be jointly conducted by a combination of Act | West partners to ensure all technical domains are integrated. The partners undertaking IR/S activities will work together to provide countries with consistent messaging and support, using the Sustainability Framework as their north star.

IR/S STRUCTURE TO SUPPORT COUNTRIES IMPLEMENT SUSTAINABILITY INTERVENTIONS

Act | West's structure to support country sustainability agendas involves various partners and roles in different areas of sustainability. The structure is designed with three categories of interventions:

- **Coordination:** In-country implementing partners (FHI 360, HKI or HDI) have the mandate and role to coordinate all Act | West interventions at the country level. With reference to sustainability interventions at country level, implementing partners (IPs) have the responsibility to coordinate IR/S related TA in collaboration with the HSS team (HSS Lead, regional HSS Advisors, Cross-sector advisor). This includes facilitating dialogue with the NTDP to secure dates for TA or other IR/S related support from the HSS team, facilitating policy dialogue with the MOH, and/or other government entities in support to the implementation and monitoring of the sustainability plan. Such coordination is crucial for Act | West interventions to successfully implement each country workplan.
- **Short term technical assistance (STTA):** Deloitte will provide STTA and mentorship in HSS areas to support overall country efforts in collaboration with IPs during the planning, implementation and follow up of STTA. Americares will support a selected list of countries to improve the warehousing system which contributes to strengthen the overall NTDs drug donation, procurement, warehousing and utilization to achieve control and/or elimination process (Outcome 3 - Operational Capacity). WV will provide support for cross-sectoral activities through in-country program staff. WV will also provide STTA through its DC team or alternative mechanisms such as its regional technical resources. In Cote d'Ivoire and Burkina Faso, HKI will support the cross-sector component through its in-country team. As WV does not have in-country presence in Cote d'Ivoire and Burkina Faso, Act | West will leverage HKI in-country presence and long-term working relationship with MOH and other sectors to support the cross-sector work.
- **Technical oversight:** The HSS team (HSS Lead, regional HSS Advisors, Cross-sector advisor) will provide technical guidance and perform oversight to ensure an alignment of TA with country needs or identify gaps in IR/S areas. The HSS lead, the cross-sector advisor and the two regional HSS advisors will liaise with IPs and coordinate TA for targeted interventions. In addition to supporting country-level TA, the HSS team will perform regular monitoring visits at the country level, as well as provide TA in specific areas relevant to their core competences.

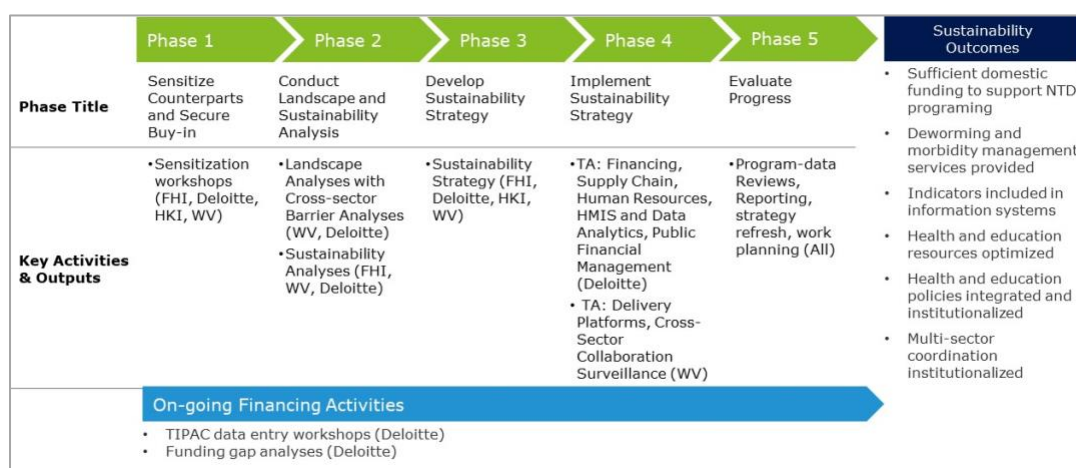
In FY20, Act | West will continue strengthening communication and coordination at country level to facilitate smoothly implementation of IRS activities. At program level, the HSS team will work closely with Act | West communication team to produce a coordination and communication guidance for program implementation at country level to facilitate information sharing and coordination between TA providers and IPs. Act | West will leverage the program team building workshop planned in Cote d'Ivoire (*See section - Management of cooperative agreement, page 8*) to discuss the communication and coordination guidance/protocol, share the sustainability glossary to align language, and harmonize understanding on the sustainability framework, approaches, and global discussion.

As NTDPs plan several advocacies and stakeholder's engagement initiatives for NTDs mainstreaming, Act | West will use the regional team building opportunity to disseminate the USAID guidance for engaging with VIPs. The same format will apply for HKI countries. Both workshops will include discuss program expectations for country leads roles and involvement in policy dialogue to support the implementing IRS related interventions. At country level, Act | West will implement a two-day workshop led by the country IP to discuss country-specific approaches, determine communication protocols with other partners supporting the sustainability work, and develop a detailed an integrated STTA timeline (Deloitte, WV, Americares, HSS team), taking into consideration all planned activities and the most appropriate period that will not distract IR1 activities. Act | West does not anticipate organizing a stand-alone activity for this purpose. It will be linked to trips for landscape analysis to take opportunity of Deloitte, WV, HSS team being present in country.

PLANNED ACTIVITIES FOR FY20 TO SUPPORT COUNTRY WORKPLANS

FY19 activities provide the foundation this program year for continued sustainability and NTDs mainstreaming conversations with NTDPs. In FY19, Deloitte completed five TIPAC data entries and analyses in Togo, Ghana, Sierra Leone, Senegal and Cote d'Ivoire. Financial analysis support will continue in FY20, with results informing immediate budgetary gaps and resource mobilization conversations with government leaders, including documentation of program risks and opportunities. While seven countries (Senegal, Togo, Mali, Niger, Sierra Leone, Ghana, Cote d'Ivoire) were able to complete sustainability sensitization meetings and several more commenced a sustainability landscape analysis jointly between World Vision, Deloitte, FHI 360 and HKI, Act | West will complete these conversations and informational inputs. In FY20, Deloitte will prioritize a guided self-assessment that, in addition to the landscape analysis, will inform the development of a sustainability plan for each country. World Vision will prioritize barrier analysis and cross-sector interventions validation workshops that will inform the development and elaboration of a country-specific cross-sectoral approach based on landscape analysis to addressing NTDP cross-sectoral priorities in the country overall sustainability plan.

Figure 1: Processes and activities for the development of sustainability plan



ACTIVITY 2.1: PURSUE COLLABORATION WITH USAID TO PROMOTE THE NTDs SUSTAINABILITY FRAMEWORK AND STRATEGY

In FY 2020, Act | West will continue to technically support USAID effort in engaging global community and country leadership in developing, implementing, and monitoring an NTD sustainability agenda, with a focus on the following key interventions:

- Support the refinement of the USAID working paper on “framework and strategies for promoting NTDs sustainability.” In FY19, the cross-program MEL initiated a series of consultations to identify high level sustainability indicators for the working paper. In FY20, the Act | West IRS partners will, through the cross program HSS technical working group, continue to support the MEL effort to develop high level sustainability indicators by bringing HSS technical contributions that will help underline the expected achievements under each sustainability outcome. Act | West’s contribution to the refinement of the working paper will include sharing feedback with USAID from country sustainability sensitization meetings and landscape analysis that may help to refine the contents of the working paper. To ensure alignment with the conversations USAID is having with DFID, the World Bank, WHO, and others NTDs investors around the NTDs endgame, Act | West will work with USAID and Act | East to develop a structure for the country sustainability plans, which are a key output of all of the IR/S activities.
- Support three Act | West countries to co-lead the 2020 World Health Assembly (WHA) Side Meeting on NTD Sustainability. For countries to garner the necessary political will to participate in the WHA NTD sustainability side meeting in May 2020, Act | West together with USAID have started laying the foundation. This entails selecting a short list of candidate countries in September 2019, facilitating USAID conversations with appropriate in-country ministries and political decisionmakers in October 2019, and providing surge support to these countries to complete their sustainability roadmaps by February 2020. This will allow the countries three to four months to obtain the necessary signoffs and secure high-level participation (ideally at cabinet level or above). It will allow for USAID and WHO to provide the needed support and interaction on the agenda and develop country or joint statement/commitment. In close collaboration with USAID, the Act | West HSS team will liaise with in-country implementing partners to provide TA to countries preparing and submitting their application to the WHA side meetings, identify and influence the key stakeholders whose participation USAID and WHO will want to secure, and support the preparation of country statement to share during the side event.

- Identify opportunity to partner with training institutions to promote a “short course on NTDs sustainability for policy makers in West Africa” in concertation with USAID, regional, and national institutions. The NTDs sustainability framework provides strong emphasis on policies for enabling environments to successfully mainstream NTDs into national policies, planning, and financing in both health and education systems. In FY2019, USAID engaged in several high-level initiatives and meetings to stimulate global commitment on NTDs sustainability as a driver to maintain long term gains in elimination and control. The sustainability sensitization meetings in Ghana, Senegal, Niger, Mali, Sierra Leone, Togo, and Cote d’Ivoire generated interest for policy and decision makers at country level for NTDs mainstreaming and cross-sector collaboration. The ongoing global discussions (which discussions include the development of a commonly agreed framework), the current progress towards the elimination process and the perspective of the new WHO road map around NTD sustainability will create a need to further strengthen capacities of policy makers on sustainability approaches as well as monitoring country efforts in implementing an NTDs sustainability agenda. The envisioned course aims to reinforce initial consensus, knowledge, and increased commitment at government level among country level partners, civil society organizations to the implementation of country NTDs sustainability agenda. In FY20, Act | West will explore with the Ghana school of public health opportunities and interest to partner in designing a short course on “NTDs sustainability and SDGs for policy makers”. As there are ongoing discussions around sustainability and refinement of the approach, Act | West will use FY20 to:
 - Identify partnership opportunities with Ghana school of public health in co-developing the activity;
 - Explore with Ghana health services, Ghana Education services and other related government institutions opportunities to co-sponsor the initiative;
 - Develop a concept note and a road map for (i) the development of the course agenda, (ii) development of modules, and (iii) promotion of the course to better assess the required technical and financial resources for a successful roll out that may take place in FY22/FY23;
 - Discuss with USAID the feasibility of the initiative and the most appropriate options to leverage USAID experience in supporting training initiatives aiming at reinforcing policy makers support and commitment to health program.
- Strengthen in-country NTDs partners’ coordination : In FY20, Act | West will support USAID effort to reinforce donor/partner coordination through establishing or strengthening country partners coordination meetings. At country level, several partners support the NTDP in various areas. From FY20, NTDPs will invest substantial efforts on the Policy side through development of the Sustainability plan, adoption of WHO roadmap and development of new generation of master plans. Partners coordination and communication will help leverage ongoing and upcoming opportunities. At country level, Act| West implementing partners (IPs) will initiate consultations with WHO and other NTDs major partners to set up periodic NTDs partners’ coordination meetings in Ghana, Cote d’Ivoire, Benin, and Senegal to better coordinate efforts and support to the NTDP in sustainability areas. In FY 20, Act | West will support each of these four countries in implementing (i) a two-day meeting to develop an HSS synergy plan and a matrix to coordinate sustainability interventions among partners and support to the NTDP. FHI 360 in-country team will facilitate the development of the HSS synergy plan, (ii) three quarterly meetings (each a half-day) and rotating between partners’ offices, to ensure continued close coordination and follow up of the HSS synergy plan. The in-country partners coordination meeting will be a platform where partners will discuss specific coordination issues,

opportunities for synergy, and how to collaborate and support the NTDPs when there is a need to highlight or mainstream NTDs into national initiatives etc.

ACTIVITY 2.2: CREATE SUSTAINABILITY PLAN IN PARTNERSHIP WITH HOST COUNTRY GOVERNMENTS (IR2/IR3)

Act | West will provide TA to NTDPs to develop and implement a comprehensive and actionable sustainability plan for each country to serve as a roadmap for achieving the six sustainability outcomes. To create each tailored strategy, Act | West will undertake the following activities aimed at developing a strong sustainability plan per country and strong buy-in from country governments to tackle pressing issues:

- Organize sensitization meetings with national stakeholders on the NTDs Sustainability Framework: Each country will identify the primary barriers, risks, and opportunities to make progress against the Sustainability Framework, as well as key influencers crucial to affecting change in each local context. To cultivate ownership and drive messaging around sustainability planning, Act | West will facilitate discussions and sensitization meetings with stakeholders from civil society, private sector, and public sector. Given the complex nature of transitioning programs to host-country counterparts, there will likely be a need for a series of follow-up discussions. Such consensus meetings are essential to the program's success—complete buy-in and support from country governments is imperative. Deloitte, WV, FHI 360, HKI, and HDI will work alongside the consortium IPs to ensure coordinated information gathering and counterpart engagement. Orientation meetings will be held with various stakeholders that have—or should have—a relationship with the NTDP or NTDs. This may include WASH, nutrition, malaria, MCH, school health, the budget and offices of the Ministries of Health, Education, Water Resources, Environment, etc. While seven countries (Ghana, Sierra Leone, Senegal, Niger, Mali, Togo, Cote d'Ivoire) completed this step in FY19, Act | West will continue to support Benin and Burkina Faso to organize these discussions and schedule follow-up engagements where needed, given that strong country engagement is the lynchpin to the sustainability activities.
- Complete sustainability landscape analysis: Joint landscape analyses for each country (except Cameroon and Guinea) will be coordinated between WV and Deloitte, completed by partners through desk review and country inputs, and refined through in-country meetings and focus group discussions. Act | West will develop areas related to their expertise and integrate their elements into one cohesive whole. The results of the landscape analysis will be a key input for the sustainability plan and will effectively capture a current-state understanding of each country program along the six outcomes detailed in the framework. In support of the landscape analysis, WV will also assess what barriers and roadblocks exist that may hinder robust cross-sectoral mechanism for NTDs in each country. The barrier analysis will identify structural and infrastructural factors associated with the lack of integration of NTDPs with various related sectors, using the six outcomes from the Sustainability Framework as the primary domains of the analysis. The barrier analysis, which is part of the overall landscaping, will consist of four-day workshops with national stakeholders from various sectors. At the country level, this analysis will allow Act | West joint team to present back and discuss with the NTDP what the risks, opportunities, and potential next steps for sustainability planning. At the program level, this work will provide Act | West with trends that will inform planning and delivery of TA. At the agency level, the analysis will provide USAID a robust understanding of where West African countries fall on the continuum of sustainable NTD programs. While Togo, Ghana, Senegal and Niger completed their landscape analysis in FY19, all other Act | West countries will complete this analysis in FY20. Once the landscape analysis is completed Act | West will facilitate a three-day, country-level workshop with stakeholders to share and discuss the findings of the landscape analysis and plan for

the sustainability self-assessment and the development of a sustainability plan, which includes cross-sector interventions.

- Conduct sustainability self-assessment: In FY20, the initial sustainability self-assessment tool that was developed in FY19 will be refined to align with the Sustainability Framework using the landscape analysis as the main input. This in-depth sustainability self-assessment will help country teams establish a baseline and clarify priority short-, medium-, and long-term sustainability milestones. Act | West will facilitate the organization and discussions with the necessary in-country partners, government officials, and key stakeholders across public and private sectors. The sustainability self-guided assessment will be implemented through a four-day workshop approach at country-level. The self-assessment findings will be reviewed, vetted, and finalized during focus group and individual discussions and then a participatory meeting. Relevant stakeholders for each of the six sustainability outcomes will be included in the respective meetings. The self-assessment workshop is designed to be interactive, with facilitators encouraging discussion for stakeholders to reach consensus on where a country's NTDP currently is and where they want the NTDP to be in the future for each of the outcomes.

These assessments allow countries to use the landscape analysis and discussions to assign a quantitative measure to clearly explained parameters under each of the six sustainability outcomes. For example, financial management and an independent budget line are two parameters under the financing domain. Each parameter lists four stages of maturity associated with a score, which will allow the NTDP to determine their current stage and identify what they want to achieve in four years. These assessments will also be a key input into the sustainability plan because they will identify the progress countries have already made in terms of the defined parameters of sustainability and will show what outcomes need to be prioritized for the NTDP. The sustainability self-assessments will be deployed in all countries ready for this step in FY20.

- Draft the sustainability plans with country teams: Act | West will draft a sustainability plan with each country team as a key document to inform future program years. Sustainability plans will be developed in the following countries in FY20: Cote d'Ivoire, Ghana, Senegal, Togo, Sierra Leone, Burkina Faso, and Benin, and at least drafted in Mali and Niger.

The goal of the sustainability plans is to document an action plan for making progress against the sustainability framework for each NTDP. It is a working document that dictates a strong strategy for countries to see and measure their progress. The intention is for this plan to include a road map that will stay in draft form to allow for it to be revisited and revised periodically since it will be continually owned and updated by the NTDP. This plan will, for example, outline the budget progress for a country government and the timeline and needed steps to successfully advocate for a budget line. It will also highlight cross-sectoral interventions. The sustainability plan will include the key influencers and owners for each action item described. For example, some action items may fall under the responsibility and control of the NTDP while other action items may require engaging policy makers within the MOH or the country NTDs coordination mechanism. At program level, such plans will be an important document for guiding Act | West TA and capacity-building each year, since countries will prioritize different activities and require different levels of support to move the needle towards a sustainable NTDP. At agency level, the sustainability plan will provide information that can support the design and negotiation of the sustainability bilateral agreement. Given the connection with the NTDP's Master Plans, in countries where a Master Plan is being revised in FY20 (Togo, Burkina Faso, Cote d'Ivoire, and Ghana), Act | West will help develop and incorporate sustainability objectives and

interventions into the NTD Master Plan so that these documents are compatible and supportive of one another.

- Facilitate a workshop for sharing and technical discussion of the sustainability plan: Once the NTD sustainability plan is developed, Deloitte and WV, in collaboration with FHI 360, HKI and HDI will facilitate a three-day workshop for sharing and technical validation of this draft sustainability strategy. Participants in this workshop will be decision-makers from the entities that participated in the workshops on landscaping, sustainability, and cross-sector barrier analysis. The NTDP, with support from the Act | West in-country team, will share that document with relevant authorities and partners to gain wider buy-in, as well as create policy dialogue to enable all stakeholders to understand the country's sustainability goals and opportunities to support different activities included in the sustainability strategy.

ACTIVITY 2.3: OPERATIONALIZE THE FINANCE STRATEGY FOR NTD CONTROL AND ELIMINATION INTERVENTIONS (IR2)

Financial sustainability and empowering countries to have the predictability and flexibility in their funding allocations to prioritize and make data driven investment decisions is a key goal of this activity. The TIPAC, or other similar tool, continues to be a baseline requirement for providing countries an overview of NTDP funding gaps and illustrating their funding diversity—or lack thereof. TIPAC results continue to serve as a key data source for the effort to increasing domestic contribution, as well as galvanize other funding, to support implementation of NTDs' activities. As Togo and Ghana have eliminated LF and trachoma, respectively, the MOHs may look to shift efforts to leveraging public domestic (financial) resources to sustain treatments for SCH and STH. In addition, the MOHs should develop a structured resource allocation approach to support specific stages of disease elimination and control such as financing, deworming programs, and LF and trachoma morbidity management.

Along the elimination process, it is critical that NTDPs identify medium-term financial gaps, document a transition plan, and complement existing financial, human, and programmatic resources with additional domestic resources to avoid the inability to fully support field activities and potentially a resurgence of NTDs. In FY20, Act | West will focus on generating the critical data that will provide insights into buy-in and sensitization discussions for sustainability, country landscaping analyses, financial analyses, and determine what additional resources could be leveraged.

The following activities are planned for FY20 and support the financing health outcome (Outcome #6) of the Sustainability Framework:

- Support TIPAC data entry in targeted countries: Through the STTA mechanism, Act | West will support countries to consolidate and enter NTD and demographic data into the TIPAC tool. We will provide TA as appropriate to help countries as they embark on data collection and entry. In countries with strong capacity, Deloitte will provide remote support for preparing and updating the TIPAC tool with in-country support for data analysis and messaging. Where experience with TIPAC and capacity is nascent, Deloitte will build capacity and provide in-country support to update TIPAC through workshops. In some cases, countries are deploying another analysis tool (e.g., Cameroon); Deloitte will support their capacity-building to perform accurate financial gaps analysis. The data captured and documented in the TIPAC tool will be utilized to identify funding gaps and forecast funding needs for the country (*see next activity*).
- Support funding gaps analysis in select countries: After completing the TIPAC (or equivalent) data entry process, a follow-up activity will analyze and forecast funding gaps in targeted countries. The outputs of this financial gaps analysis will 1) inform future discussions with Ministry of Health (MOH),

Ministry of Finance (MOF), Ministry of Education (MOE), and local governments to support increased domestic public funding for NTDs, 2) support the NTDP to identify and better target the opportunities within the MOH budget structure and the budgeting cycle, as well as 3) understanding how the timeline of the NTDP budgeting and TIPAC update is aligned with the planning cycle at regional and national levels.

ACTIVITY 2.4: EXPLORE ALTERNATIVE IN-COUNTRY FINANCING MECHANISMS TO MOBILIZE DOMESTIC RESOURCES, DIVERSIFY SOURCES OF FUNDING AND INCREASE RESOURCES FOR NTDs (IR2)

Building on the TIPAC and the insights it provides into a country's funding gaps, Act | West will facilitate several activities to provide country programs with the skills and information needed to mobilize resources. These activities will be tailored to country programs and include the following:

- Provide tools and capacity building for financial management: For the NTDP to receive additional funding from various sources, programs will need capacity to plan, allocate, and track expenditures in line with international best practices. Whether making the investment case for further government funds, Act | West will provide TA to help countries determine who is responsible for financial management within the NTDP and assess weaknesses that can be remedied through the sustainability self-assessments. This may include alignment of internal controls standards and procedures with national guidance, and techniques for preventing and detecting financial irregularities. Further, Act | West will support countries' ability to report on funds disbursements in line with government requirements. Deloitte is developing a comprehensive toolkit to guide NTDPs on these financial management foundational areas, which will be finalized and deployed beginning in FY20 through FY21. The findings from the landscaping analysis and the financial capacity gaps identified during the self-guide assessment will provide relevant information to adapt the financial management toolkit to country needs. Many countries have identified this as a key priority to gain the necessary skills for engaging potential donors and government funding entities.
- Map the budget process: Act | West will provide TA to countries to map out and thoroughly document the government budget process to better prepare the NTDP for the successful funding of budget requests. This mapping will be outlined by gathering information from public sources as well as validating with NTDP, MOH, and MOF leadership. Budget policies and protocols will differ among countries. It is important therefore to fully understand not only the key steps and timelines in the annual budget calendar, but also identify who influences budget decisions and what messaging resonates most with each actor. Given that many Act | West countries are moving from traditional line item to program budgeting, Act | West will support NTDPs to understand and advocate within this new structure. Countries are keen to understand and review their budget processes, and this will help support the allocation of dedicated government resources for NTDs in the future. For example, Cote d'Ivoire, Burkina Faso, Togo, and Senegal have written into their country workplans as a priority to move toward increased government funding.
- Forecast future funding needs: Using TIPAC data and additional information collected within the NTD and more broadly, the MOH, Act | West will build a forecasting model to understand, with each country's specific inputs, what projected funding requirements will be in 3–5 years, based on elimination trends. This will allow NTDPs to effectively advocate for funding with government and arm them with realistic financial data for conversations with budget decision-makers within the MOH, MOF, and/or legislatures depending on the context. A model for these costs will consider the necessary human resources, tools, medicines, and program inputs needed to carry out both mainstreaming activities and surveillance. A minimum quantity of program inputs will be necessary for the program to be viable, but the total cost of these inputs will largely be driven by population and

NTD prevalence and/or incidence. Ultimately, the model will predict the new costs, such as increased surveillance, and the annual recurrent costs of control and post-elimination activities after mainstreaming is included.

- Support calculation of the return on investment (ROI) of reducing NTD prevalence: In Sierra Leone, The Centers for Disease Control and Prevention (CDC) is piloting a tool that will provide countries with the necessary calculations to determine the ROI of reducing NTDs. Given the relatively inexpensive treatment for most NTDs and the high cost to a country's current—and future—economy to have people out of schools and the workplace due to NTDs, this simple yet robust tool will provide a strong economic argument for the investment in NTDPs. Act | West will support a technical review of the tool using economic specialists, provide data inputs from the TIPAC if the country provides permission, and will work with countries to use the tool to calculate ROI and messaging for advocacy purposes. Further, Act | West will continue to engage with the World Bank on their efforts related to this topic given its connection to this program. Act | West will provide expert reviews but will not be developing a separate tool.

ACTIVITY 2.5: IMPLEMENT ADVOCACY PLAN FOR THE INTEGRATION OF NTDs INTO NATIONAL POLICIES, FINANCING DECISIONS AND COORDINATING MECHANISMS (IR2/IR3)

Having the skills and understanding to form strong partnerships is necessary to support the six outcomes. Based on the NTDP workplans and feedback from country teams, Act | West will work with the NTDPs to provide the skills needed to identify, form, execute, monitor, and maintain strong partnerships with the government, public, and private sectors actors whose activities align with existing NTD program efforts. This includes:

- Ecosystem mapping, partnership identification and engagement;
- Partnership coordination and management;
- Advocacy and tailored messaging for different audiences; and
- Organizational capacity development of partnership functions.

The results from TIPAC, the forecast of future funding needs, and the ROI information will inform most of the messages to different audiences to demonstrate impact of investment in NTDs. Given the priority of engaging with the MOFs to advocate for increased government resources, a strong business case is needed. Deloitte will provide trainings and mentorship through the resource mobilization toolkit which is under development to walk countries through partnership opportunities as identified through ecosystem mapping and help identify which short- and long-term partnerships can provide greatest program impact. Many partnerships, especially with other health programs or other sectors, will come through mainstreaming of NTDP activities and gained efficiencies, rather than in the form of additional resources.

Mainstreaming—the incorporation of NTD priorities into routine government planning, financing, delivery, and monitoring—is essential to sustainability and requires carefully targeted advocacy, alignment with broader health and multi-sectoral policies and strategies, and responsible national domestic resource mobilization. Act | West support NTDPs to develop resource mobilization and strategic partnership initiatives and will incorporate these ideas into the overarching sustainability plan. The sustainability plan will be the guiding document; rather than a collection of separate documents, this single resource will guide the Act | West approach and the NTDP's priorities. Act | West will leverage internal technical resources from FHI 360, Deloitte, WV to strengthen country capacity in developing stakeholder's engagement materials for effective advocacy.

Outside of resource mobilization, Act | West will use key mainstreaming components in a similar advocacy approach to appropriately ensure inclusion of NTDs in national policies. These components include supply

chain, human resources, deworming and morbidity services, and cross-sector collaboration and partnerships. Deloitte, WV, Americares, AIM, and the in-country IPs will jointly collaborate to identify the country-specific policies that hold important steps to mainstreaming NTDs. The consortium will use a data-driven advocacy approach with the necessary stakeholders.

ACTIVITY 2.6: REVIEW NTD INDICATORS AND SUPPORT THE INTEGRATION OF RECOMMENDED INDICATORS INTO THE NATIONAL HMIS (IR2)

A key step in mainstreaming and in support of the six outcomes is having NTD indicators integrated into national health management information systems (HMIS). There are several ongoing initiatives within Act | West portfolio. While Burkina Faso has included a set of NTDs indicators into the DHIS2 and the yearly health statistics compendium and intends to include additional indicators, Cote d'Ivoire is in the process of validating and including a selected list of indicators into the DHIS2. Cameroon is piloting a specific project targeting the inclusion of NTDs indicators into the DHIS2. Based on the results of the landscape analysis and country priorities included on the sustainability strategy, Act | West will identify targeted TA to support NTDPs in this area. The intention is to support countries on the approach the NTDP defined in collaboration with the entity in charge of managing the HMIS. In line with the need to support NTDPs refine their approach for mainstreaming NTDs into HMIS, Act | West will support NTDP to convene key stakeholders to map out the process for identifying and progressively integrating NTD indicators in the HMIS in order to develop the appropriate approach and indicators to include into HMIS.

ACTIVITY 2.7: REVISE JOB DESCRIPTIONS TO FULFIL ESSENTIAL NTD ACTIVITIES (IR2)

In FY20, understanding human resource challenges and mainstreaming opportunities will be part of the Landscape Analysis and Sustainability Self-Assessments.

ACTIVITY 2.8: IMPROVE SUPPLY CHAIN THROUGH TARGETED SOLUTIONS AND APPROACHES (IR2)

During FY19, Act | West countries NTDPs encountered less problems in the supply chain process from drug application to drug inventory, warehousing, and drug distribution due to deliberate effort by in-country implementing partners to provide targeted technical and financial support, especially with issues related to drug clearance fees and transportation of drugs to delivery point. Also, in-country implementing partners worked closely with the NTDPs to complete the joint request for selected PC medicines (JRSM) up until submission to WHO. The only issue experienced by almost all the countries is that the JRSM follow-up with WHO was not shared with the implementing partner to readily assist NTDPs responding to WHO queries. In FY20, Act | West will continue to improve supply chain processes and will actively advocate for JRSM submission follow-up information to be shared with country NTDPs in a timely fashion and TA provided, to avoid any disruption of MDA activities timeline. Act | West will continue to cultivate strong relationship with NTDP.

Most of the warehouse storing conditions issues were resolved and improved in supported countries during FY19, including proper ventilation, climate control, and power generation. However, problems with the drug inventory management and reverse logistics continue to impact drug forecasting, leading NTDPs to continue overestimating needs and hence drug waste. Since the reverse logistics is not implemented in timely fashion, the remaining post-MDA drug inventory is not available to some countries until JRSM submission to WHO. Some countries are still struggling with the return of unused drugs to the regional level for accountability and safe storage. Consequently, reverse logistics remains a problem for most supported countries. In FY20, Act | West will strengthen the reverse logistics component of the supply chain by updating the related manual and SOP and conducting trainings of all personnel involved in drug management. Act | West will use the FAA procedure to ensure all the milestones related to reverse logistics are adequately achieved. In FY20, under the lead of Americares, Act | West will conduct

warehouse capacity assessment in Niger, Guinea, Mali, and Cote d'Ivoire in addition to the one planned for Sierra Leone for the end of FY19. Based on the warehouse assessment, Americares will design and conduct trainings of all personnel involved in supply chain management in these five countries and will conduct warehouse improvement activities as necessary, based on assessment findings. These small warehouse capital improvement activities may include providing accurate thermometers and format for daily temperature tracking and data summary, voltage limiters to protect functioning air conditioners from high/low voltage, fire extinguishers, or replacing a broken solar power charger/inverter in one of the district warehouse, building additional shelves to store medicines, and arranging the storage room to make it functional to move within the room.

To mainstream supply chain procedures in accordance with the findings of the warehouse assessments and address the challenges around drug forecasting and ordering, Act | West under the lead of Deloitte will assist with methodologies and predictive analytics to help countries improve demand planning activities and improve forecasting. More accurate forecasting critical health commodities can improve the efficiency and impact of MDAs for country programming. As well, Deloitte will provide support, as requested, with reverse logistics. Deloitte has tools and trainings available for country adaptation to facilitate the development of a reverse logistics strategy and policies aligned with organizational needs, while returning drugs to the storage facility after the dispersal of drugs to populations. Deloitte will also provide tools and capacity-building assistance in the areas of data management, inventory management, and monitoring and evaluation of supply chain effectiveness for NTDPs.

Under the lead of Americares, Act | West will coordinate with external implementing partners (i.e., Sightsavers under ASCEND, etc.) in-kind medical commodity donations to the MOHs of supported countries for SAE management and LF and trachoma morbidity management.

ACTIVITY 2.9: SUPPORT THE CREATION, REVIEW AND/OR UPDATE OF ACTIONABLE SCH, STH AND ONCHOCERCIASIS TRANSITION PLANS (IR3)

In FY19, Act | West began collaborating with USAID to review the SCH/STH data from Togo and Burkina Faso and based on preliminary data analysis, will determine the type of support that will be provided to the national programs in these two countries. Togo and Burkina have contextual epidemiological and programmatic SCH/STH data that allow for in-depth analysis. The commitment from the national program and the environment of the NTD program implementation are conducive to setting up national SCH expert committees to move the SCH control, along with cross-sector interventions, to strengthen and sustain program delivery.

In FY20, Act | West will continue providing TA to Togo and Burkina Faso to analyze the data and provide technical support. The new WHO protocol for SCH impact surveys will be released in FY20; Act West will provide support to Togo to pilot SCH impact evaluation using the new guidelines later in FY20. Likewise, new SCH impact surveys in Burkina and Mali will be postponed until the new WHO guidelines are issued. During NTD review meetings, a side meeting will be held and will include multi-sector actors, WASH, education, and other relevant sectors which assist with SCH/STH programming and sustainability-related activities. In addition, Act | West will provide technical support to Guinea, Senegal, and Mali in analyzing their SCH/STH data in collaboration with WHO and ESPEN.

Act | West will support the development and/or finalization of the SCH/STH transition plans in Togo, Burkina, Senegal, Mali, and Guinea. For Togo and Burkina, these efforts will be part of the terms of reference of the national SCH committees. Act | West will work closely with the national program to monitor and to ensure the completion and roll out of the transition plans.

ACTIVITY 2.10: IDENTIFY AND IMPLEMENT SUSTAINABLE NTD DELIVERY PLATFORMS (IR3)

Included in the landscape analysis and development of cross-sector action plan (Part of the country overall sustainability plan).

ACTIVITY 2.11: DELIVER INTEGRATED OR STAND-ALONE MDAs FOR SCH AND STH IN HIGH ENDEMIC AREAS (IR3)

Country programs realize that some areas may be treated unnecessarily (or overtreated) for MDA, while in other areas, treatment frequency is insufficient. Act | West will provide TA to NTDPs to review data and make recommendations regarding MDA at the sub-district level. In FY 19, Act | West started providing technical support to Togo to plan and organize for MDA for adults with the support from the pharmaceutical company (Merck). Merck plans to provide PZQ to Togo to treat adults at risk. In FY20, Act | West will follow up with Togo and Merck to ensure targets are met and that a proper reporting system is in place for adult MDA.

As LF and Trachoma programs are winding down, it becomes crucial to integrate SCH/STH treatments into other suitable delivery platforms. Ghana is exploring the OV platforms for co-administration of Ivermectin, Albendazole and Praziquantel. Act | West will carefully examine the effectiveness and suitability of the alternative platforms to ensure a smooth integration of activities that avoids disruption of other program activities.

ACTIVITY 2.12: INCORPORATE INTEGRATED MDAs INTO POLICY AND PLANNING DOCUMENTS (IR3)

- See Activity 2.5.

ACTIVITY 2.13: PROVIDE TA TO THE MOH ON DRUG APPLICATIONS AND DRUG DONATIONS (IR3)

- Act | West guidance on the management of drug donations will address common obstacles identified during the work planning, supervision, and QI process (see Improve the quality of NTD intervention through QA/QI).

ACTIVITY 2.14: CONDUCT AND/OR INTEGRATE SUSTAINABLE SURVEILLANCE ACTIVITIES (IR3)

- See IR1 section for surveillance activities.

ACTIVITY 2.15: ESTABLISH AND INSTITUTIONALIZE MULTI-SECTORAL MECHANISMS TO COORDINATE NTD PROGRAMS (IR3)

In FY20, Act | West will support NTDPs to establish, revitalize, and institutionalize a multi-sector mechanism to coordinate NTD programming. During the sensitization meetings in FY19, Ghana and Sierra Leone identified existing platforms to be revamped and expanded into an NTD multi-sectoral coordination platform. Niger, Mali, Togo, Burkina Faso and Senegal requested support to establish and institutionalize a coordination platform. Act | West through World Vision will use a systematic phased approach to develop and operationalize such multisectoral platforms:

- Develop or review current terms of reference (TORs), mandate, and membership to establish or revamp multi-sectoral mechanisms. For countries like Ghana and Sierra Leone (Inter Country Coordination Committee and NTD Taskforce respectively) with existing platforms, Act | West will support NTDP to adapt the current TORs to include a specific mandate and strategies to expand and support NTD programming integration within the other sectors. In other countries, Act | West will support NTDPs to establish a platform where nonexistent. This will include developing TORs and

identifying a steering committee mandate to guide the design process and eligibility criteria of suitable platforms for cross-sectoral coordination.

- Once reviews are complete and potential platforms are identified, Act | West will work with the NTDP and steering committee to organize a design workshop to validate the mandate and membership of the selected platforms. This will include brainstorming sessions on role, membership, mandate, structure, where it should be housed, etc. Also, the workshop provides an opportunity to bring together stakeholders to build buy-in and ownership for sustainability.
- After the design workshop is completed and an administrative decision has been issued, Act | West through World Vision will provide financial and technical support to the NTDP to organize a one-day event to officially launch the multi-sectoral coordination mechanism. This event will be attended by high-level government officials to obtain high-level country engagement and ownership.

ACTIVITY 2.16: INTEGRATE NTD PREVENTION MESSAGES AS PART OF ONGOING SBCC INTERVENTIONS: PILOT WASH UP AND NTD MATERIALS IN GHANA AND NIGER (IR3)

World Vision, in partnership with Sesame Workshop, will also organize a workshop to disseminate and validate pilot results in Ghana and Niger with stakeholders. Going forward, they will support country teams to include the WASH UP! approach into the cross-sectoral agenda to guide other Act | West program countries. These pilots are entirely funded by WV as cost-share.

ACTIVITY 2.17 REVIEW AND ANALYSIS OF EXISTING SOCIAL BEHAVIOR CHANGE COMMUNICATION (SBCC) MATERIALS AND MESSAGES ACROSS MULTISECTOR FOR INTEGRATION OF PC - NTD CONTENT INTO OTHER SECTORS' (IR3)

No Activity planned in FY20.

MONITORING, EVALUATION AND LEARNING ACTIVITIES

The Monitoring, Evaluation, and Learning (MEL) function within the Act | West program aims to improve NTD programming through the provision of high quality NTD data as a basis for evidence-based decision-making; and to provide a basis of accountability for USAID's investment in NTDs. The overarching MEL principle is that 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 in building M&E capacity and integrating M&E for NTDs more broadly into the activities and platforms of the relevant Ministries of Health (MOH).

MEL ACTIVITIES INVOLVING DIRECT SUPPORT TO COUNTRIES

The Act | West MEL team works directly with NTDPs in all the countries within the portfolio to strengthen the quality, timeliness, and completeness of both current and historical NTD data in support of program implementation and programmatic decision-making—particularly for data that stems from MDAs and DSAs. In FY20, the MEL team will continue to offer TA using a broad range of data quality improvement tools, described in more detail below.

PROMOTING THE USE OF WHO'S SUPERVISOR COVERAGE TOOL (SCT) TO IMPROVE COVERAGE DURING MDAs

Monitoring coverage during an MDA campaign using only the administrative coverage can be challenging. Incomplete tallying or reporting of the number of treatments administered can bias the coverage results, as can poorly documented shifts in population, reliance on outdated census data for denominator estimation, and the treatment of individuals outside the targeted age group or geographic area.

The advantage of the WHO's Supervisor Coverage Tool (SCT) is that it provides a classification (in relation to predefined thresholds) of the coverage that was likely achieved during the current MDA; however, the SCT is not meant as a mechanism to provide valid point estimates of coverage. The SCT guidance indicates that SCT can be implemented either in the latter part of the MDA (less costly, since existing staff can be engaged for the activity) or shortly after MDA ends (more costly, since new or existing staff need to be re-engaged, and therefore is not supported by USAID) and is conducted at the lowest administrative level under a supervisor's purview. The results of the SCT are used to develop action plans to improve the MDA, which may include the following: extending the current MDA if necessary or conducting mop-up treatments, as well as the introduction of additional treatment registers, updating of village registers, better delineation of service delivery areas for CDDs, increased social mobilization, and training for new and existing CDDs. HKI's Independent Monitoring Tool (IMT) is a tool that has been used in the past for similar purposes but uses independent monitors instead of supervisors. Act | West will support the use of the SCT in lieu of the IMT, as the use of local and/or district/ regional level supervisors is preferable to the use of independent monitors for such exercises, as engaging supervisors directly in the improvement of MDA quality contributes to NTDP capacity building.

Act | West is committed to promoting the use of the SCT during MDAs in as many Act | West countries as possible. However, these tools can be somewhat resource intensive, since SCT incurs additional costs above and beyond the typical implementation of MDA due to the additional training required and visits to sampled households required when using fixed-post MDA (where households are typically not visited as a routine part of MDA). Therefore, Act | West will focus on the use of SCT only in villages or parts of districts where MDA coverage is suspect.

For instance, in FY20, Sierra Leone has plans to use the SCT in six health districts for SCH MDA, in four Health Districts for LF/OV/STH MDA, and in eight Health Districts for OV/STH MDA. In FY20, in Niger, SCT will also be used for all MDAs. In FY20, in Benin, HKI's IMT will be used for the LF and trachoma MDAs. In these cases, Act | West in-country M&E Officers, Regional M&E Advisors or the Act | West QI/QA Lead will be available to provide training and oversight of the process during MDA to ensure the tools are executed appropriately. However, where a less costly version of the SCT or IMT can be deployed, its use will be encouraged in as many districts and countries as possible, particularly in the cases of LF and Trachoma where fewer districts are implementing MDAs over time, and as such, where costs can be kept down.

Additionally, Act | West will provide training to in-country teams, implementing partners, and any HQ level technical staff who are unfamiliar with the SCT, so these personnel can advocate for its use while in country and while interacting with MOH/ NTDP staff. They can also assist in the supervision of its implementation when appropriate, and in the tracking of the findings and responses to poor coverage in Act | West countries. The trainings will primarily take place in the form of webinars, although the presence of a trainer in-country, if available, may also allow for in-person trainings, and thus, minimal additional costs.

ASSISTING WITH COVERAGE EVALUATION SURVEYS (CES) TO EVALUATE COVERAGE AFTER MDAs

The results of MDA treatment coverage from administrative data can be notoriously unreliable, for reasons noted above. A Coverage Evaluation Survey (CES) implemented using WHO's suggested protocol employs probability-based survey sampling methods on the same target population where the MDA was conducted, no later than six months after MDA occurred. The aim is to produce valid point estimates of coverage as a basis of comparison with the reported coverage from the MDA, and as a means of verifying results to identify corrective measures and improve coverage during future campaigns. As part of CES, a qualitative questionnaire on Knowledge, Attitude and Practice (KAP) can be administered alongside the collection of quantitative data on treatments. Analysis of the KAP results can be used to shed light on the quantitative coverage results—offering insights on characteristics and behaviors of those participating and not participating in MDAs. Because CES are resource intensive, they are typically not administered every year an MDA takes place, but rather, after an MDA of suspect quality has been implemented, in areas where suspiciously good reported coverage is observed, or in response to poor disease specific assessment (DSA) results.

In FY 19 CES were conducted in Benin (2 districts), Burkina Faso and Niger. In FY20, USAID has requested that the implementation of CES be limited to cases where there is a planned MDA after the CES, so that the CES can inform the implementation of the future 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 FY20, Benin, Burkina Faso, Guinea, and Niger will be conducting CES in select districts. For instance, in Benin, the CES will be conducted in four districts, prior to the next round of enhanced MDA for LF. The districts in which CES is approved for Burkina Faso, Guinea and Niger will be finalized in the early part of FY20. For some HKI countries (potentially Guinea and Burkina Faso), HKI will work with the FHI 360 MEL team to develop an adaptation to the traditional CES methodology that will ensure mobile populations are not excluded from the sampling frame. This will necessitate the use of sampling methods more typically used for “hard-to-reach” populations (i.e., mobile, elusive, and/or rare). An external expert in sampling for hard-to-reach populations may be engaged for a short-term contract to consult on adaptive methods. In all countries, Act | West regional MEL staff will support protocol review, training prior to fieldwork (including on EDC in Benin), and supervision of the CES to ensure the protocol is adhered to during field work.

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

Collation and transmission of good quality data from the community level to the district and national levels present a major challenge in a number of countries where NTDPs are being implemented. Data received at the national level are often incomplete, not timely, or of questionable accuracy. There is often need for a systematic assessment of the data management and reporting system to determine if key elements of the program's data management and reporting system are being implemented at all data retrieval levels, and to trace and verify reported data from source documents for selected indicators. The Data Quality Assessment (DQA) tool was developed as a standard method to verify reported data and assess data management and reporting systems for NTD programs. The DQA tool for NTDs focuses exclusively on 1) verifying the quality of reported data, and 2) assessing the underlying data management and reporting systems for standard program-level output indicators. The DQA comprises both quantitative and qualitative measures in order to reach these two objectives. This is done by recounting and verifying reported data at selected sites; reviewing the availability, completeness, and timeliness of source documents and reports; and qualitatively assessing the data management and reporting systems at different levels. A DQA is typically conducted every three years.

In FY19, a DQA was conducted in Burkina Faso, Cote d'Ivoire and Togo. In FY20, a DQA will be conducted in Burkina Faso, Ghana, Senegal, and Sierra Leone. In Burkina Faso, a DQA will be implemented after LF MDAs for the Sud-Ouest and Centre-Est regions with support from Act | West. Since these two regions will be on their second round of DQA implementation, the results and recommendations from the first round of DQA as well as the action plan that stemmed from the first round will be analyzed to see improvements were made in terms of data quality and data flows in the intervening time. If not, the second DQA will focus on areas that still require improvement. In Ghana, the NTDP will conduct a DQA in those LF endemic districts that are suspected to have data quality issues and that have an upcoming round of MDA, with a view to improving the coverage in that round. There will be a national training to equip the field workers with the necessary skills to enable them to carry out this assignment effectively. Senegal is also planning a DQA, as is Sierra Leone, in relation to an OV/SCH MDA. For all countries, Act | West regional MEL staff will actively participate in the DQA training as well as the actual implementation of the DQA to ensure that the WHO guidelines for implementation of DQAs is adhered to and that an assessment is undertaken that provides an accurate snapshot of the systems' data flow with its strengths and weaknesses highlighted. In all four countries, the MEL team will follow up several months after the DQA to ensure that remedial measures or recommendations that came out of the DQA were integrated into future MDA rounds.

PROMOTING THE USE OF ELECTRONIC DATA COLLECTION (EDC) FOR DSAs

With the advent of EDC systems, a shift away from paper has been an essential means of improving data quality, due to the obvious advantages such as the ability to code questionnaire flows, skips, and filters into tablets or smartphones; the ability to directly enter data during field work, eliminating the need for electronic data entry at a later time at a central office; mitigation and rectification of obvious coherence and consistency errors in real time or near-real time during fieldwork; the facilitation of near-real time data transmission (depending on internet availability) to a central office; the assurance of data security using encryption; and the minimization of data loss that is more common with the physical paper mode of data collection.

Act | West is investigating a number of EDC platforms that are currently available for their suitability for use for DSAs for 4 of the 5 NTD diseases (as well as for CES and other non-DSA surveys).³ ESPEN Collect, developed and managed by ESPEN for AFRO region countries offers such a platform. In addition, the MEL team will identify other viable electronic data platforms and systems or services as EDC options. For instance, Act | West is currently in contact with The Carter Center (TCC) to investigate possible use of their NEMO system for future DSAs, and in past years, several HKI countries have used the ONA platform for EDC surveys. The team will determine if these systems could meet the program requirements to support EDC for surveys and whether to proceed with piloting these alternative systems.

The pilots of ESPEN Collect (and possibly TCC's NEMO or ONA's) systems for collecting EDC survey data will be evaluated based on the ability to provide appropriate data security systems and data sharing agreements, as well as the 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 relating to duplicates and/or omission of records

³ 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.

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

Beyond the essential components identified above, the Act | West MEL team will determine if the systems are able to adapt to different survey and country contexts, respond to a surge in demand for services, and strengthen country capacity and ministry ownership for all stages of the survey process. Finally, for countries that engage in piloting such systems, it is essential that Act | West have access to the datasets that result from DSAs that are supported by USAID, to facilitate the analysis of results. As such, Act | West will ensure that a memorandum of understanding is in place with the relevant MOHs to ensure a data sharing arrangement.

It should be noted that, regardless of EDC platform used, monitoring and overseeing the most essential aspects of DSA implementation falls under the purview of Act | West and the NTDP rather than ESPEN Collect (or any other EDC platform provider). These essential aspects include: reviewing of survey protocol developed by the NTDP, the development and/or review of survey questionnaires, the training of supervisors and enumerators prior to survey rollout, the oversight of fieldwork (jointly undertaken with NTDP), the thorough cleaning of datasets after fieldwork is complete (above and beyond the basic EDC error checks on inconsistent data entry) and the analyzing of the datasets to ensure the production of high quality indicators and results that are used for evidence-based decision-making within NTD programs. Act | West's MEL team will work closely with the NTDP to engage in all of the above aspects of DSA implementation, for the DSAs conducted in FY20.

In FY19 Burkina Faso piloted ESPEN Collect using EDC for pre-TAS surveys, and Benin used an EDC system for TAS1 in 12 districts and TIS in 4 districts (the latter through Tropical Data). In FY20, Burkina Faso intends to use ESPEN Collect again for pre-TAS and TAS using Android devices. HKI and NTDP staff will supervise the survey fieldwork to ensure that survey teams follow the established protocol and quality control measures. Benin has indicated an interest in piloting ESPEN Collect for its upcoming FY20 CES, pre-TAS and TAS2. The Act | West HQ MEL team will facilitate the piloting of ESPEN Collect in Benin by liaising with both ESPEN and the Benin MOH – and will assess its suitability for other countries in the portfolio going forward.

In FY20, the Act | West HQ MEL team will identify other surveys to test the use of the ESPEN Collect system and possibly other platforms (such as TCC's NEMO system or ONA's EDC platform). Given the well-established survey protocol for LF surveys (pre-TAS and TAS), these will likely be the surveys identified for the pilot.

Finally, there are countries within the portfolio that have developed their own well-functioning EDC systems and therefore require little TA from the Act | West MEL team. For instance, in Ghana, the Ghana Health Service (GHS) has recently developed its own NTD Information Management System and an application called Lymph, supported by the malaria program, and that has similar functionality as ESPEN Collect. Ghana successfully piloted this system in FY19 on pre-TAS and intends to expand development to TAS, MMDP and even MDA in FY20. The Act | West HQ MEL team will broker the sharing of the experiences of the GHS Lymph module development and rollout with other countries who may wish to embark on developing similar systems for themselves in the limited cases where MOH or other support is already in place (see section on MEL Coordination and Collaboration Workshop). Note that USAID will not support the human resource or infrastructure costs related to development of such new systems; therefore Act | West's role in such instances will be limited to TA and will only include initial discussions with the implicated parties.

ENSURING THAT COUNTRIES HAVE SECURE AND UP-TO-DATE NTD DATA IN A COUNTRY-OWNED AND MANAGED INTEGRATED NTD DATABASE TO PERMIT SOUND, DATA-DRIVEN NTDP DECISION-MAKING

The WHO promotes a user-driven software that permits countries to create a basic structure for a country-owned and managed integrated NTD database (called the Country Integrated NTD Database or CIND). The aim is that countries should independently create, populate, and maintain such a database and use it as a source of data-driven decision-making for their NTDPs—as 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. In FY19, Act | West conducted a preliminary information gathering on data entry, storage and safeguarding practices in each country. To varying degrees, Act | West countries have adopted and used the CIND (or some national equivalent), but several challenges remain including the paucity of current and historical NTD data available on these databases, the lack of data security of such NTD databases, and the limited personnel capacity for NTDPs to update and maintain the existing database over time. Some countries opt to use their own database systems instead (often using DHIS2 platforms) but even in these cases, the systems often suffer from similar challenges.

Act | West's general approach is to promote all MoH's capacity to securely store, organize, and analyze NTD data. In settings where the CIND is the most appropriate data solution, Act | West will provide technical support on its use and external TA for historical data entry. Where other solutions are more appropriate and already in use, Act | West will work with MOH data teams to ensure they meet the criteria for secure, organized, and functional data sources. As such, for countries where it is appropriate and requested, Act | West will provide training on the CIND (including on the basic software package). Regardless of whether CIND or some other platform is used, Act | West will support countries to update the national NTD database with current and historical data from MDAs and DSAs, engaging external consultants to assist with historical data entry if necessary. TA will also be provided to ensure that all countries have the capacity to capitalize on the capabilities of this tool for data analysis and in-depth understanding of country trends and challenges. Furthermore, the long-term security and accessibility of all current and historical NTD data from the eleven Act | West countries is of great importance for the countries and NTD partners. In FY20, where needed, Act | West will provide support for the acquisition of necessary data back-ups; in some cases, this may include additional laptops and/or external hard drives, and in other cases, subscriptions to cloud services.

In FY20, Act | West will use different strategies in different countries, depending on the current situation. On one end of the spectrum, for countries like Benin, Burkina Faso, Guinea and Mali where CIND or equivalent is used regularly, and the historical data has been entered up to 2018 or 2019, in FY20 the Act | West focus will be on continual updating of the CIND with the current year's data. At the other end of the spectrum, some countries such as Sierra Leone do not currently use the CIND or any equivalent (due to a prior system failure) and therefore urgent progress is needed. In Sierra Leone, Act | West will investigate a separate DHIS2-based national NTD database as a viable alternative to a national NTD database based on the WHO CIND. There are also countries such as Ghana and Niger where the CIND training has taken place and some data has been entered, but historical data is missing; in these cases, a consultant will be engaged in FY20 to assist with the entry of historical data. For countries such as Cote d'Ivoire (where national NTD database uses DHIS2 as a platform) and Niger (which uses WHO CIND as a platform), the existing database does not reside on a secure platform; therefore Act | West FY20 efforts will concentrate on ensuring secure storage of NTD data through the promotion of the use of some form of backup (external hard drives or cloud-based subscription). Finally, in Cameroon, the CIND has been adopted and historical data has been entered, but the country has encountered many challenges with the

software; therefore, in FY20, they are launching (with the assistance of Act | West) a special initiative to identify the pros and cons of entering NTD data into an alternative national DHIS2 platform, with a view to making recommendations with regards to viability at the end of the analysis.

PROVIDING TECHNICAL ASSISTANCE FOR DOSSIER DEVELOPMENT

The Act | West MEL team will assist the Act | West disease-specific focal points in providing support for dossier development, with a focus on data preparation (see Section 1.10 for a complete picture of the support Act | West will be providing for dossier development). To assist with preparation of the dossier, the MEL team will provide TA to help countries collate, organize, review, analyze and present data to support the case for successful disease elimination, documented in the dossier. Although no countries are expected to submit dossiers to the WHO to validate disease elimination in FY20, the preparation and maintenance of data for the dossier should be implemented annually. As a critical part of this exercise, we will update the USAID LF and Trachoma Dossier Trackers and submit them to USAID on an annual basis, to permit both USAID and Act | West to keep track of the progress of each country in the portfolio as it approaches dossier submission, and to help identify gaps in information or inaccurate information that could hamper successful adjudication of the submission— so that countries can be encouraged to close these information gaps and inaccuracies while relevant information is still available.

ASSISTING COUNTRIES WITH SPECIAL DATA ANALYSIS INITIATIVES AS PART OF INVESTIGATIONS INTO PAST POOR PROGRAM PERFORMANCE AND STRENGTHENING COUNTRY'S CAPACITIES FOR DATA ANALYSIS

In FY20, a number of countries are undertaking special country-specific data analyses to examine hotspots and unearth reasons for poor performance on MDA or DSAs, as well as to develop an evidence-based response so that failures do not reoccur. For instance, in Burkina Faso in FY20, HKI intends to undertake a subdistrict level analysis of LF hotspot districts where there have been repeated pre-TAS failures to better understand the causes. In relation to Ghana, support will be provided to analyze MDA coverage data and pre-TAS trends in the 15 LF hotspot districts; coverage data will be analyzed by sub-district and pre-TAS data will be analyzed by sentinel and spot check sites. The findings will feed into a response strategy for improving program performance. In Niger in FY20, in light of several pre-TAS failures and one TAS1 failure in Tahoua EU, HKI will support the NTDP to conduct an in-depth review of all previous LF survey reports and LF MDA coverage data (at the sub-district level, if available), including mapping the TAS and pre-TAS results to better understand the causes of repeated failures and inform strategies to address the situation where needed. In Niger, in terms of addressing multiple TIS failures (where MDA is still ongoing) as well as TSS with TF \geq 5%, HKI and the NTDP propose to work with Tropical Data and FHI 360 to conduct an in-depth analysis of previous survey and MDA coverage results. If available, sub-district level MDA coverage data will be overlaid with current TSS and previous TIS data to uncover potential areas of transmission where coverage was consistently low. This analysis will help target Trachoma MDA supervision in FY20. A similar analysis will be done in Cameroon, where a TSS with TF \geq 5% was recently experienced. In addition, in both Niger and Cameroon, a population movement analysis will be undertaken, and a comparison of TIS and TSS results in positive clusters will be undertaken. These efforts may be supplemented by operational research (led by CDC or TFGH) to look at infection to determine whether *C. trachomatis* is present. For all special analyses taking place in Burkina Faso, Niger, and Cameroon, the HKI regional M&E Advisor or the HKI M&E specialist (both of whom are part of the MEL team) will assist with the data analysis and will support the quantitative analysis initiative. FHI 360 MEL staff may also engage in these analyses, as appropriate and as requested.

Act | West MEL staff will work with countries to undertake the above analyses in conjunction with in-country and MOH MEL and technical staff. At the same time, this will be viewed as an opportunity to increase the capacity for MOH MEL staff to analyze their own MDA and DSA data to promote the use of data for evidence-based programmatic decision making.

CONDUCTING A MEL COORDINATION AND COLLABORATION WORKSHOP

The structure of the MEL component of the Act | West program is such that staff are distributed at various locations within the 11-country Act | West portfolio, and these staff may serve functions that benefit country, regional, and/or overall interests. MEL staff within the Act | West portfolio are located at headquarters in Washington, DC; in two regional hubs (Ghana and Senegal); and in FHI 360, HKI and HDI countries offices serving individual Act | West countries. Additionally, there are M&E staff situated in MOH offices in Act | West countries that work in direct support of the NTDPs. The interactions between MEL staff at all these levels and locations can be fragmented at times and the understanding of 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 implicated in the Act | West program, Act | West is planning to convene a week-long MEL Coordination and Collaboration Workshop in quarter two of FY20. MEL/M&E staff from headquarters, regional offices, country offices, and MOH offices in all 11 Act | West countries will be invited to participate. The workshop will allow staff from all locations to present an overview of their respective roles and functions within the program and will offer a view of how they might assist other participants with MEL-related activities in support of the NTDP. In doing so, 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. For instance, MEL staff within country and MOH offices can be made aware that MEL staff at HQ can help broker relationships with entities/organizations that have built EDC platforms for DSAs, such as ESPEN Collect or TCC NEMO. As a second example, MEL staff at all levels and locations will gain an understanding of the data flow process starting from data collection in the field through to both the country-owned national integrated NTD databases and the USAID NTD Database (via disease and program workbooks). Furthermore, the workshop will permit a sharing of experiences and best practices for MEL across countries that may otherwise not have the opportunity to interact, and in doing so, will create communities of practice on a variety of topics of shared interest. For instance, Ghana Health Services will be invited to present the EDC Lymph application to other countries to foster sharing experiences of the EDC Lymph module development and rollout with other countries who may wish to embark on developing similar systems for themselves (see section on EDC). Finally, the workshop will permit the building of a strong network of relationships within and across MEL teams and will help to solidify relationships between Act | West MEL staff and MOH MEL staff.

MEL CROSS CUTTING ACTIVITIES

In addition to providing direct assistance to countries within the Act | West portfolio, the MEL team also works on a number of cross-cutting activities that strengthen and promote improved data access, storage, quality, analysis and utilization - and that benefit the program directly, as well as all stakeholders within the NTD ecosystem. The FY20 activities in this realm are described in detail below.

COOPERATING WITH TFGH / PHII AS PART OF THE USAID NTD DATABASE AND DATA SYSTEM TRANSITION TASK FORCE

Given that END in Africa—the FHI 360 predecessor project to the Act | West program—had a minimal MEL role with only one staff member to support all activities, most MEL functions for the previous project were supported by the Act | East program’s predecessor project, ENVISION. As such, ENVISION was responsible for the MEL data management and reporting systems for both ENVISION and End in Africa. With the advent of the new programs, the expectation is that both Act | West and Act | East should have fully functioning and independent MEL capabilities, with intentional cooperation and coordination instituted between programs to allow for harmonization of data collection and reporting to the extent possible, while avoiding duplication of efforts. Furthermore, USAID articulated its intent to have an independent data management and analytics support for USAID’s ongoing data needs, as well as those of national programs, and implementing partners. In March 2019, USAID engaged the Task Force for Global Health (TFGH) to lead future data management and analytics efforts through a new partnership with the Public Health Informatics Institute (PHII) and the NTD Support Center. As such, USAID requested that, at least until July 2020 (and likely later) when the future database management system is expected to become ready for testing, Act | East would continue to run some of the key data management and reporting systems on behalf of both programs.⁴ These include the maintenance of the USAID NTD Database, as well as the production of semi-annual report 1 and semi-annual report 2 appendix tables. During this transition period in FY20, Act | West will be collaborating closely with Act | East to ensure that there are no major disruptions in terms of the work related to these essential tools and products.

In terms of development of the future system, the new TFGH/ PHII partnership is expected to function in close collaboration with FHI 360 (Act | West), RTI (Act | East), national NTDPs, and other global stakeholders. As such, a task force comprising of members from USAID, TFGH/PHII, and MEL staff from both Act | West and Act | East has been formed. In FY19, Act | West task force members worked closely with Act | East in their data requirements gathering initiative with key actors, as an input to help TFGH/ PHII gain a better understanding of the current database and data systems, and as a means to inform the design of the future system. In FY20, Act | West MEL staff will continue to be key contributors to the task force for the development of the future database and data system. It will be critical that the future system is developed drawing on the experience gained under the previous USAID NTD projects, including FHI 360’s former END in Africa project and current Act | West program—and is built on the strengths of the current system, while rectifying some of its “pain points.” The future data system will need to facilitate integration with existing systems and limit the burden of duplicative data entry. In addition, the task force will need to work to ensure a successful transition to the future system, whose rollout is envisioned sometime after July 2020. The agreed upon transition plan and timeline must minimize disruption in the flow of program data and ensure there are no gaps in collecting or accessing critical information or meeting USAID reporting requirements. In FY20, the Act | West MEL team will work as part of the task force to collaborate in planning, communicating, and implementing the transition to the future data system.

In FY19, Act | West started tracking OV data to follow progress across the Act | West portfolio and with a view to building an OV survey tracker, which currently does not exist. Given that TFGH/ PHII is now tasked with building all future tools, in FY20, Act | West will collaborate with USAID, TFGH/PHII, and Act | East in the development of an OV survey tracker. Once developed, OV data already compiled by Act | West will be entered into the new tracker, although this may not happen until after FY20 given the timeline of tool

⁴ A minimally viable product (MVP) from TFGH/ PHII will be available for testing by July 2020. The existing system will continue to be operational under the current arrangement for some additional months after that.

development proposed by TFGH/PHIL. Similarly, Act | West aims to collaborate with TFGH/ PHIL on the development of SCH/STH survey trackers.

CONDUCTING A “DEEP CLEAN” VERIFICATION OF EXISTING DATA SOURCES IN PREPARATION FOR IMPORTATION OF NTD DATA TO FUTURE DATABASE

The Act | West HQ MEL team will conduct a one-time 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 will include a variety of data quality checks including alignment between data tools ((e.g., workbooks vs the Blueprint for Elimination for LF (BELF) and the Blueprint for Elimination for Trachoma (BETR) trackers vs survey trackers)). Where data corrections are required for alignment, the MEL HQ team will work closely with in-country MEL staff and their MOH counterparts to ensure all parties use the latest and mutually agreed upon data sources moving forward. The checks will also include scans of the system for historical errors related to redistricting and correct them upon discovery. This exercise will also leave the body of Act | West data more coherent and thus more readily queried for *ad hoc* data requests in the future. The session is expected to last one or two weeks during FY20.

CONTINUING THE STRENGTHENING OF 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/ PHIL is developing a future USAID NTD database and set of associated tools, Act | West will work 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 within the new systems developed by TFGH/ PHIL.

Disease and Program Workbooks: The Act | West MEL team will continue to support the data collection and quality review of program data through the Excel-based disease and program workbooks—as these workbooks serve as the essential data input source for the USAID NTD database and are the drivers of many NTD data output products. During FY20, the MEL team will work 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 countries under Act | West’s remit. Disease and program workbooks for current and past years will be redistricted as necessary, in alignment with national changes in administrative geography. The MEL team will continue to collaborate with national programs and ITI to ensure that GeoConnect (or some other district management system) reflects the most up-to-date geographic identification numbers and shapefiles as countries undergo redistricting—to allow for accurate map making by the FHI 360 Geographic Information System (GIS) team (see the section on Harnessing GIS as a Means of Data Visualization and Interpretation).

LF and Trachoma Survey Trackers: The LF and trachoma survey trackers are important data input tools that collect information not captured through the current disease and program workbooks; they provide an essential cross-walk between implementation units (IUs) and evaluation units (EUs) that is not found in other data sources. The trackers provide a snapshot of all current and past DSAs for both LF and trachoma at the EU level, along with a multitude of other information on each of the surveys (such as year of survey, type of LF or Trachoma survey, sample size, diagnostic test used, results of survey, etc.) – information that is essential for program planning and decision-making. These survey trackers had initially been developed by RTI under the ENVISION program and therefore, at the beginning of FY19, the trackers only existed for the four of the five countries that eventually transitioned from ENVISION to Act | West

(Benin, Cameroon, Mali, and Senegal, excluding Guinea). In FY19, Act | West inherited from Act | East the most current version of these trackers for the transition countries in the Act | West portfolio and manually updated them with current and historical data. 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 (Burkina Faso, Cote d'Ivoire, Ghana, Niger, and Sierra Leone) and for which the trackers originally did not exist. In FY20, the updating of the survey trackers with historical data will be finalized, and these trackers will be updated and submitted monthly to USAID by the disease specific focal points in coordination with the MEL team.

USAID LF and Trachoma Dossier Trackers: The USAID LF and Trachoma Dossier Trackers are essential data input tools that collect and organize essential historical information (on mapping, MDA, DSAs and MMDP) that countries must submit to WHO as part of the dossier when applying for elimination status. The trackers also contain information on dossier preparation, submission, and review—relating to where countries are in relation to the dossier submission process. The trackers permit both USAID and Act | West to keep track of the progress of each country in the portfolio as it approaches dossier submission, to establish dossier readiness, and to identify gaps in information or inaccurate information that could hamper successful adjudication of the submission. In FY20, Act | West disease focal points will work with the MEL team to update the USAID LF and Trachoma Dossier Trackers and to submit them to USAID on an annual basis.

Semi-Annual Report Appendices and Work Planning Tables: During this transition year when the USAID NTD data base and data system continue to be managed by Act | East, the Act | West MEL team and the Act | East MEL team will work through a coordinated schedule of workbook reviews and uploads, including MANDE error checking runs, to facilitate Act | East production on behalf of both programs of some of the data output products for reporting to USAID for SAR1, SAR2 and work planning—such as SAR1 and SAR2 appendices. The Act | West MEL team will hold its annual internal data day, during which draft SAR1 appendix tables will be reviewed for all 11 countries by disease-specific focal points and program managers to identify 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 work planning tables and country maps for country work planning (i.e., maps on endemicity, geographic coverage and progress towards disease elimination, based on workbook information) will be directly produced by the Act | West MEL team in collaboration with countries, program partners and the FHI 360 in-house GIS team. Act | West will actively participate in the country work planning submission process by performing quality assurance checks to ensure that the country work plan narratives, tables, and associated workbooks contain consistent and coherent data and indicators.

BELF/ BETR: The Blueprint for Elimination for LF (BELF) and the Blueprint for Elimination for Trachoma (BETR) are two data output products that provide retrospective and prospective information (from roughly 2007-2026), by district and for the whole country, on the yearly status (i.e., MDA, stop-MDA, surveillance) for each disease. These tools offer critical projections that permit forward planning based on current and historical information. Under the ENVISION project, the BELF and the BETR were created by RTI, and then updated by ENVISION twice annually.

In the past, RTI has updated the BELF using data from the Master Data File and M&E Cube, as well as from the LF Survey Tracker. The BELF currently exists for the five transition countries (Benin, Cameroon, Guinea, Mali and Senegal), but needs updated data inputs from recently completed surveys and new projections to bring it up to date; these inputs will be provided to Act | East in FY20. In addition, because the BELF does not currently exist for five of the six former End in Africa counties where LF is still endemic (Burkina

Faso, Cote d'Ivoire, Ghana, Niger, and Sierra Leone), in FY20, Act | West will manually create a "BELF 1.0" for these five countries.

Similarly, RTI has provided the BETR for the five transition countries but since a key input to the BETR, the Trachoma Survey Tracker, did not exist, the BETR does not exist for the six former End in Africa countries. An agreement has been made with Act | East whereby they will provide a first version of the BETR (BETR 1.0) for the six former End in Africa countries after Act | West provides an updated Trachoma Survey Tracker for these countries.

Going forward, Act | East will provide Act | West with updated versions of the BELF and BETR twice annually, based on the BELF 1.0 and the BETR 1.0, as well as updated data inputs from the LF and Trachoma Survey Trackers, and disease and program workbooks. In FY20, Act | West will continue to use this output tool in order to inform program planning—such as projecting the year that elimination will be achieved using an optimistic business model, planning for upcoming DSAs, and projecting future demand for diagnostic tools such as Filariasis Test Strips (FTS) and drugs procured by the program, such as tetracycline eye ointment.

PARTICIPATING IN A COMPREHENSIVE SCH AND STH DATA REVIEW WITH A VIEW TO ARTICULATING A FUTURE USAID STRATEGY FOR SCH AND STH INVESTMENTS

In January 2019, USAID requested that Act | West and Act | East participate in a comprehensive review of SCH and STH current and historical data holdings across the portfolio, to better understand trends in the existing data as well as to identify critical gaps that would need to be closed before USAID could articulate a strategy in terms of future investments for these two diseases. Over FY19, Act | West (including the MEL Director, the Technical Director, and other members of the MEL team) participated in a series of discussions (between January and May 2019) with USAID and Act | East, focused on select countries (Burkina Faso and Togo for Act | West; Uganda and Tanzania for Act | East). The first preparatory exercise involved the creation of an inventory of existing data undertaken by the two programs for key indicators (relating to baseline data, MDA treatment and coverage data, and DSA impact (prevalence and intensity) data) for all countries in the portfolio. In addition, FHI 360's MEL team provided detailed coverage and disease prevalence data for Burkina Faso and Togo specifically. The aim of the discussions based on the inventory was to better understand the current data holdings and where future USAID investments might be made to close some of the critical data gaps. In addition, data analyses were undertaken by both programs that included crude analyses of change over time in disease prevalence categories (i.e., disease distribution status) for both SCH and STH across all countries. Finally, the broad discussion also included the development of a potential generic protocol for SCH/ STH surveys that could be used by programs to obtain district level estimates, the results of which would translate into programmatic decisions on whether to modify current treatment strategies. The intention of the survey protocol was that it should be used as a stop gap for countries in the intervening years before definitive WHO guidance on such surveys is provided. Act | West worked on defining such a survey protocol and shared it with USAID and Act | East. Act | West also participated in two one-day meetings in London with USAID, Act | East, and other stakeholders to further development of a SCH/ STH survey protocol.

In FY20, Act | West will continue to participate in the SCH and STH Data Review Initiative, as requested and required by USAID. Additional preparatory work will likely be necessary in anticipation of a broader SCH and STH stakeholder meeting to take place in the first or second quarter of FY20.

DEVELOPING AND REFINING INDICATORS TO TRACK AND MONITOR IR1 AND IR2/ IR3 ACTIVITIES

To monitor progress toward achieving Intermediate Result 1 (IR1) under Act | West, it is essential to establish quantitative indicators and collect corresponding data over the life of the program. In FY19, USAID, Act | West and Act | East worked together to produce a consolidated set of key indicators to measure progress for IR1 activities undertaken by both programs—indicators relating to mapping, MDA, stop-MDA, drug management, DSAs, dossier development, and disease elimination. In FY20, USAID, Act | West, and Act | East will continue to work together to refine and finalize this set of indicators. Once finalized, a monitoring mechanism using these indicators as a basis will be instituted, to allow for regular progress checks to ensure the program is on-track for achieving IR1, and the results will be reported to USAID. The monitoring process will allow for course correction in cases where the indicators demonstrate that the program is not on target. It is envisioned that the data required to quantify these IR1 indicators will not necessitate special data collection instruments or initiatives; data will be collated using existing data sources, including data stored in the disease and program workbooks, among other sources. In future years, such data collection mechanisms will be integrated into the future database and data management system that will be developed by TFGH/ PHII (see the earlier section on Cooperating with TFGH / PHII as Part of the USAID NTD Database and Data System Transition Task Force).

Similarly, in FY19, 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 in relation to IR2/IR3. The process was informed by a white paper drafted by USAID and both NTD programs; it outlined the framework and strategy for the promotion of sustainability and defined the six strategic high-level outcomes to be achieved. In 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 lower level feasible and measurable indicators, the latter of which will be informed by the landscape analysis that will be undertaken by Act | West HSS and partners in FY20. Once the entire set of indicators is finalized, an associated set of Performance Indicator Reference Sheets (PIRS) will be developed by the MEL team for each indicator, offering clear definitions of the indicators, specific instructions on how the indicators should be computed and mechanisms and sources through which the data underlying the indicators can be collected. In future years, data collection mechanisms in support of the IR2/ IR3 indicators will be identified and operationalized

SUPPORTING USAID’S AND ACT | WEST’S AD HOC DATA ANALYSIS NEEDS

The Act | West MEL team will respond to ad hoc requests from USAID and the broader Act | West program team to provide information on project activities and key results and will facilitate the use of data for programmatic decision making (see section “Assisting Countries with Special Data Analysis Initiatives as Part of Investigations into Past Poor Program Performance” for some analyses that are already planned for FY20). The team will also provide support for the data analysis needed for the Learning Agenda activities (see Learning Agenda Section), as well as for presentations at the conferences and global meetings that the Act | West team members will attend.

Examples of potential ad hoc analyses that may arise include responding to low coverage by identifying causes and developing a data-driven plan to maximize MDA coverage or troubleshooting the management of disease hotspots (areas of persistent high prevalence) when treatment coverage appears good. We will encourage countries to enter sub-district-level coverage data into their country databases (even though

coverage will be routinely reported at the district level) so that countries can use these more granular data when analyzing, interpreting and responding to the results of DSA.

HARNESSING GIS AS A MEANS OF DATA VISUALIZATION AND INTERPRETATION

Given the complexity and volume of NTD data across 11 countries, five diseases, and multiple time points, there is a broad recognition that harnessing GIS technology could improve the visualization and analytical functionalities of MEL data outputs through map making and related geo-spatial analyses. As such, in FY19 the Act | West MEL team engaged FHI 360's in-house GIS team, and a scope of work was drafted outlining the support to be offered to Act | West by this unit over the life of the program. In FY19, a 3-day training for the MEL Team (including both headquarters and regional staff) on the use of GIS software (ARCGIS) was conducted in Washington DC, to enable the MEL team to produce their own basic maps. Using these newly acquired skills, at the request of USAID, the MEL team produced “cross-border coordination” maps for groups of countries in the portfolio that share borders and have LF and OV endemic districts along those shared borders, to facilitate future cross-border coordination meetings and to enable bilateral discussions on coordinated MDAs. Additionally, at the request of USAID, the MEL team produced a set of maps indicating districts considered LF and Trachoma hotspots (as defined by pre-TAS and TAS1 failures for LF, and by TIS and TSS failures for Trachoma) for all the relevant countries in the portfolio.

In FY20, FHI 360's in-house GIS team will continue to offer support to the Act | West program with respect to map making. The activities envisioned are:

- A 5-day training of Act | West M&E program country staff and MOH staff (M&E Officers) on ArcGIS. It is expected that five countries in the portfolio will undergo training in one workshop during FY20. The training will include Benin, Ghana, Cote d'Ivoire, Senegal, and Togo. Togo has made a special request to be part of the countries to be trained, as planned GIS trainings in past years did not materialize. We envision two participants per country: 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.⁵ As part of the training, the GIS team will explore the possibility of having existing CIND data geo-referenced to enable maps to be generated from this country-owned data source. The main aim of the training will be to have participants have entry level skills to produce basic maps, to facilitate data visualization and program decision making. The FHI 360 GIS team will provide remote follow-up technical support in the way of monthly or quarterly check-ins with participants, as needed and requested.
- The production of standard, static maps for inclusion in each of the 11 country-specific work plans and SARs two to three times per year, depending on reporting requirements from USAID. This work already commenced with FY20 work planning and will continue in FY20.
- The creation of custom maps in support of *ad hoc* requests from USAID, Act | West technical staff, and other stakeholders. Examples of such *ad hoc* requests include cross-border MDA coordination maps, maps of hotspot areas and maps in support of conference presentations by Act | West staff.

⁵ 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 inexpensive nature of these licenses (about USD 150 per country per year), such support is sustainable since countries can be expected to bear the annual cost in the years following Act | West program completion.⁶ Chaudhry R, de Boer M, Perkins S, Patel B. Five Steps Towards Implementing A Deliberate Health Sector Element Phase-Out. USAID. March 2012. 20 p. Available: https://pdf.usaid.gov/pdf_docs/PNAED219.pdf ; Chaudhry R, Perkins S, Armstrong L, Patel B. Graduation and Phase-Out in the Health Sector: What Have We Learned? USAID. Spring 2012. 108 p. Available: https://pdf.usaid.gov/pdf_docs/PBAAA917.pdf

- An investigation into existing online mapping tools like ntdmap.org (sponsored by ITI) and the consideration of enhancements to what has already been built, or even the creation of a new tool. Such an initiative would enable interactive NTD map generation by external stakeholders. However, further discussion will be needed before a decision can be made on this activity, given the potential sensitivity of country-owned district level NTD data being used to generate publicly available maps at the district level.

DEFINING AND IMPLEMENTING A LEARNING AGENDA FOR ACT | WEST

The Learning Agenda aims to move programs from basic programmatic monitoring and evaluation for reporting purposes to an emphasis on data use for learning; to advance learning by translating lessons learned from implementation and M&E into solutions to improve program performance; to identify and address knowledge gaps that impede progress or threaten gains; to foster learning within the Act | West program and the larger NTD community through sharing of country and program experiences to advance knowledge about NTDs; and to thereby help sustain NTD control and elimination in Act | West-supported countries and beyond. The Learning Agenda will also serve to raise Act | West's scientific profile by increasing Act | West contributions to, and engagement with, the global NTD community.

These goals will be accomplished, directly and indirectly, through the following priority activities in FY20:

1. Establish and operationalize a Learning Agenda task force, framework and process to advance learning activities
2. Implement the specific learning activities planned for FY20

ESTABLISH AND OPERATIONALIZE A LEARNING AGENDA TASK FORCE, FRAMEWORK AND PROCESS TO ADVANCE LEARNING ACTIVITIES

A central component of the Learning Agenda will be the Learning Agenda task force. This team will be composed of the Act | West technical team (from FHI 360, HKI, and HDI) plus members of the MEL team and program management team, with in-country teams and MOHs participating when pertinent to the discussion. Through quarterly meetings, the task force will oversee learning agenda activities and progress by:

- Developing and overseeing the implementation of specific learning activities
- Identifying new topics for consideration as learning activities
- Reviewing program successes, challenges, and topics of interest or concern related to the achievement of the expected results of the Act | West program
- Collecting, collating, and disseminating lessons learned from across the portfolio\.
- Contributing to the development of job aids, training materials, technical briefs, webinars, and other tools, and creating a repository of these materials
- Facilitating intellectual exchanges
- Developing and promoting scholarly contributions to the field of NTDs

In Q1 of FY20, the task force will develop a Learning Agenda framework, based on the program implementation phases: mapping, MDA implementation, DSA, Surveillance, and Sustainability. Learning questions and activities will be grouped according to the implementation phase to which they pertain. This framework will serve as a structure for soliciting, organizing, and thinking about Act | West learning questions and activities. This framework will be shared across Act | West partners and countries (see next section). In FY20, the task force will implement its process for advancing the learning agenda in the context of this framework. The task force will solicit, for each of the program implementation phases, information

from the 11 Act | West countries and consortium partners regarding what learning activities they envision or have ongoing, what issues they face, any key achievements they would like to share, and proposals for learning activities that can be supported by Act | West. This information will be compiled into a regularly updated compendium of learning topics that will serve as a repository of ideas from countries that can be moved forward and developed into future learning activities, educational materials and webinars, symposia and scientific sessions at NTD meetings, and peer-reviewed publications.

To develop new learning activities, at its quarterly meetings the task force will discuss, prioritize, and elevate learning questions and topics drawn from the consortium, or from outside technical discussions and NTD forums, for further work or investigation. Those topics that are urgent, broadly applicable, or otherwise important for program progress will be developed into learning activities and presented to USAID for review. For approved activities, a timeline for actions and deliverables, including parties responsible for implementation, will be drawn up for each activity. Progress along these timelines will be reviewed at each task force meeting. An update on learning agenda activities will be reported in the program semi-annual and annual reports. The task force will solicit input from all members of the Act | West consortium on successes, challenges, and topics of interest or concerns related to the achievement of the expected results of USAID's Act to End NTDs program. While topics or questions may arise at any time, after the initial compilation of current learning activities, the task force will routinely solicit topics and ideas from in-country teams as well as implementing and cross-cutting partners before each quarterly task force meeting. The development and/or inclusion of learning agenda activities will be included as an agenda item during country work planning sessions.

In FY20, the task force will specifically focus on the development of learning activities related to IR/S. Several IR/S topics that have been proposed will be reviewed and developed into one or more learning activities in FY20, though the timeframe for implementation of those activities will likely extend beyond FY20. IR/S topics that will be explored in FY20 include:

- How can we build upon the landscape analysis of national policy frameworks across the portfolio to support countries to progressively include NTDs as part of their regular health and education programming, including central and local government budgeting, health management information system (HMIS), essential packages of services, and surveillance?
- How do we build upon existing platforms (e.g. school-based, reproductive health care, nutrition and maternal child health platforms) to include screening, diagnosis, treatment and follow-up for NTDs in a near- and post-elimination context?

In early FY20, Act | West will share its Learning Agenda framework and process with Act | West consortium partners and countries as a first step in increasing communication and information exchange. The first step will be to hold a webinar to share the vision and goals of the Learning Agenda and to start growing consortium and country engagement and developing a culture of idea exchange. This will lead to additional sharing and solicitation of ideas through webinars or in person meetings, for example, in conjunction with the annual Act | West partners' meeting. In-country implementing partners will play a key role in country engagement.

IMPLEMENT THE SPECIFIC LEARNING ACTIVITIES PLANNED FOR FY20

Several learning activities were developed in FY19 and shared with USAID through several meetings and discussions. These are the specific learning activities that Act | West will implement in FY20, while additional activities will be developed in FY20 through the processes described above.

Specific learning activities to be implemented in FY20:

- Investigate factors that led to TSS with TF \geq 5% in Niger and Cameroon. In FY19, both Niger and Cameroon implemented TSS that showed TF prevalence >5% (in eight different districts across the two countries). Act | West will first, in collaboration with USAID, hold a consultation with Act | East to understand current work on this topic in the USAID portfolio. We will then work with both countries to conduct a situation analysis including, as appropriate, a review of coverage data, TIS and TSS protocols, baseline and follow-up prevalence data, assessment of TF grader skills, examination of the distribution of cases in the TSS, analysis of population movement, WASH conditions and the local security situation, and key informant interviews with MOH and others, etc. The situation analysis will consider the framework and lessons learned from Act | East and modify as appropriate for Niger and Cameroon. Findings from this work will inform next steps in these two countries, and Act | West will also share these findings and work with Act | East, USAID, and others to contribute to the development of standard operating procedures for investigating TSS with TF \geq 5%.
- Develop a systematic approach for the 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. There is a missing link between OV programs and OECs. Both OV programs and other partners or institutions in countries possess important data, yet OV programs either don't have the capacity or don't have the expertise to analyze and present data completely or in their full complexity. This compromises the ability of OECs to make fully informed recommendations to their respective NTDPs. As described in the IR1 section of this work plan, Act | West will provide direct TA to NTDPs in the analysis and presentation of countries' OV data through the lens of the latest WHO guidance. This will both facilitate OEC review and interpretation of the data and will serve as an opportunity to build OV programs' capacity to critically examine and thoughtfully interpret their own data considering the latest WHO guidance.

Act | West will endeavor to develop a systematic approach for the review and analysis of old and new data considering WHO guidelines. This approach will be piloted in Togo, refined, and then shared with NTDPs and OEC in other countries. In addition, Act | West will collaborate with USAID, CDC and others on the development or piloting of tools to assist with data visualization and analysis, which should complement and facilitate the activities proposed here.

- Informing the development of guidance on post-treatment surveillance for trachoma. Act | West will conduct three activities to improve understanding of the trachoma post-treatment surveillance (PTS) landscape and identify potential areas for advocacy or investment to advance guidance on trachoma PTS. The first activity will be a literature review to examine the national plans for post-validation trachoma surveillance in the eight countries that have already been validated for elimination of trachoma as a public health problem. Each country's dossier will be reviewed, and an at-a-glance reference will be developed that summarizes current activities and, if available, any information on the actual implementation of the PVS plans. The second activity will be to conduct a survey (via SurveyMonkey or an analogous platform) among National Trachoma Program Managers within the Act | West portfolio to assess perceptions around the need for PVS, plans under development, opportunities or barriers to progress, and plans for financing surveillance. Thirdly, Act | West will document all aspects of the Ghana Health Service's existing PVS system, which trained nearly 2,000 frontline health workers to identify and refer suspect trachoma cases. The documentation process will employ mixed methods to determine how the system is currently working. The findings from these three activities will help provide additional nuance to the PVS framework developed by USAID in collaboration with Act | West and Act | East and may additionally be shared at multi-stakeholder

technical meetings that aim to advance the discussion on trachoma surveillance and develop and pilot identified approaches.

- Mapping and strengthening USAID and national NTD data systems. USAID's NTD data system and countries' national NTD data systems typically operate as parallel systems, and although there may be significant overlap in terms of the data collected, each system is guided by different requirements in terms of timing, reporting, and data management and use. As a result of these differences, there is data divergence between the two systems, because national NTD data may not be fully reviewed and cleaned before USAID data submission deadlines, and subsequent changes to national NTD data may not be updated in the USAID NTD database. Similarly, it is not well understood how data quality control work completed by Act | West program staff is reconciled with data in the national NTD database. Ideally, these systems would be fully integrated and common indicators would match in the two systems.
 - Act | West proposes to conduct a deep analysis to define how data flow within the national NTD data system, how and where they interact with the USAID NTD data system, identify the location and cause of data management problems, and recommend solutions to the identified problems. There are three steps to this work. The first part will consist of a thorough examination of data system assessments conducted by other NTD partners to determine what has already been learned and where and how Act | West can contribute to an in-depth understanding of how these systems function.
 - The second piece will build on work that Act | West began in FY19, in which Act | West began interviews to define the current status and use of the Country Integrated NTD Database (CIND) as a national database. To expand on this work, Act | West will conduct a much more comprehensive landscape analysis in one selected country, mapping the USAID NTD data system and the national NTD data system, their interoperability, and the stakeholders involved. Through questionnaires, interviews, and possibly direct observation, the Act | West team will determine the current processes and policies in place for data collection, review, consolidation, reporting, security, dissemination and use, to understand the national system in its entirety.
 - The third and final part of this work will expand on this detailed mapping exercise to cross-reference information between systems. We will select one or two indicators to compare how closely aligned the data are in these two systems and where and why the data diverge. A qualitative component to this work would involve interviews with the in-country staff who work with these systems to identify where the biggest pain points are in the system and where potential solutions may lie. Proposals for reducing data divergence could then be put forth, tested and assessed. A successful pilot will improve Act | West's data holdings within the USAID NTD database, and could pave the way for future activities.

COMMUNICATION AND KNOWLEDGE MANAGEMENT

In FY20, the Act | West team will operationalize the program communication strategy on NTDs by maintaining and increasing knowledge sharing and communication linkages among countries and between country and global activities. Led by the communication team, we will continue implementing

the program's communication strategy and administering the Branding and Marking Plan to enhance the profile of the Act | West program and celebrate the achievements of the USAID-supported West African NTD programs. In addition, the management and staffing structure will facilitate learning and information sharing among country programs and strengthen linkages between global- or Washington-based and country-based activities and among Act | West staff. This will help institutionalize innovations and best practices to benefit USAID programs in multiple countries.

The communication function of the Act | West structure is hosted at FHI 360's offices in Washington, DC. Under the leadership of the Program Director, the Senior Communications and Knowledge Management Specialist and the Communication Specialist will collaborate and coordinate with USAID to operationalize the communication strategy for the program. Website administration, information dissemination and social media management will be coordinated with USAID to support a common agenda. Periodic formal and informal interactions will continue between the Act | West and USAID communication teams to exploit synergies and synchronize messages. The Act | West communication team will continue to apprise USAID regarding acceptance of papers, symposia, posters and presentations to key peer-reviewed journals and conferences such as ASTMH and COR-NTD, among others.

To support the above objectives, Act | West anticipates carrying out the following activities:

DOCUMENTATION AND DISSEMINATION OF PROGRAM ACTIVITIES, RESULTS AND IMPACT

- Work with partners, sub grantees, and NTDPs to document program successes, best practices, and lessons learned through the Act | West program. According to the contracts that exist between FHI 360 and sub grantees, sub grantees are responsible for managing data generated by NTDPs at the country level, and efforts will be made to collaborate with all sub grantees and NTDPs to document program successes, best practices, lessons learned and results of impact assessment surveys wherever possible through development of manuscripts for publication in peer-reviewed journals, presentations at international meetings, and publications on the Act | West website: <https://www.actntdswest.org/>. The Act | West communication team will work with technical staff and partners to produce blog posts on publications and to document success stories at the achievement of each country NTDP milestone.
- Produce and launch a quarterly newsletter to disseminate key publications, success stories, innovations, and other items of interest to subscribers in our contact database.
- Plan and coordinate photo trips to three to four Act | West implementing countries using local photographers or a local photography service to capture high-quality photos of program activities that feature program beneficiaries, community drug distributors and health workers, and important local stakeholders and that capture the broad range of programmatic activities, challenges, successes and stories in the field. Program staff will coordinate these missions with the USAID NTD Communication Advisor and USAID Mission staff in the selected countries. Depending on the capabilities of the local photography service engaged, the Act | West communications will explore the feasibility of taking advantage of one of the photo trips to utilize the same photography service to also film content for a pilot virtual reality experience showing what it's like to live with an NTD in 1 Act | West country. Photos will be used in Act | West communications collateral, on the program website, in social media posts, on third party websites such as medium.com, in videos, in print publications, and more. Selected photos will also be documented and shared with USAID and NTD partners and posted on the Flickr photo database. The virtual reality pilot would be used at NTD Capitol Hill days, the WHA NTD Roadmap side event, and other NTD-related conferences and events.

- Manage and update the external Act | West Flickr [photo database](#) containing a selection of the program's best photos with proper USAID tagging, credits, and captions, to share program assets with the American people and to improve public awareness of the program and USAID's efforts toward NTD elimination and control.
- Design and develop phase 2 of the Act | West website, including 11 country pages (one for each Act | West implementing country).
- Produce a series of 11 Act | West country fact sheets for use at work planning sessions, sensitization meetings, conferences, events, and other venues both in the implementing countries and globally. Update the program fact sheet as needed.

KNOWLEDGE SHARING AND EXTERNAL ENGAGEMENT

- Collaborate and communicate with the NTD community and interested parties via active membership and participation in NTD partners organizations such as the Uniting to Combat NTDs Communication Working Group (via bimonthly meetings), the NTD Roundtable (via monthly meetings) and the ICTC Communication Working Group; ad hoc e-mail broadcasts; and participation in ad hoc interactive events such as Twitter chats, webinars, social media campaigns, among others, to raise awareness on NTDs.
- Daily engagement with the NTD community, global health community, and general public on NTD-related topics via Twitter. In FY20, the communication team will also open an Act | West Facebook account and begin biweekly engagement via that channel. The team will also actively participate in social media and/or online photo and other communication campaigns throughout the year for important NTD-related events and on key international days with NTD-related topics, such as World Health Workers Week.
- Support USAID's NTD agenda and planned activities at a WHA NTD Roadmap 2020-2030 side event, including coordinating the participation of MOH and other high-level officials from three Act | West countries to attend and share their NTD sustainability experiences and efforts at a co-hosted workshop on NTD sustainability. This support will be coordinated closely with USAID's NTD Communication Advisor and Act | West communications staff will also be on hand to provide any additional requested support for/at this event as well as for any related communication activities leading up to and/or after the event.
- Leading up to and following the anticipated WHO validation of elimination of trachoma as a public health problem in Togo, the communication team will support the Togo NTDP to plan and implement communication and knowledge sharing activities to celebrate Togo's NTD achievements.
- Support submission of abstracts to key conferences such as ASTMH. Attend selected conferences to improve awareness of USAID's leadership in the NTD space; promote Act | West's thought leadership, learning agenda, and presence/participation; and extend the reach of the program's communication products in person and via social media.
- Support staff in implementing countries with following the USAID guidance on VIP and media engagement and in producing press releases and other communications aimed at the media.
- Work with the Program Director to recruit appropriate Act | West team members to participate in NTD Hill Days and other opportunities to inform high-level audiences about the results and impact of USAID's work on NTDs through the Act | West program.

COMMUNICATION SUPPORT FOR IR1, IR/S, AND PROGRAM MANAGEMENT ACTIVITIES

- Work with the IR/S lead and Deloitte to create an advocacy communication strategy to support implementing country NTD sustainability efforts.
- Attend the Annual NTD Partners meeting in Washington and the Act | West Partners meeting in Accra in the Spring of 2020 for information sharing for the development of success stories, best practices, and lessons learned and to discuss communication team support for NTD sustainability advocacy, social mobilization, and behavior change.
- Produce a series of templates for programmatic communication collateral, training materials, events, and other materials to promote proper branding and marking in implementing countries and globally. Also, produce a user-friendly branding guide to facilitate proper use of the templates amongst program staff and partners as well as an accompanying training video.
- Work with the Program Director to produce in-country communication protocol guidance to govern communication between consortium partners and NTDPs/MOHs, other government ministries and agencies, and other NTD partners.

COMMUNICATION MANAGEMENT

- Collaborate with the USAID NTD Communications Advisor in sharing Act | West articles, success stories, and website content for potential use on the USAID NTD website and social media platforms. The Act | West communication team will utilize monthly meetings with USAID's NTD Communications Advisor to propose communications of potential interest for wide dissemination on USAID's channels.
- Participate in regular meetings with the USAID NTD Communications Advisor and with USAID's NTD Communications Working Group.
- Coordinate and lead monthly meetings of the program's communication working group as well as monthly sub-working group meetings to help ensure proper branding and marking; convey programmatic guidance on to country office and partner staff tasked with branding and communications activities; collaborate on producing regular, high-quality online and print communication materials and content and capturing high-quality photos and success stories; and coordinate communication dissemination efforts to maximize message amplification.
- Provide follow-up support/guidance to in-country program staff following the September 2019 Branding and Communication workshop in Accra to support their cascade training efforts and events, as needed. Also, provide ad hoc, requested guidance on and enforce the program's Branding and Marking Plan and Guidance on VIP Engagement globally and in Act | West countries.

Table 4: Abstract Submission Tracker FY19-FY20

Title	Disease(s) / other Focus	Topic	Where submitted	Authors / Speakers / Facilitators	Countries highlighted (if relevant)	Oral/poster /Panel discussion or Symposium
Trachoma Surveillance: Are Countries Prepared to Sustain Elimination Gains?	Trachoma	PVS	COR-NTD	Stephanie Palmer, Aryc Mosher, Jeremiah Ngondi, TBD	TBD	Panel
Early planning for trachoma post-validation surveillance: conceptual framework options for national programs	Trachoma	PVS	TSIW	Aryc Mosher, Jeremiah Ngondi, Stephanie Palmer	N/A	Panel
Conceptualizing and operationalizing a neglected tropical disease (NTD) sustainability framework: a pathway for mainstreaming NTDs into national policies	HSS	NTD sustainability, health system strengthening, NTD mainstreaming, cross-sector partnerships	NNN	Justin Tine, Richard Killian, Stephen Ogunyidde, Medoune Diop	Benin, Burkina Faso, Ghana	Panel
WASH UP! School Model: A Sustainable and Innovative Approach to Addressing Schistosomiasis (SCH) and Soil Transmitted Helminth (STH) among Young Children in West Africa	SCH, STH,	WASH, School health	APHA	Bosun Jang, Peter Hynes, Stephen O. Ogunyidde	Ghana, Mali, Niger	Oral
Hookworm infections in West Africa and	STH	Deworming, new guidelines	ASTMH - symposium	Achille Kabore	West Africa, Haiti	Symposium

Title	Disease(s) / other Focus	Topic	Where submitted	Authors / Speakers / Facilitators	Countries highlighted (if relevant)	Oral/poster /Panel discussion or Symposium
Haiti – challenges in maintaining the gains of deworming in an evolving NTD landscape and implications of new guidelines for STH programs (584)						
Surveillance for lymphatic filariasis after validation of elimination: country strategies in the absence of formal guidelines and recommendations for the future (533)	LF	PVS	ASTMH - symposium	Rachel Bronzan		Symposium
Decision making for MDA for schistosomiasis after impact surveys in Senegal, 2016-2018	SCH	Program management	ASTMH	Boubacar Diop, Fatou Ndiaye Badiane, Amadou Doucoure, Mawo Fall, Daniel Albert Cohn, Achille Kabore	Senegal	Poster
Post-validation surveillance strategy in Ghana: What can be learned from the first country in Sub-Saharan Africa to be validated as eliminating trachoma as a public health problem?	Trachoma	PVS	ASTMH (planned for 2020)	Stephanie Palmer	Ghana	Panel

Title	Disease(s) / other Focus	Topic	Where submitted	Authors / Speakers / Facilitators	Countries highlighted (if relevant)	Oral/poster /Panel discussion or Symposium
HKI Supported Potential cross reactivity of Mansonella perstans with Wuchereria bancrofti by Filariasis Test Strips	LF	Diagnostics	ASTMH	Mary Hodges	Sierra Leone	Poster
HKI Supported Mansonella perstans in lymphatic filariasis hotspots in Sierra Leone	LF	Hotspots		Mary Hodges	Sierra Leone	Oral
HKI Supported Evaluation of the therapeutic coverage of mass treatment campaign against LF in a context of persistent transmission of the disease	LF	Coverage		Dr. Dieudonne Nare	Burkina Faso	Poster
HKI Supported Mass drug administration coverage survey in three districts that failed a repeat pre-Transmission Assessment Survey in 2017	All NTD	MDA		Mustapha Sonnie	Sierra Leone	Poster
HKI Supported Community-based survey for program monitoring of	STH	CES		Yaobi Zhang	Sierra Leone	Poster

Title	Disease(s) / other Focus	Topic	Where submitted	Authors / Speakers / Facilitators	Countries highlighted (if relevant)	Oral/poster /Panel discussion or Symposium
soil transmitted helminthiasis in Sierra Leone						
HKI Supported Utilization of the Coverage Supervision Tool during Schistosomiasis Mass Drug Administration	SCH	SCT		Mustapha Sonnie	Sierra Leone	Poster
HKI Supported Efficacy of biennial treatment of schistosomiasis in moderate and high endemicity areas in Burkina Faso	SCH	MDA		Jean-Pau Djiatsa	Burkina Faso	Poster
HKI Supported Schistosomiasis in Burkina Faso: time to change control strategy in four persistent hotspots	SCH	Hotspots		Hamado Ouédraogo	Burkina Faso	Poster
HKI Supported Management of CDTI Campaign During Insecurity in the South-West Region of Cameroon	Oncho	MDA		Ismael Teta	Cameroon	Poster
HKI Supported Trachoma prevalence in refugee camps in the East	Trachoma	Mapping		Julie Akame	Cameroon	Poster

Title	Disease(s) / other Focus	Topic	Where submitted	Authors / Speakers / Facilitators	Countries highlighted (if relevant)	Oral/poster /Panel discussion or Symposium
region of Cameroon						
HKI Supported Trachoma elimination in Cameroon: results from a baseline mapping of a refugee camp in Minawao	Trachoma	Mapping		Ismael Teta	Cameroon	Poster
HKI Supported Progress Toward Elimination of LF after impact surveys in 11 HD of 3 regions in Cameroon	LF	TAS		Julie Akame	Cameroon	Poster
HKI Supported Data quality assessment as a project monitoring tool in mass drug administration for neglected tropical diseases in Guinea	LF/OV/SCH/STH /Tra	M&E		Lamine Lamah	Guinea	Poster
HKI Supported Detection of residual foci of lymphatic filariasis transmission two years after stopping mass drug administration: case of Dano health district in Burkina Faso	LF	TAS/PVS		M. Bougma Roland	Burkina	Poster

Title	Disease(s) / other Focus	Topic	Where submitted	Authors / Speakers / Facilitators	Countries highlighted (if relevant)	Oral/poster /Panel discussion or Symposium
HKI Supported Successful integration of STH survey with LF transmission assessment surveys in ten evaluation units in Mali	STH / LF	TAS		TBD	Mali	Oral
HKI Supported Gender equity in mass drug administration campaign for neglected tropical diseases (NTDs) in Mali	All NTDs	Gender		TBD	Mali	Oral

Table 5: Proposed Webinar Topics for FY20

Topic	Disease(s) / Other Focus	Speakers / Facilitators	Countries highlighted (if relevant)	Quarter/ Year
Strengthen collaboration between government agencies to expand deworming delivery platforms: lessons learned from Ghana and Benin	LF, STH, IR/S	Justin Tine	Ghana and Benin	TBD
Mainstreaming NTDs data into national health information system	HSS	Justin Tine	N/A	TBD
Coordination mechanisms to strengthen effectiveness of NTD programming: Global and national perspective	IR/S	Justin Tine	N/A	TBD
Domestic resources mobilization and engagement with policymakers, the private sector and local communities: country experience (i.e., engagement with parliamentarians, COGES, mining companies, government budget offices, first ladies, etc.)	IR/S	Justin Tine	TBD	TBD
Development and endorsement of NTD plans: country perspectives on sustainability	IR/S	Justin Tine	TBD	TBD
Discussion on the new WHO SCH guidelines	SCH	Achille Kabore	N/A	Q3/FY20
Review of OV activities on the path to OV elimination: WHO guidelines and latest	OV	Rachel Bronzan	N/A	Q2/FY20

Topic	Disease(s) / Other Focus	Speakers / Facilitators	Countries highlighted (if relevant)	Quarter/ Year
recommendations in the absence of official guidelines (may be in coordination with CDC)				
Planning for a DSA funded through Act West: timelines, protocol development and review, supervision, data deliverables (in coordination with MEL and/or DSFPs)	IR1	Rachel Bronzan	N/A	Q1/FY20
LF Hotspots and TAS (in collaboration with WHO, USAID or Act East)	LF	Ernest Mensah	TBD	TBD
Reverse Logistics	All	Kisito Ogoussan	TBD	Q1/FY20
Learning Agenda: process and plans	MEL/Learning Agenda	Rachel Bronzan	N/A	Q2/FY20

MAINSTREAMING THE GENDER ANALYSIS STUDY AND STRATEGIC PLAN INTO PROGRAM IMPLEMENTATION

During FY19, an NTD Gender Analysis Study and Strategic Plan was conducted, which 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 countries within the program portfolio and 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) reported on the results of the literature search. It also informed the Phase II fieldwork by identifying the gaps and opportunities that should be further explored through qualitative fieldwork data collection. Phase II of the Gender Analysis Study involved fieldwork in three countries (Ghana, Côte d'Ivoire and Sierra Leone) to explore and better understand the gaps and barriers in relation to NTDs as they pertain to females and males. 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 that included the disease and program workbook data from the USAID NTD Database, as well as DSA data gleaned from MOH within countries.

A final document was drafted by the two FHI 360 in-house gender experts at the end of Phase II (submitted September 30, 2019), comprising two components: the gender analysis and the gender strategy. The gender analysis synthesized the results of the literature review, the results of the qualitative fieldwork and the results of the quantitative analysis. The gender strategy suggested areas where program implementation could be modified to consider and rectify gender gaps and barriers—in some or all of the 11 countries in the Act | West portfolio.

- In FY20, Act | West will integrate any feedback received from USAID on the final Gender Analysis Study and Strategic Plan submitted at the close of FY19, and the report will be revised and finalized.

- In early FY20, Act | West will analyze the set of recommendations put forth in the proposed Strategic Plan by the FHI 360 gender experts, with a view to considering their suitability, feasibility and ease of execution. Act | West will then distill them to a manageable subset of recommendations, which if accepted by USAID, will result in (minor) modifications to program implementation that serve to rectify existing gender gaps and barriers.
- A meeting with USAID will be convened to present the overall findings.
- Act | West will enter into a set of discussions with USAID and the country NTDPs to arrive at a consensus on the most leveraged set of recommendations to operationalize in some or all 11 countries in the Act | West portfolio.
- Act | West will work with NTDPs in the some or all of the Act | West countries to assist with the operationalization of the program modifications over the course of FY20. 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.

ANNEX: PRIORITIES FOR FY20 AND GUIDING PRINCIPLES FOR IR/S IMPLEMENTATION

In FY20, Act| West's IR/S interventions will focus on five priorities: 1) continuous support to promote USAID's NTD sustainability framework; 2) TA to NTDPs to develop sustainability strategies; 3) in-country support to strengthen NTD donors/partners coordination mechanisms at country level; 4) financial forecasting, budget process mapping, and using financial gaps analysis data to develop stakeholder's engagement materials for domestic investment on NTDs; and 5) strengthening cross-sectoral coordination and partnership.

Act | West's approach in FY20 will stress two principles: *Learn from existing experiences and build capacity to facilitate country ownership*. Sustainable NTD programming requires a complete but smooth transition from donors to host country governments. Previous transitions, whether with family planning, HIV/AIDS, maternal and child health, or primary health care programs, provide fertile evidence upon which Act | West sustainability activities were designed. Documentation from USAID⁶ and other donors⁷ about lessons learned when transitioning health programs to host-country governments always includes communication and coordination as the primary step. Clearly outlining the timeframe for transition and mainstreaming, developing strategies for country ownership, ensuring buy-in from all stakeholders around country ownership plans, and coordinating an orderly transfer of responsibilities from donors to host-country governments require significant time and ongoing communication.

Act | West IR/S activities reflect the most relevant steps delineated in USAID's *Five Steps Towards Implementing a Deliberate Health Sector Element Phase-out*. Furthermore, the activities encompass the four key factors for achieving sustainability of program goals identified in USAID's *Graduation and Phase-*

6 Chaudhry R, de Boer M, Perkins S, Patel B. Five Steps Towards Implementing A Deliberate Health Sector Element Phase-Out. USAID. March 2012. 20 p. Available: https://pdf.usaid.gov/pdf_docs/PNAED219.pdf ; Chaudhry R, Perkins S, Armstrong L, Patel B. Graduation and Phase-Out in the Health Sector: What Have We Learned? USAID. Spring 2012. 108 p. Available: https://pdf.usaid.gov/pdf_docs/PBAAA917.pdf

7 Bennett S, Singh S, Rodriguez D, et al. Transitioning a Large-Scale HIV/AIDS Prevention Program to Local Stakeholders: Findings from the Avahan Transition Evaluation. PLoS One. 2015;10(9):e0136177. 2015 Sep 1. doi:10.1371/journal.pone.0136177; Johnston T. Supporting A Healthy Transition: Lessons from Early World Bank Experience in Eastern Europe. The World Bank. 2002. 40 p. Available: <http://documents.worldbank.org/curated/en/861561468771619295/pdf/11170278100Healthy.pdf>

Out in the Health Sector: What Have We Learned? 1) country-led financing, 2) policy and regulatory reform, 3) institutional strengthening, and 4) leadership and stewardship.

Five Steps Towards Implementing a Deliberate Health Sector Element Phase-out

1. Careful coordination and communication with all stakeholders.
2. Development of a written phase-out strategy with host country government and partners.
3. Strengthening of existing or new collaborations for leaving a USAID legacy in country.⁸
4. Communication and documentation of the program successes over the entire period of assistance in a country.³
5. Evaluation of the program or health sector element at the end of the assistance.³

Strengthen communication at various levels: IR/S activities also reflect findings in the peer-reviewed literature on transition and sustainability which underscore the importance of transition readiness before a transition takes place. In one rigorous study on India's Avahan HIV/AIDS program transition to host-country counterparts, communications and alignment had the strongest relationship with sustained HIV/AIDS program outcomes.⁹ Alignment indicators in this study included levels of preparation HIV/AIDS programs had made towards meeting norms in areas such as team structure, budgeting, and reporting. Communication indicators captured whether staff were informed about the transition, transition plans incorporated staff inputs, and project coordinators were trained for the transition.

As a result, FY20 activities place a significant focus on strong country engagement and stakeholder buy-in, with a coordinated constellation of communication and planning activities. The sustainability sensitization meetings performed in FY19 created an opportunity for decision makers and non-traditional stakeholders in NTDs to understand the underlined objectives of the approach and the implication. It also created interest and buy in from national counterparts. Most country workplans for FY20 include advocacy and buy-in activities targeting various audiences: government counterparts, parliamentarians, private sector, local government to share with decision makers the benefits of investment on NTDS and stimulate engagement for a long-term support to NTDs through policy changes, integration, and use of long-term cost-effective platforms for NTDs services delivery. At the community level, Act | West cross-sector approach includes piloting the NTD WASH-UP! model at school to promote behavior changes for school-aged children and inclusion of NTDs practices into existing IEC/SBCC materials tackle NTDs determinant at community level. These activities will take disparate programs, ideas, approaches, and staff from various levels of the health system, identifying ways to reduce fragmentation, and develop a shared vision of mainstreamed NTD activities moving forward. This shared vision at the country level will then become the north star for host-country counterparts as they embark further down the path of sustainability. The sustainability strategy will be owned by the NTDP and guide TA and capacity-building priorities in the near, medium, and long term.

⁸ While this document was written from the donor lens, some of these activities can be done on a smaller scale from the implementing partner perspective. For example, strengthening or finding new models of collaboration could be at the NTD program level, rather than the USAID legacy level.

⁹ Ozawa S, Singh S, Singh K, Chhabra V, Bennett S (2016) The Avahan Transition: Effects of Transition Readiness on Program Institutionalization and Sustained Outcomes. PLOS ONE 11(7): e0158659. <https://doi.org/10.1371/journal.pone.0158659>

ANNEX TIMELINE (IRS AND IR/S)

Activity 1.1: Strengthen and link to national plans with quality data

	Activities	O	N	D	J	F	M	A	M	J	J	A	S
1	Provide TA support to countries for annual planning							X	X	X	X	X	X
2	Provide technical and financial support for training a group of technical experts in NTDs and develop a roster of technical experts in collaboration, ESPEN, CDC, and TFGH etc...	X	X										
3	Review ESPEN new NTD Master plan templates and to ensure sustainability and mainstreaming components are included.			X	X	X	X						
4	Support countries in analyzing district and sub-district-level data for SCH and STH.		X		X	X	X			X	X		
5	Promote the utilization of NTD Toolbox by PMs		X	X	X	X	X	X	X	X	X	X	X
6	Review MDA curricula and the training process				X	X	X	X	X	X	X	X	X
7	Review of all DSA protocols and development of DSAs trackers	X	X	X	X	X	X	X	X	X	X	X	X

Activity 1.2: Complete trachoma mapping for remaining Act to END NTDs | West countries

	Activities	O	N	D	J	F	M	A	M	J	J	A	S
1	Organize and facilitate a workshop to develop a protocol for trachoma pre-mapping desk review		X	X		X	X				X	X	X
2	Provide TA to Cote d'Ivoire for trachoma mapping (data review and analysis of epidemiological situation)				X	X	X	X	X				

Activity 1.3: Strengthen OECs and accelerate implementation of OEC guidance

	Activities	O	N	D	J	F	M	A	M	J	J	A	S
1	Support and facilitate OECs meetings, assisting countries with in-depth data review and analysis	X			X	X	X			X	X		
2	Hold a webinar to review and clarify WHO's OV elimination guideline			X	X								

Activity 1.4: Strengthen community-level participation in MDAs

	Activities	O	N	D	J	F	M	A	M	J	J	A	S
1	Liaise with Merck to provide a PZQ donation to adults in SCH endemic countries.				X	X	X	X					
2	Promote community-based platforms including intensifying sensitization, with emphasis on reaching the adult population for SCH MDA.		X	X	X	X	X	X	X	X	X	X	X

Activity 1.5: Deliver MDAs in endemic areas, and ensure that hotspots, conflict areas and hard-to-reach populations have adequate coverage

	Activities	O	N	D	J	F	M	A	M	J	J	A	S
1	Promote a mechanism to support MOHs to plan and execute effective MDAs that deliver high coverage					X	X					X	X
2	Support NTDPs to address systemically challenging and persistent gaps in coverage for hard-to-reach, mobile population, and hotspots.			X	X	X							
3	Review MDA data and supervision reports		X	X	X	X	X	X		X			

Activity 1.6: Support DSAs for program monitoring

	Activities	O	N	D	J	F	M	A	M	J	J	A	S
1	Develop a process for the consortium to ensure that all best practices are followed	X	X	X	X	X							
2	Review all pre-TAS, TAS, TIS, TSS and OV DSAs protocols to ensure conformity with USAID technical expectation and Who guideline;	X	X	X	X	X	X	X		X			
3	Employ and update the TIS/TAS tracker, LF and trachoma pathway to dossier trackers, to monitor countries' progress			X	X	X	X						
4	Develop and employ onchocerciasis, schistosomiasis and STH trackers		X		X	X	X			X	X		
5	Support countries in analysis of DSA data and/or interpretation of results to make the right decisions		X	X	X	X	X	X	X	X	X	X	
6	Investigate all cases of DSA failures and the findings used to inform strategies to forestall repeat DSA failures				X	X	X	X	X	X	X	X	

Activity 1.7: Improve the quality of NTD interventions through QA/QI

	Activities	O	N	D	J	F	M	A	M	J	J	A	S
1	Organize a quality improvement (QI) workshop focused on MDA processes for the consortium implementing partners	X	X	X	X								
2	Develop a tracker to follow -up the QI model Roll-out progress at country level	X	X										
3	Review the SAE management procedures (utilizing the NTD SAE Handbook) with all countries			X	X	X	X						
4	Promote and ensure SAE management procedure and manuals are followed		X	X	X	X	X			X	X		
5	Review curricula to ensure high quality pre-MDA processes and MDA training				X	X	X	X	X	X			

Table 6: Main Activities

IR/S	O	N	D	J	F	M	A	M	J	J	A	S
Pursue collaboration with USAID to promote the NTDs sustainability framework and strategy	X	X	X	X	X	X	X	X	X	X	X	X
Organize sensitization meeting to build cross-sectoral and key stakeholder buy-in (IR2/IR3)	X	X										
Complete landscape analysis and understanding of countries' current state of NTD sustainability (IR2/IR3)	X	X	X	X								
Conduct Validation/dissemination workshop using Group Modelling discussions to define country-specific cross-sectoral approaches to include into the sustainability plan (IR3)		X	X	X								
Conduct sustainability self-assessment together with NTDPs (IR2)			X	X	X	X	X					
Create sustainability strategy in partnership with host country governments (IR2/IR3)				X	X	X	X	X	X	X		
Complete TIPAC data entry and analysis of funding gaps (IR2)	X	X	X	X	X	X	X	X	X	X	X	
Operationalize the finance strategy and sustainability model for NTD control and elimination interventions (IR2)					X	X	X	X	X	X	X	
Implement advocacy plan for the integration of NTDs into national policies, financing decisions and coordinating mechanisms (IR2/IR3)						X	X	X	X	X	X	X
Building financial management capacity and map budget process for increased government funding support (IR2)	X	X	X	X	X	X	X	X	X			
Review NTD indicators and support the integration of recommended indicators into the national HMIS (IR2)					X	X	X	X	X	X		
Improve supply chain through targeted solutions and approaches (IR2)					X	X	X	X	X	X	X	X
Support the creation, review and/or update of actionable SCH, STH and onchocerciasis transition plans (IR3)	X	X	X	X	X	X	X	X	X			
Identify and implement sustainable NTD delivery platforms (IR3)	X	X	X	X	X	X	X	X	X			
Deliver integrated or stand-alone MDAs for SCH and STH in high endemic areas (IR3)			X	X	X	X	X	X	X	X	X	X
Incorporate integrated MDAs into policy and planning documents (IR3)							X	X	X	X	X	X
Provide TA to the MOH on drug applications and drug donations (IR3)			X	X	X	X	X					
Conduct and/or integrate sustainable surveillance activities (IR3)				X	X	X	X	X	X	X	X	X
Establish and institutionalize multi-sectoral mechanisms to coordinate NTDPs (IR3)				X	X	X	X	X	X	X	X	X
Integrate NTD prevention messages as part of ongoing SBCC interventions: Pilot WASH UP and NTD materials in Ghana and Niger (IR3)		X	X	X	X	X	X	X	X	X	X	X
Review and analyze current SBCC materials and messages for NTD integration with WASH, Malaria, Nutrition, MCH, and School Programming in Ghana, Mali, Niger, Sierra Leone and Senegal (IR3)							X	X	X	X	X	X