

**USAID's Act to End Neglected Tropical Diseases | West Program
FY2020 Annual Work Plan**

NIGER

Niger FY20 Annual Work Plan

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I. ACRONYMS

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
BCC	Behavior Change Communication
CDD	Community- Drug Distributor
CSI	Center for Integrated Health (<i>Centre de Santé Intégré</i> in French)
DEP	Directorate of Studies and Programming (<i>Direction des Etudes et de la Programmation</i> in French)
DPHL	Pharmacy and Laboratory Directorate (<i>Direction des Pharmacies et Laboratoires</i> in French)
DQA	Data Quality Assessment
DRSP	Regional Directorate of Public Health (<i>Direction Régionale de Santé Publique</i> in French)
DSA	Disease Specific Assessment
EPI	Expanded Program on Immunization
EU	Evaluation Unit
FAA	Fixed Amount Award
FTS	Filariasis Test Strip
HD	Health District
HDP	Health Development Plan
HKI	Helen Keller International
HRA	High-risk adults
ICT	Immunochromatographic test
IEC	Information, Education and Communication
INDB	Integrated NTD Database
IVM	Ivermectin
ITI	International Trachoma Initiative
JNM	National Micronutrient Days (<i>Journées Nationales des Micronutriments</i> in French)
JNV	National Vaccination Days (<i>Journées Nationales de Vaccination</i> in French)
LANSPEX	National Public Health and Reference Laboratory (<i>Laboratoire National de Santé Publique et d'Expertise</i> in French)
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
MF	Microfilariae
M&E	Monitoring and Evaluation
MoPH	Ministry of Public Health (<i>Ministère de la Santé Publique</i> in French)
NGO	Non-Governmental Organization
NTD	Neglected Tropical Diseases

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NTDP	Neglected Tropical Diseases Program
OCP	Onchocerciasis Control Program
ONPPC	National Office of Pharmaceutical and Chemical Products (<i>Office National des Produits Pharmaceutiques et Chimiques</i> in French)
OV	Onchocerciasis
PCT	Preventive Chemotherapy
PDS	Health Development Plan (<i>Plan de Développement Sanitaire</i> in French)
PNDO/EFL	National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis (<i>Programme National de Dévolution de l'Onchocercose et d'Élimination de la Filariose Lymphatique</i> in French)
PNLBG	National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program (<i>Programme National de Lutte contre la Bilharziose et les Géohelminthes</i> in French)
PNLMTN	Program for Control of Neglected Tropical Diseases (<i>Programme National de Lutte contre les MTN or PNLMTN</i> in French)
PNSO	National Eye Health Program (<i>Programme National de Santé Oculaire</i> in French)
Pre-TAS	Pre-Transmission Assessment Survey
PZQ	Praziquantel
RPRG	Regional Program Review Group
SAE	Serious Adverse Events
SAFE	Surgery, Antibiotics, Facial Cleanliness and Hygiene, and Environmental Improvements
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
STH	Soil-Transmitted Helminths
STTA	Short-term Technical Assistance
TAS	Transmission Assessment Survey
TEC	Trachoma Expert Committee
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation – Follicular
TIPAC	Tool for Integrated Planning and Costing
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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II. TECHNICAL NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Niger's integrated national neglected tropical diseases (NTD) program was established in 2007 to eliminate and control the five preventive chemotherapy (PC) NTDs in line with World Health Organization (WHO) guidelines. The national NTD program is comprised of three disease-specific programs: the National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis (*Programme National de Dévolution de l'Onchocercose et d'Elimination de la Filariose Lymphatique* or PNDO/EFL); the National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program (*Programme National de Lutte contre la Bilharziose et les Géohelminthes* or PNLBG); and the National Eye Health Program (*Programme Nationale de Santé Oculaire* or PNSO). These three programs are unified by the overarching coordination structure, the Program for Control of Neglected Tropical Diseases (*Programme National de Lutte contre les MTN* or PNLMTN), which is situated within the *Direction des Etudes et de la Programmation* (DEP) of the Ministry of Public Health (MoPH).

USAID has supported Niger's NTD program since 2007 through the NTD Control Program (2007-2011) and the End in Africa project (2011-2018). The first integrated NTD mass drug administration (MDA) was carried out in 2007 in the Tahoua, Dosso and Tillabéri regions, and extended to Maradi and Niamey regions in 2008 and 2009. The majority of baseline mapping surveys for NTDs were completed prior to 2011 in Niger, with additional mapping surveys for LF, SCH, STH, and trachoma completed from 2013-2014 with support from USAID and in 2018 with support from the Conrad N. Hilton Foundation (CNHF).

USAID's Act to End Neglected Tropical Diseases | West program (2019-2023) currently supports the three specific NTD programs (PNLBG, PNSO, and PNDO/EFL), and the overarching coordination structure (PNLMTN) to implement integrated NTD activities throughout the country. The main activities include MDA, capacity building, social mobilization, training, advocacy, supply chain management, and monitoring and evaluation (M&E). Funding is also provided through Act | West to the Pharmacy and Laboratory Directorate (*Direction des Pharmacies et Laboratoires* or DPHL in French) and National Office of Pharmaceutical and Chemical Products (*Office National des Produits Pharmaceutiques et Chimiques* or ONPPC in French), for drug quality and management.

In Niger's national Master Plan for NTDs (2017-2021), lymphatic filariasis (LF), trachoma, and onchocerciasis (OV) are diseases targeted for elimination as a public health problem and schistosomiasis (SCH) and soil-transmitted helminths (STH) are targeted for control. Overall, the support provided by Act to End NTDs | West is aimed at building capacity, ownership, and leadership within the NTD program and MoPH to ensure that NTD elimination and control objectives are achieved and that progress is sustained by Niger in the long-term.

In addition to USAID, the national NTD program receives support from several other partners for NTD activities. It should be noted that in FY20, the *World Bank's Malaria/NTDs in the Sahel* project will not support MDAs (as was done in FY18 and FY19). Thus, the present work plan includes full support from USAID for LF and trachoma MDAs as was previously provided prior to the World Bank's project.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

i. Lymphatic Filariasis

a. Previous and current FY activities and context

Baseline mapping for LF in Niger began in 2003 and was completed in FY14 when USAID supported LF mapping in four districts using immunochromatographic test (ICT) cards. Results of the mapping surveys indicated that 54 health districts (HDs) were considered endemic for LF at baseline.

In line with the key aims of the Global Programme to Eliminate LF (GPELF), the MoPH aims to eliminate LF as a public health problem in Niger using the following strategies, supported by USAID and other partners: MDA reaching at least 65% of the population at risk; MDA monitoring; assessment of hydrocele and lymphedema morbidity burden and assessment of the health system capacity to manage morbidity cases; implementation of behavior change communication (BCC) strategies focused on preventing LF and encouraging participation in MDA campaigns; vector control with the cooperation of the National Malaria Control Program; operational research; and capacity building for program staff.

MDA for LF began in 2007 for most endemic HDs; the last two HDs to initiate treatment were Arlit and Iférouane in FY15. Between 2013 and 2018, a total of 43 out of 54 endemic HDs (80%) passed the LF transmission assessment survey (TAS1) and stopped MDA: 6 in FY13, 8 in FY14, 5 in FY16, 13 in FY17, 2 in FY18 and 9 recently in FY19¹. In FY18, 14 of those HDs successfully conducted LF TAS2 using the filariasis test strip (FTS) with results indicating that prevalence remains low (<2% Ag) and surveillance should continue. In FY19, TAS2 will be conducted in July-August 2019 in the five HDs of Niamey 3, 4 and 5 and Gouré and Tesker.

District-level MDA coverage results for the LF campaign were satisfactory in FY18: all 9 HDs that conducted MDA with USAID support reported >65% epidemiological coverage (>80% program coverage). In FY19, 11 HDs recently completed MDA: 5 HDs with USAID support and 6 HDs with World Bank support. Coverage results are not yet available.

Of the 11 HDs that have not yet passed pre-TAS, two (Arlit and Iférouane, formerly one HD) have recently completed five rounds of MDA; however, the first round conducted in 2015 reported epidemiological coverage of 45.13% (program coverage 56%). A mid-term impact survey was also conducted in 2017 following three rounds of MDA and the microfilariae (mf) prevalence was 3.74%. Therefore, these two HDs will conduct another round of MDA in FY20 before carrying out the pre-TAS.

The remaining 9/11 HDs are due for pre-TAS in early FY20, six months after the FY19 MDA. These districts include: Gaya and Dioundiou (Dosso region), Aguié, Gazaoua, Madarounfa, Mayahi, and Tessaoua (Maradi region) and Tahoua and Tahoua commune (Tahoua region). In Maradi region, three of these HDs (Madarounfa, Mayahi, and Tessaoua) have failed pre-TAS twice but have reported high coverage since the last pre-TAS failure in 2016, while two HDs (Aguié and Gazaoua, formerly one district) failed TAS1 in 2014 and subsequently failed the pre-reTAS in 2016, despite reporting consistently good coverage since 2014. LF coverage surveys have not been implemented since the pre-reTAS failure in 2016 but will be conducted in two HDs (Aguié and Tessaoua) in September 2019 (approved FY19 activity). The PNDO/EFL is seeking assistance to conduct operational research to better understand the reasons behind these survey failures in Maradi region. The national program hypothesizes that the continuous population movements along the border with Nigeria and the increasing number of mosquito breeding areas are contributing to

¹In FY19, the nine HDs of Tchinta, Tassara, Tillia, Illéla, Bagaroua, Konni, Malbaza, Tanout and Belbéji passed TAS1 and will stop MDA.

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persistent LF transmission in these areas. HKI will support the PNDO/EFL to submit a concept note to COR-NTD to collect dried blood spots for ELISA (Wb123) and PCR on mosquitos to better understand transmission dynamics in these zones.

In response to the previous survey failures, the national program has presented the results to the Regional Health Directorate (DRSP) and district chief medical officers and increased MDA supervision in these areas, including supervision from the national level.

In Tahoua region, Tahoua HD failed TAS1 in 2013. Despite achieving good reported coverage rates in 2014, 2016 and 2017, and passing the pre-reTAS in 2016 (0% mf), Tahoua failed reTAS1 in 2017. Further investigation is needed to assess the situation in this particular district. Per the TAS1 failure checklist, a coverage survey is recommended after the first round of reMDA following TAS failure but unfortunately, this could not be conducted in Tahoua in 2018 due to timing (i.e., close-out of the End in Africa project in June 2018 just after MDA finished). HKI plans to conduct a sub-district level coverage analysis to assess whether coverage gaps may have contributed to TAS failure.

The table below summarizes the status of the 11 LF HDs discussed above:

LF Survey Eligibility	District(s)
Pre-TAS	Arlit, Iferouane (after 1 additional round of MDA with epi coverage >65%)
Re-Pre-TAS	Gaya, Dioundou, Madarounfa, Mayahi, Tessaoua
Pre-Re-TAS	Tahoua, Tahoua commune(pre-re-TAS) Aguie, Gazaoua (re-pre-re-TAS)

In addition, Act I West will support the PNMTN to conduct an in-depth review of baseline data, all previous survey reports and MDA coverage data at the sub-district level in these three regions (Dosso, Maradi and Tahoua), including mapping the DSA results to see if “hot spots” of transmission and areas with persistent MDA coverage gaps can be detected. This will help to guide future spot check site selection. As part of the analysis, HKI will support the PNLMTN to collect data on population movement in these HDs/EUs, liaising with the districts for recent census data and other organizations and programs such as EPI (vaccination), polio and guinea worm to collect existing data.

b. Plan and justification for FY20:

LF Data Review Meeting

Act | West will support a two-day LF data review meeting in early FY20 to present the in-depth analysis and discuss proposed MDA strategies with the PNLMTN. This meeting will involve the DEP, Secretary General (SG) of the MoPH, SNIS (*Direction de l’information sanitaire*), CERMES (*le Centre de recherche en médecine*), UAM (*Université*) and the nine LF HDs that have had a pre-TAS or TAS failure. If the analysis reveals problematic areas, HKI will use this information to improve the MDA strategy in case of pre-TAS failure, following the TAS1 failure checklist. For Tahoua district in particular, HKI and FHI 360 will consult with WHO and USAID on whether to go ahead with pre-reTAS. Review and verification of historical LF data by district (and sub-district) level will also facilitate preparation of the LF elimination dossier (see Dossier section).

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LF MDA (2 HDs)

LF MDA is planned in two districts in FY20, targeting 176,887 people at-risk. These two HDs (Arlit and Iferouane) will conduct MDA in December 2019, followed by pre-TAS six months later. The other nine HDs are planned for pre-TAS in December-January. If an HD fails the pre-TAS, HKI will request additional funds from FHI 360 mid-year to plan a LF MDA. Additional activities have been planned by the PNMTN and HKI to improve implementation of the MDAs. They include:

- Implementation of a modified “mobile strategy” for nomadic, desert and insecure areas in Agadez, Diffa and parts of Zinder region whereby teams of CDDs will travel by car to reach widely dispersed villages, temporary settlements and/or nomadic groups. These areas are characterized as hard-to-reach due to population scarcity (villages or settlements are 30–100km apart on average), difficult desert terrain and/or insecurity. Each team of CDDs is expected to treat 300 people per day, on average, but emphasis will be placed on reaching full coverage of the team’s assigned geographical catchment area;
- Based on the in-depth review of MDA coverage and DSA data described above, the program will increase the number of supervisors in the most problematic areas to provide targeted supportive supervision using the Supervisor’s Coverage Tool (SCT) for the first time in Niger. The drug distribution and likewise supervision will be extended for mop-up in areas where the SCT indicates low coverage;
- In insecure zones (e.g. Diffa region) where PNMTN and HKI staff cannot supervise MDA, local NGO staff will be contracted and trained to provide supervision on the ground, while PNMTN and HKI will provide remote support and receive regular updates by phone;
- In nomadic areas, MDA will be conducted at the suitable time period when the nomads return to their villages for the harvest;
- Interpersonal communication will be strengthened by empowering each village chief in the MDA implementation through their participation in advocacy and social mobilization activities and in collation of the treatment data;
- A district database has been created using the Country Integrated NTD Database (CIND) to facilitate closer monitoring of MDA data by the national PNMTN; and,
- The PNMTN proposes to conduct operational research in LF hot spots, to understand the reasons for LF persistence (please refer to description above).

For details on the organization of the FY20 MDA campaign and supporting strategies and activities (e.g., social mobilization, training, supervision).

LF Disease-Specific Assessments (DSAs)

The following LF surveys are planned in FY20:

- **Pre-TAS** is planned in 11 HDs. The in-depth review of MDA coverage and prior DSA data as described above will guide the selection of survey sites. For Tahoua HD, in case the analysis reveals problematic areas, Act I West will consult with USAID team on whether to go ahead or post-pone the pre-reTAS survey. All implementation units (IUs) will have at least one sentinel and one spot-check site for pre-TAS.
- **TAS1** is planned in 9 HDs. Assuming the HDs pass pre-TAS, Act I West will work with the PNDOEFL to organize the TAS1 in FY20 to accelerate the timeline toward LF elimination.
- **TAS2** is planned in 15 HDs, grouped into 12 evaluation units (EUs). These TAS2 were formerly grouped into five EUs for the TAS1 but have been further divided in FY20 per the latest USAID guidance that EUs should not exceed 500,000 population. In cases where the population of one

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district is more than 500,000, the district is still considered as one EU. The TAS2 EUs are therefore divided as follows:

FY20 TAS2 Evaluation Units

Region	EU (Districts)	EU Population
Diffa	Diffa, Bosso	305,338
	N'Guigmi, N'Gourti	299,871
	Mainé Soroa, Goudoumaria	161,595
Tahoua	Bouza	595,652
	Keita	450,852
Zinder	Magaria	792,989
	Dungass	485,705
	Matamaye	547,901
	Mirriah	696,575
	Damagaram Takaya	331,020
	Takeita	338,773
	Zinder Commune	443,249

For context, the table below shows the number of positive cases detected during the TAS1 in the HDs planned for TAS2 in FY20:

TAS1 EU (2017)	Number of positives (critical cut-off)
Magaria, Dungass, Matameye	1 (18)
Mirriah, Damagaram Takaya, Takieta, Zinder	6 (18)
Maine Soroa, Goudoumaria	0 (18)
Bouza	4 (18)
Keita	1 (18)

From the above table on TAS1 in 2017, two EUs had significant positive cases (6 and 4). The districts that constituted the EUs in TAS1 have each been classified an EU for TAS2. However, the TAS1 data will be further analyzed to determine if there was clustering of significant numbers of positive cases in any cluster that requires inclusion into TAS2 as part of the positive cases follow up strategy.

Fourteen HDs successfully conducted TAS2 in FY18 and are eligible for TAS3 in FY20. However, these TAS3 will be carried out in FY21 because such a high volume of surveys is not manageable in one fiscal year.

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Act | West will support protocol development and quality implementation of these LF DSAs through training, monitoring, and field supervision. Training/refresher training of field supervisors and survey teams will be led by the PNDO/EFL with support from Act I West to review the approved survey protocol, sampling methodology and use of the FTS diagnostic test. The trainings include a field practice and pre- and post-tests. In February 2019, the PNDO/EFL and a pool of regional supervisors and technicians benefitted from a TAS training workshop led by CDC, FHI 360 and HKI. This training resulted in the use of the TAS supervisor's checklist and FTS feedback forms in FY19, and these materials will be reviewed again in FY20 during the training sessions and used during TAS implementation in the field.

The pre-TAS and TAS protocols will be developed by the PNDO/EFL in collaboration with Act I West, who will approve all protocols prior to training and survey implementation (the prior approved protocol is a FAA requirement). Act I west will provide specific technical assistance for the pre-reTAS in Tahoua and Aguié EUs, following the TAS1 failure checklist. Act | West technical staff will ensure that the LF survey protocols outline proper quality control measures, including:

- The use of positive control to test FTS upon arrival in-country and prior to field use;
- Proper storage of FTS in a cool and dry setting;
- Use of the WHO LF Diagnostic feedback form and inclusion in the survey report;
- Immediate confirmatory second testing of positive cases;
- Use of the TAS supervisor's checklist; and
- Treatment of confirmed positive cases and their immediate family. If a cluster of positives is detected in a given village, the entire village is treated.

Monitoring and field supervision of the survey by the PNDO/EFL and HKI staff is done to see that survey teams follow the protocol and quality control measures. When possible (in accessible locations), HKI-AFRO/HQ and/or FHI 360 will increase direct observation/supervision of TAS in the field. In addition, HKI will support the PNDO/EFL to use electronic data capture (EDC) for TAS and pre-TAS for the first time in FY20. EDC (the Ona platform) will allow for point-of-entry data validation, built-in questionnaire prompts/reminders of standard protocol steps, and closer monitoring of data quality during the survey for course correction. A training component for EDC will be included in the training of surveyors with support from HKI and FHI 360 MEL team, as needed. HKI-Niger already has experience using EDC for trachoma DSAs and independent monitoring to support the PNDOEFL with this training.

Lastly, in the case of future pre-TAS failure in FY20, HKI will support PNLMTN to follow the TAS1 failure checklist. The PNDO/EFL will communicate the results to the concerned regions and districts for remedial action and to ensure the revised MDA strategy is implemented accordingly.

ii. Trachoma

a. Previous and current FY activities and context

Trachoma control began in Niger in 2002 following baseline mapping with the WHO simplified grading system. The last mapping surveys were conducted in 2014 in the Agadez region (supported by USAID via the END in Africa program) and in 2018 in the urban and peri-urban areas of Maradi commune district (supported by CNHF)². Four districts were also re-mapped in 2018³ to confirm their endemic status due to

² The results indicated that trachoma was not a public health problem in Maradi commune; TF and TT prevalence rates were below the elimination thresholds.

³ Agadez, Arlit and Ifrouane were re-mapped in 2018 after the division from one to three districts; TF prevalence was below 5% in all three HDs. Loga HD was also re-mapped as original mapping data was over 10 years old; TF prevalence was <5%.

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newly created districts and to have a more up-to-date prevalence as original mapping data were very old. Results from these baseline and re-mapping surveys indicate that a total of 62 HDs were endemic for trachoma at baseline, with the prevalence of trichomatous inflammation-follicular (TF) ranging from 5–9.9% to above 30% in some areas. Five HDs are non-endemic and five HDs (Niamey region) are not suspected as being endemic for trachoma.

MDA for trachoma began gradually with two HDs in 2002 and scaled up between 2004 and 2009 to cover all known endemic HDs outside Agadez region. Following the results of the mapping in the Agadez region in 2014, MDA was extended to the two endemic HDs in Agadez in FY16, marking 100% geographical coverage of the endemic districts in Niger.

The PNSO aims to reach the criteria for elimination of trachoma as a public health problem by 2024 through the WHO-recommended SAFE (Surgery, Antibiotics, Facial cleanliness and Environmental improvement) strategy, operational research, capacity building for PNSO staff, and monitoring and evaluation activities. Following implementation of the SAFE strategy, impact assessments are conducted after one, three, five or seven years of MDA based on prevalence, although no HD in Niger currently warrants more than three years of treatment. The last round of MDA is currently projected to take place in 2022. Niger has used Tropical Data for all trachoma surveys since the beginning of 2017 and through this methodology, the survey results are standardized by age and sex.

Niger has made considerable progress toward achieving the TF elimination criteria. The current situation for the 62 endemic HDs is as follows:

- 42 HDs have reached TF <5% per the most trachoma impact survey (TIS);
 - Of these 42 HDs with TF <5%, 35 HDs have also completed their trachoma surveillance survey (TSS) with TF <5%, 3 have not yet conducted a TSS, and 4 have conducted TSS with TF >5% and are back in the MDA cycle;
- 11 additional HDs are due for TIS in FY20;
- 9 HDs will conduct MDA: 3 HDs at HD-level (Diffa, Bosso, and Belbéji) and 6 HDs at EU level (Guidan Rounndji, Mayahi, Bouza, Dungass, Damagaram Takaya and Matamaye), only in the EUs where TF >5%;
 - 2 EUs (Damagaram Takaya EU1 et Dungass EU1) will conduct TIS in FY20, 6 months following MDA.

In FY18, out of the 13 HDs treated with USAID support, eight did not meet the target program and epidemiological coverage rate ($\geq 80\%$). The poor coverage was mainly due to inadequate supply chain management (insufficient Zithromax dispatching to Diffa and Agadez regions), insufficient supervision in insecure areas, difficulty reaching moving and scattered populations and the unsuitable time period of distribution in nomadic areas. The FY19 trachoma MDA was recently completed in 13 districts, but coverage data is not yet available. Coverage surveys were implemented in 2015 in Magaria and Zinder commune HDs (Zinder region) and in Dakoro and Madarounfa HDs (Maradi region) to validate reported coverage but have not been implemented for trachoma since 2015. Results from the 2015 coverage survey showed that in two HDs reported coverage was higher than the CES; in 1 HD reported coverage was lower; and in 1 HD the coverage was validated. The survey provided valuable information on the reasons for refusing or not taking the drugs and on how the population heard about MDA to inform changes in MDA strategy. An integrated coverage survey is planned in Tessaoua HD in FY19 for trachoma, as both HDs are scheduled for TIS in early FY20⁴.

⁴ HKI proposes to add Madaoua HD to the FY19 coverage survey as this HD recently completed its one round of MDA following TSS failure in FY18 (TF between 5-9.9%). Coverage should be validated before the HD conducts TIS.

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During the FY19 MDA, new strategies were implemented to help improve coverage especially with regards to drug management for the integrated MDA campaigns (including trachoma). HKI-Niger supported the PNLMTN to verify the quantities of each drug needed for MDA based on the target population (according to national statistics or SNIS data), prior to ONPPC packaging the drugs for shipment (this verification was added as a milestone to the ONPPC and PNLMTN FAAs). HKI also directly supervised the drug packaging process prior to transport and the set-up of drugs in certain regions/HDs. The regional pharmacists trained by ITI in late 2018 participated in the 2019 MDA cascade trainings, during which the new Zithromax distribution guidelines were reviewed and the regional pharmacists' role in drug management and supervision was emphasized. In addition, HKI-Niger increased direct supervision of social mobilization activities and drug distribution in FY19 using a standard checklist, deploying two new full-time staff to the field in addition to a trained team of independent monitors, and rotating supervision visits among the different regions and districts. During the cascade trainings, emphasis was placed on increased supportive supervision at all levels.

Despite these strategies, supervision was a challenge in the Diffa region due to continued insecurity. The national program and HKI were unable to supervise the MDA in Diffa, although HKI's logistician supervised the drug transport and set-up process in the region given the drug dispatching issues in Diffa in FY18 (i.e. insufficient quantities sent to some districts). Supervision was therefore only carried out at the regional, district and CSI levels. The ban on motorbikes in Diffa region also posed a challenge for supervision; this will be addressed in FY20 through increased vehicle rental and implementation of the "mobile strategy" in insecure zones.

TIS was conducted in two HDs (7 EUs) in FY18 and in 6 HDs (6 EUs) in FY19 with USAID support. CNHF also supported TIS in five HDs (12 EUs) in December 2018. Six districts had TF >5% in one or more EUs in FY18-19. The PNSO suspects that factors below have likely contributed to the TF results:

- Previously, MDA was implemented more than one year after TIS failure in some districts, causing a delay in the annual MDA treatment cycle. This could have impacted TIS results;
- Re-districting from 44 to 72 HDs in 2017, followed by the formation of smaller EUs for the TIS (per WHO guidelines), means that detection of clusters or "hot spots" of TF is more likely;
- In Diffa and Bosso, poor coverage in the FY18 campaign, coupled with cross-border population movement along the border with Nigeria due to continued insecurity; and
- Insufficient coverage or uptake of F&E interventions in some areas.

Lastly, six HDs previously reached the elimination threshold with TIS but may have experienced a recrudescence or re-introduction of TF following TSS conducted in FY17, FY18 and FY19. These HDs include Ouallam and Banibangou in FY17 (TF between 5-9.9%); one or more EUs in Belbeji (TF 13.68%), Tanout (TF between 5-9.9%), Madaoua (TF between 5-9.9%), and Bouza (TF 11.14%) HDs in FY18; and two EUs in Matamaye HD (TF between 5-9.9%) in FY19. The PNSO believes that insecurity, population movement and poor water, sanitation, and hygiene conditions have contributed to the resurgence or re-introduction of TF in these areas.

In terms of addressing the TIS and TSS with TF \geq 5%, the PNSO and HKI propose to work with Tropical Data, FHI 360 and in consultation with the WHO, where appropriate, to conduct an in-depth analysis of previous survey and MDA coverage results. Support will be requested from Tropical Data to age/sex standardize the survey data collected prior to 2016 in HDs/EUs with previous TIS or TSS failure. If available, sub-district level MDA coverage data will be overlaid with current TSS and previous TIS data to uncover areas of low MDA coverage and potential ongoing transmission. This analysis will help design further investigation in positive-clustered areas on the cause of failure (recrudescence or imported infections) and will be used to plan targeted MDA interventions in FY20. Act I West will work with the PNSO (along with partners

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consultation from USAID and WHO, as appropriate) to develop standard operating procedures (SOPs) to follow if any TIS or TSS demonstrates TF $\geq 5\%$. A meeting is currently planned in September 2019 with support from Act | West to present the historical data review, develop the draft SOPs in consultation with WHO, USAID, FHI 360, and discuss a plan for trachoma surveillance in Niger. During this meeting, PNSO will consult with trachoma experts on potential operational research ideas in the HDs that failed TSS, i.e. determining whether the result is truly indicative of disease recrudescence or other factors.

b. Plan and justification for FY20

Trachoma MDA (9 HDs)

The trachoma MDA campaign will be conducted in nine districts in FY20, with a target population of 2,071,953. For some districts, MDA will be implemented at the evaluation unit level. The same MDA strategies described above for the LF MDA will be implemented for the trachoma MDA. Increased focus will be placed on mop-up or "ratisage" after the end of the campaign in areas where the SCT indicates that coverage is low. The Carter Center will procure tetracycline eye ointment (TEO) for the trachoma MDA.

For details on the organization of the FY20 MDA campaign and supporting activities (social mobilization, training, supervision), please see the "*IR1 Integrated MDA Activities*" section.

Trachoma DSAs

In FY20, 13 districts (17 EUs) will conduct a TIS and two districts (4 EUs) will conduct a TSS. The table below summarizes all planned trachoma surveys, the number of proposed EUs, and the planned date of the survey.

REGION	DISTRICT	Type of Survey	EU Population	# EUs	Date
Agadez	Bilma	TIS	23,030	1	Dec 2019-Jan 2020
	Tchirozérine	TIS	162,390	1	Dec 2019-Jan 2020
Diffa	Mainé Soroa	TIS	169,117	1	Dec 2019-Jan 2020
	Goudoumaria	TIS	129,164	1	Dec 2019-Jan 2020
	N'Guigmi	TIS	94,246	1	Dec 2019-Jan 2020
	N'Gourti	TIS	66,492		Dec 2019-Jan 2020
Maradi	Tessaoua	TIS	716,926	3	Dec 2019-Jan 2020
	Guidan Roumdji EU2 + EU3	TSS	581,309	2	April 2020
	Mayahi EU2 + EU3	TSS	585,212	2	April 2020
Tahoua	Madaoua	TIS	728,178	3	Dec 2019-Jan 2020
Zinder	Goure	TIS	451,374	2	Dec 2019-Jan 2020
	Tesker	TIS	51,127		Dec 2019-Jan 2020
	Damagaram Takaya EU2*	TIS	222,657	1	Jul - Aug 2020
	Dungass EU1*	TIS	267,963	1	Jul - Aug 2020
	Tanout	TIS	590,899	2	Dec 2019-Jan 2020

*TIS in these two EUs will be conducted six months after FY20 MDA.

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The PNSO will develop the trachoma survey. The PNSO works in collaboration with Tropical Data to design EUs that are representative of an implementation unit (such as one or more sub-districts) to enable MDA implementation at EU-level, if necessary.

Act | West will support training/refresh training of eye health technicians from the trachoma-endemic regions. The training will be conducted by master graders and recorders, certified by Tropical Data, with support from HKI. Tropical Data master graders and recorders have previously provided in-country training support to the PNSO and this TA will be organized again in FY20 as needed. An intergrader agreement exam is administered to each trainee (graders and recorders) to ensure the graders can properly identify the clinical signs. As part of quality control, HKI will verify the training scores of the graders prior to starting data collection in the field (this will be newly added as an FAA requirement).

iii. Onchocerciasis

a. Previous and current FY activities and context

Mapping surveys for OV were conducted between 1974–1976 using skin snip. Five HDs (Boboye, Say, Tera, Kollo, and Gaya) were found to be OV endemic (these now represent 10 HDs following the re-districting in 2017). Vector control measures were conducted between 1976 and 1987 with the support of the Onchocerciasis Control Program (OCP). In 2001, the WHO declared that OV was no longer a public health problem in Niger. Niger has never conducted Community-Directed Treatment with Ivermectin (CDTI) since prevalence is under the threshold requiring treatment. However, all OV endemic districts were co-endemic for LF and therefore benefitted from LF treatment with ivermectin (IVM) and albendazole (ALB). These treatments began in 2007 for 8 HDs and in 2011 for the 2 others. Gaya and Dioundou HDs are the only districts still treating for LF in FY19 and have undergone eight rounds of LF MDA to date; an LF re-pre-TAS is scheduled for early FY20 in these districts. Boboye HD stopped LF MDA in 2014 after eight rounds of MDA and Kollo, Say and Tera HDs stopped LF MDA in 2013 after seven rounds of MDA.

In January 2015, entomological surveys (with the support of Sightsavers and the African Program for Onchocerciasis Control (APOC)) and epidemiological surveys (with USAID support) were carried out in Kollo, Say and Tera districts. The prevalence in each HD was 0% mf for the epidemiological survey and 0% for the entomological survey.

In FY16, the PNLMTN conducted entomological surveys whereby they captured 127,333 black flies that were all OV-negative following PCR testing conducted at the Multi-Disease Surveillance Center (MDSC)/WHO laboratory in Ouagadougou. An epidemiological evaluation was conducted up to 20km around the black fly breeding sites in Boboye HD. More than 3,000 children under 10 years of age were tested using the OV16 rapid diagnostic test (RDT) and 3 positives were detected.

Additional epidemiological surveys were conducted in FY18 in Tera, Gaya, and Kollo HDs (USAID support) and Boboye and Say (End Fund support) according to the latest WHO guidelines (i.e. targeting 3,000 children ages 5-9 years old). Over 15,000 blood spots have been collected on Whatman paper in these 5 HDs as a prelude to OV16 enzyme-linked immunosorbent assay (ELISA) analysis. The PNDO/EFL will analyze these samples together with and following training on the OV16 ELISA protocol by the University of South Florida team, planned for August/September 2019 with support from the End Fund.

In February 2019, during the TAS training in Niger, CDC visited and assessed the capacity of the OV lab in Niamey. CDC concluded that Niger has sufficient lab and human resources capacity to conduct OV16 ELISA in the country. Key recommendations to improve capacity included increasing bench space in the lab and procuring a back-up ELISA reader, incubator and pH meter. These recommendations have now been implemented and the lab is fully operational.

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To help the program prepare its elimination dossier for OV, an onchocerciasis elimination committee (OEC) was established in January 2017, comprised of national and international OV experts. USAID, through the END in Africa project, supported two OEC meetings since the committee's inception in 2017 to advise the PNDO/EFL on the strategy and next steps needed to confirm whether OV transmission has stopped in the country. A key recommendation from the second OEC meeting held in March 2018 was to conduct elimination mapping in bordering districts surrounding the endemic areas to detect the existence of black flies. Following this recommendation, elimination mapping surveys are planned in five HDs that border the endemic HDs in 2019. Additional entomological surveys were also recommended in the 10 formerly endemic districts: 6 HDs (Gaya, Dioundiou, Kollo, Tera, Bakilare, and Gotheye) will conduct entomological surveys with funding from Act | West in August-September 2019 and the remaining 4 HDs (Boboye, Falmey, Say and Torodi). Act | West is finalizing the entomological survey protocol in the 6 HDs and the survey is scheduled for September 2019.

b. Plan and justification for FY20:

Onchocerciasis Elimination Committee Meeting

Niger's Onchocerciasis Elimination Committee (OEC) convenes national and international experts and typically meets once or twice per year. The OEC reviews recent epidemiological and entomological survey results and advises Niger on the activities to be implemented to demonstrate the elimination of OV transmission. End Fund has committed to supporting the OEC meeting in the 2019 calendar year and support from Act | West is requested for the OEC meeting in the second half of FY20. The national NTD programs of Benin and Nigeria will be invited to participate in the FY20 OEC meeting once elimination mapping data has been collected.

The following OV activities will be supported by HKI through the End Fund in FY20:

OV ELISA analysis

Act | West has procured ELISA laboratory reagents and materials under the FY19 budget. The End Fund supported OV ELISA training in September 2019 for the PNDO/EFL. End Fund is also supporting the PNDO lab technicians to analyze the backlog of samples from the 10 formerly OV endemic HDs, which are currently stored in the laboratory in Niamey. The ELISA analyses are now ongoing. No support is proposed from Act | West in FY20.

Elimination Mapping Surveys

End Fund will support any elimination mapping surveys for OV in 2019 and 2020. The survey protocol is not yet available, as it is contingent on the breeding site information which will be collected in advance of the survey and the WHO latest OTS recommendations which is yet to be published.

iv. IR1 Integrated MDA Activities

a. MDA

Prior to the FY20 MDA campaign, the PNLMTN will conduct a comprehensive review of MDA components (e.g., training modules, supervisory checklists/tools, supply chain management modules and data collection tools). Through this review, an MDA quality improvement checklist will be developed and rolled out for the FY20 MDA, adapting existing NTD Toolbox tools for Niger's context.

Niger implements integrated MDA campaigns for trachoma, LF, SCH, and STH, depending on the disease profile of the given region and districts. Four overall distribution strategies are planned for FY20:

- Door-to-door community distribution;

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- School-based distribution for SAC;
- A modified “mobile strategy” for nomadic, desert and insecure areas in Diffa, Agadez and Zinder regions whereby CDDs travel by car in teams to cover a specified geographic area; and
- Intensified mop-up or “ratissage” in areas where SCT or supervision reports indicate that the MDA coverage target has not been met.

CDDs are expected to treat 300 people during the campaign, on average, through each of the distribution strategies. With regards to the mobile strategy, Act I West will reach out to Act | East Tanzania program to understand how the country has reached and engaged nomadic groups to participate in MDA and may modify the approach accordingly. In Diffa region, the authorities have adopted security measures that prohibit the use of motorcycles throughout the region. Thus, supervisors and CDDs conducting MDA via the mobile strategy are required to use only vehicles for all activities in the area and at all levels. Increased vehicle rental has been budgeted to facilitate the mobile strategy (drug distribution) and supervision in these areas.

As has been done successfully in previous years, the FY20 MDA will be divided into two campaigns. Implementing two MDA campaigns worked well in previous years and was initially done because the Zithromax arrives when the PNSO requests it (November), while the other drugs typically arrive later in the fiscal year. This strategy has reduced drug expirations in the past, enabling the program to use any soon-to-expire drugs leftover from previous campaigns in the first MDA, while awaiting the drug shipments for the current year. In addition, the different programs have noted it is an enormous logistical effort to try and coordinate all the MDA during the same period and splitting them eases the burden. It also enables HKI and the PNLMTN teams to supervise more areas during the MDA.

In addition to the reasons mentioned above, having two campaigns in FY20 will enable PNLMTN to organize the second MDA, if needed, following the FY20 pre-TAS and TIS results. The first campaign scheduled for December 2019 - January 2020 and the second (tentatively) in March-April 2020 once survey data is available. The schedule will be reviewed and finalized with PNLMTN and partners during the planned coordination meetings.

In FY20, SCI will continue its support for SCH/STH MDA in Niger through the new DfiD-funded ASCEND program. In FY20, the NTD thematic group and coordination meetings with partners will serve as platforms to discuss preparation for the two MDA campaigns on a more regular basis (rather than quarterly), to encourage all partners supporting the MDA to plan well in advance so that activities are properly integrated and synchronized. HKI and SCI will coordinate with the PNLMTN to ensure that MDA in nomadic areas is conducted at the proper time, which is normally during the harvest when nomads return to their villages. HKI will use the FAA mechanism to more strongly enforce the opportune time period for MDA, by specifying this in the contract.

b. Advocacy

Meetings with Regional Governors

Meetings with the regional governors will be held to obtain their buy-in for MDA in their region and their support for the NTD program as a whole.

National MDA Launch event

An official ceremony is held each year to mark the start of the MDA. This launch gives the program formal authority and increases its visibility.

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Advocacy meetings at the health district level

This involves preparatory meetings held prior to the MDA launch in each HD. The meetings bring together the district prefects, mayors, canton leaders, religious leaders, associations, NGOs, health and education representatives, and all the other MDA partners.

Social Mobilization

Act to End NTDs | West will support social mobilization activities to increase awareness and encourage participation in the MDA campaign.

c. Training

The following training activities will be supported by Act | West in FY20: Supervisor's Coverage Tool Training, Training on Trachoma Survey Methodology, MDA cascade training, Training on Packaging and Placement of Drugs.

MDA Supervision

The below supervision activities will be supported by Act | West in FY20 during the integrated MDA campaign.

Act | West will support MDA supervision involving staff at all levels of the health system, from the national level NTD program to the CDD supervisors. The supervision strategy will be tailored to the specific drug distribution strategy employed in a given district or area (i.e., mobile strategy for insecure nomadic, and desert areas, and school- and community-based strategies). The goal is to minimize potential problems which can lead to blockages and to safeguard the quality of distribution and data collection. For nomadic and insecure areas, the budget includes support for vehicle rental to enable supervisors to cover larger areas and, in the case of insecure areas, to move around safely.

In the Diffa region specifically, where it is difficult for Act | West and PNLMTN staff to conduct on-the-ground supportive supervision, HKI plans to involve and train local NGO staff in MDA supervision, since actors already working in this area have easier access and mobility. Two local supervisors per HD for Diffa region will be recruited and trained on the MDA and on the supervision checklists and materials to support the DRSP and PNLMTN in supervision.

Act | West will also update the MDA supervision checklist in FY20, following the in-depth review of MDA components. This checklist defines the criteria and outputs to be monitored during the campaign. An update of the checklist will take into account all of the supervision strategies in place, to strengthen the quality of the activities, and to address supportive supervision activities at national, regional, district, and CSI levels. HKI will also ensure that standardized data collection forms and CDD registers are used to collect, compile and report data during the campaign. A key part of the CDD supervision is making sure the CDDs fill in the registers correctly.

Since 2014, HKI has supported in- and end-process independent monitoring of the MDA campaign in a few select districts each year following knowledge sharing and in-country TA from HK-Sierra Leone. Independent monitoring was recently completed in four HDs in FY19. IM has been an important additional layer of supervision as it helps identify areas where coverage is poor, and the campaign may need to be extended and/or distribution strategies modified to reach those who have not been treated. In FY20, this will be replaced by the SCT, which will be rolled out in all HDs planned for LF and trachoma MDA (see M&E section below).

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d. Monitoring, Evaluation, and Learning (MEL)

In addition to DSAs, the following M&E activities are planned under IR1.

Coverage Survey (LF and trachoma)

In FY20, coverage surveys will be conducted in two HDs within one to two months of completing the FY20 MDA campaign. The HDs will be selected based on previous MDA coverage and survey results for LF and trachoma (i.e., HDs with recent DSA failure but with high reported coverage). The survey will help to validate reported coverage in the HDs and identify reasons for poor coverage, in order to apply lessons learned to the subsequent round of MDA before re-pre-TAS or re-TIS. HKI will consult with FHI 360 on the district selection and will develop the survey protocol according to the latest WHO guidelines for implementing Coverage Evaluation Surveys and technical support from Act | West HQ and Regional M&E Specialists will be provided to train the PNLMTN and survey teams. The results will be analyzed and discussed during a meeting with the national program, the Directorate of Statistics and Health (SNIS), DEP, the Center for Medical and Health Research (CERMES), and other technical partners.

Supervisor’s Coverage Tool (SCT)

In FY20, HKI will adopt the Supervisor’s Coverage Tool (SCT) in place of independent monitoring and will also scale-up the tool in 10 HDs (compared to the average four HDs per year that used to undergo IM). Districts and villages will be selected for the SCT based on previous LF/trachoma coverage and DSA results (identified per the in-depth data analysis and FY19 coverage data, once available). A training of trainers will be held by HKI’s Regional M&E Specialist for PNLMTN and HKI staff. CDD supervisors at CSI level will then be trained in addition to a larger pool of independent monitors/supervisors who will conduct SCT as a joint team in the targeted areas. The SCT can be implemented quickly toward the end of the campaign to detect areas with low or sub-optimal coverage for mop-up. The campaign will be extended and CDD supervisors will continue supportive supervision of CDDs during the mop-up or “*ratissage*” phase to achieve target coverage results.

Post-MDA evaluation meetings

Post-MDA evaluation meetings at the district, regional and national levels are held every year after the MDA campaign to review and validate the MDA data and discuss strategies for the following year. Act | West will support the post-MDA evaluation meeting at the national level and meetings in the five regions (Agadez, Diffa, Maradi, Tahoua, Zinder) and districts where the program funds MDA and SCI will support these meetings in Dosso, Tillaberi and Niamey regions which are primarily treating for SCH/STH. Excel and PowerPoint reporting templates are provided to districts and regions to harmonize reporting.

vi. Status of the dossier

a. Lymphatic Filariasis

Of the 54 LF endemic HDs, 43 have completed the TAS1 successfully and 14 have completed TAS2. The first TAS3 is scheduled for FY21. It is expected that MDA will stop by FY21, i.e. all TAS3 are projected to be completed by 2025. In FY20, the focus will continue to be on entering and securing historical LF data into the INDB to prepare for the LF dossier. The Act | West Regional M&E Specialist will provide support to the PNLMTN and a local consultant will be recruited to work alongside the NTD Programs to make progress on the historical data entry. The LF data review meeting will provide an opportunity to review and validate historical LF survey, MMDP and MDA coverage data to ensure this data is available and collated in preparation for dossier development.

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LF MMDP data are available at the national level, but mapping is needed to confirm the true burden of hydrocele and lymphedema cases at the district level. According to estimates from the PNDOEFL, 71 out of 72 HDs have hydrocele and lymphedema patient estimates. The World Bank is supporting active case search in some districts and has also supported the training of surgeons to conduct hydrocele surgery camps in 17 HDs. Additional hydrocele surgery camps are planned in February 2020. Regarding lymphedema management, trainers were trained in 17 districts and all the CSI heads from the districts targeted by the World Bank will also be trained. The other districts not covered by the World Bank need financial support for these trainings. Following the MMDP situational analysis currently ongoing, an MMDP strategic plan will be developed. ASCEND will support active case search (census) and training of surgeons/hydrocele surgeries in districts not covered by World Bank to support Niger to build the necessary capacity to manage LF MMDP cases, as a requirement of the elimination dossier. HKI will coordinate closely with SCI and LSTM under ASCEND regarding LF MMDP support in FY20. LF MMDP data is also collected during MDA by CDDs but the caseload is likely underreported.

b. Trachoma

Niger has made considerable progress toward trachoma elimination with 42 out of 62 endemic HDs currently undergoing post-MDA surveillance, and 30 of those 42 HDs having successfully implemented the TSS with TF results <5%. According to the latest survey results, some EUs require three more rounds of MDA in Niger; therefore, the last MDA is projected to take place in FY22. A challenge in the preparation of the trachoma elimination dossier is the availability of program management data at the HD level. From 2017, the PNSO, in collaboration with The Carter Center, has tried to collate all data from SAFE strategy activities that have been implemented from the HD to the central level. This effort has primarily focused on the highly endemic regions (Maradi and Zinder specifically) but the PNSO now plans to prioritize data collation in HDs that have achieved the TF and TT elimination criteria. At central level, the PNSO with support from HKI and ITI plans to compile all historical survey data into the trachoma dossier excel file in Q1 of FY20.

A workshop is planned in September 2019 to discuss ideas for general trachoma surveillance or detecting recrudescence post-TSS with technical support from WHO (Geneva), FHI 360, ITI, HKI and The Carter Center. The goal will be to brainstorm viable and sustainable strategies for surveillance strategies, which could be applied immediately in districts where the elimination criteria have been achieved. This plan is especially critical for Niger which faces challenges such as frequent internal and cross-border migration of populations, insecurity and poor sanitation.

c. Onchocerciasis

Niger's OV Elimination Committee meets once or twice annually to advise on the next steps for certification of OV transmission in the country. Act | West will support one OEC meeting in FY20 with participation of international experts. HKI will also support the PNDO/EFL to collate historical OV survey data into the WHO Integrated NTD Database (see "Data Management" section) to aid the national program in OV elimination dossier preparation.

3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 and IR3)

i. DATA SECURITY AND MANAGEMENT

In FY20 the program plans to address deficiencies and strengthen the system for collecting and saving data. Currently, the data from the MDA are integrated into DHIS2 and the Country Integrated NTD

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Database (CNID) contains the calendar year 2018 LF data for World Bank-supported HDs. The national NTD program managers were trained on the INDB through the End in Africa project and received refresher training supported by the World Bank in 2018. The World Bank has also supported INDB training at the district level in some districts. However, maintaining the database and completing entry of historical data remains a challenge. To date, LF data has been entered for 2018 in World Bank districts. Despite the training provided, the program will need the support of a national consultant to complete the update of historical data for LF, trachoma and OV which will take an estimated three months. A database validation workshop will be organized after data entry completion. A plan for the continued update of the CNID will be developed during the database validation workshop. Ultimately, the PNLMTN envisages training district and regional level actors to use the CNID for NTD data management and reporting to safeguard data at lower levels. The program however recognizes that DHIS2 is a more viable and sustainable option for safeguarding NTD data at lower levels moving forward, and some NTD indicators are already integrated into DHIS2. HKI will request the national program to share which NTD indicators are already integrated (see below).

These activities are planned for this FY20 as a temporary solution to address current challenges. Due to the progress towards the elimination process, Niger PNLMTN needs urgent long-term solution for a strong data management system to support decision making process and dossier preparation. Throughout the process of developing an NTD sustainability plan, Act | West will support the PNLMTN to assess the data security and data management system to suggest a long-term plan to negotiate with both the MoPH and partners.

Integration of NTD indicators into DHIS2

In addition to the NTD campaign data that are integrated into the DHIS2, the NTD program is considering the integration of indicators related to the control and elimination of NTDs. DHIS2 is currently used in Niger down to the CSI level. The Directorate of Statistics will be invited to the planned sustainability meetings and validation workshop to discuss the process of selection and validation of NTD indicators in DHIS2.

ii. DRUG MANAGEMENT

The ONPPC manages drug storage, packaging, shipment and set-up for the MDA campaigns in Niger. Although improvements have been made in avoiding the expiration of drugs in recent years, there were issues with drug dispatching in FY18 and FY19. In FY18, insufficient quantities of Zithromax were sent to some regions (Agadez, Diffa) which led to poor execution of the drug distribution campaign. A quantity of Zithromax was also diverted to Nigeria from Mirriah HD in Zinder in FY18. In FY19, the ONPPC was delayed in setting up the drugs and materials for the campaign. In Madaoua district, materials were not delivered in time for MDA which caused the campaign to be postponed. Other districts reported receiving insufficient quantities of drugs, although this was eventually corrected with support from HKI's logistician.

Following the Zithromax theft in 2018 and subsequent evaluation of the SCM system by ITI, HKI, PNLMTN, ITI and FHI 360 engaged in discussions to understand how the theft occurred and plans to strengthen the overall management of NTD drugs. To strengthen the drug management process, Act | West (HKI) will support the following strategies in FY20:

- Continue to advocate for the appointment of a supply chain manager at the PNLMTN (per recommendation from ITI's evaluation) and M&E officer;

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- Support for improved timing of drug transport to the field for the integrated MDA campaigns. The ONPPC FAA milestones are organized by region and HKI will only disburse funds if the regional drug distribution plan has been verified and the region is ready for MDA implementation;
- HKI-Niger will support the confirmation of site needs prior to packaging and transport (i.e., verification of drug distribution plans, see proposed workshop below);
- Conduct the training on “packaging and set-up of drugs” for the national program and ONPPC staff, to build SCM capacity and ensure enough trained staff are available to supervise drug packaging, set-up and reverse logistics;
- Spot-check process of packaging drugs prior to shipment to the HDs;
- Support Niger to pilot the reverse logistics SOP under development by ESPEN;
- Increased supervision by national NTD programs staff during MDA and reverse logistics;
- Support PNSO to quantify ZTH needs for 2020 drug request (meeting with PNSO and subsequent joint review by HKI-HQ, FHI 360 and ITI).
- Continued support for the post-MDA physical drug inventory as a best practice to verify the quantities of drugs used during MDA and avoid expirations;
- Maintain specific milestones in the FAA contracts with ONPPC and PNLMTN around drug distribution plan verification, confirmation of drug quantities following dispatching, and supervision reports, and ensure PNLMTN co-signs the ONPPC FAA to enforce these agreements;

Within the consortium of partners on the Act| West project, Americares is taking the lead on the supply chain improvement through targeted solutions and approaches. Although some progress were made during FY19 on warehouse storing conditions in supported countries, problems with the drug inventory management and reverse logistics continue to impact drug forecasting leading NTDPs to continue overestimating needs and hence drug waste. Some countries are still struggling with the return of unused drugs to the regional level for accountability and safe storage. In FY20 under the lead of Americares Act | West will conduct warehouse capacity assessment in Niger, Guinea, Mali, and Cote d'Ivoire. Based on the warehouse assessment, Americares like recently developed for Sierra Leone, 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.

Unlike the other countries, in Niger, there are recurrent and significant losses at the central and regional warehouses due to drugs expiring, which may be attributable to poor inventory rotation control. Americares will provide technical assistance to the PNLMTN to improve Niger's management of their warehouses and drugs management network.

In addition, Americares will be engaged to donate drugs to countries through a Gift-in-Kind program. Americares is the largest recipient of donated drugs in the United States and will donate up to \$3M in drugs for secondary effects and consumables for morbidity management to Act |West countries. The request for drugs for secondary effects has been a consistent request from MOHs, including the MOH in Niger. This donation program is not limited to SAEs, but also generic medications. Availability of these drugs may help to improve coverage.

NTD drug quantification

The quantification of drugs needed for the following year's MDA is done by the national NTD program coordinators. It is based on district eligibility for the MDA (survey data/WHO guidelines), the population

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data provided by the MoPH's National Health Information System (specific to each drug) and remaining stocks (the result of a physical inventory).

In terms of the drug distribution requests in-country, this remained a challenge in FY19. Requests were sent by the CSIs (rather than the districts), but this led to a lengthy discussion on the accuracy of the figures and at-risk populations, which delayed the campaign launch in some HDs (some CSIs and HDs insisted on using population data different from that of SNIS used by the PNLMTN). An updated and accurate population database is critical for both accurate quantifications, dispatching of drugs as well as calculation of coverage. To harmonize sources of data and provide accurate information to districts/CSIs Niger will convene a meeting with support from Act | West that will involve PNLMTN, of Directorate of the health information system or "*Institut National de la Statistique* (INS) which has mandate for census and population forecast, the Ministry of Education which control the school databases, and any other relevant organizations. This meeting will serve to validate the population data used by the PNLMTN including a plan to cascade the data down to the districts and CSIs to be used as the basis for the FY20 drug requests. This will help to have reliable denominators used by all levels.

Preparation of drug contribution requests

The national NTD programs submitted their 2020 drug request in April 2019. The donors delivered all of the drugs for the current campaign on time, and nearly all of those supplies were used. Quantification of drugs needed for the following year's MDA (2021) will be done in FY20 by the national NTD program coordinators. HKI and partners will meet with the national program to complete the Joint Drug Request and WHO forms (no budget required).

Act | West will meet with the PNSO to jointly review the Zithromax request for 2021 based on the latest physical inventory of Zithromax in the country, the eligible district target populations and the latest guidance from ITI to dispense POS to children up to 7 years old (no budget required). The Zithromax request is also reviewed by HKI-HQ together with FHI 360 and ITI.

Availability or reliability of storage or transportation

NTD drug storage improved significantly during FY19. The recent drug deliveries were stored under a new air-conditioned space, in compliance with the international standards provided by the ONPPC. However, all of the NTD drugs must be stored under the same conditions, in order to facilitate quality inventory management. In FY19, the ONPPC has changed its pricing structure for storage fees. The new fee schedule varies from 5-10% of the value of the goods to be stored. HKI has attempted to negotiate a waiver to this storage fee for the donated medicines but has not had success to date. HKI will set a meeting with high-level MoPH and the ONPPC to advocate for this waiver and will liaise with other countries in the Act | West portfolio to understand if/how this situation has been managed elsewhere. HKI-Niger also proposes to organize a high-level meeting with USAID-DC and FHI 360 teams in part to address this issue through high-level advocacy with MoPH (see IR2 section).

Reverse logistics

The current FY19 campaign planned for reverse logistics will begin with the CSIs to ensure that no drugs are left in the field after the campaign. A physical inventory will be taken of remaining drugs at the CSI level, and then the remaining drugs will be transported from the CSI level to the HDs and then on to the region. The regions will store and monitor the drug stock until the next MDA campaign. This process helps account for and properly store all remaining drugs after the campaign and avoid drug expiration. The reverse logistics process will be implemented with the PNLMTN and all the NTD programs; HKI will direct this activity as part of the Act | West program during FY20.

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Efforts to integrate NTD drugs into the national drug quantification system

No efforts have been made to-date to integrated NTD drugs into the national drug quantification system. This process is ideal as part of a national drug policy that requires the support of all national programs if it is to be achieved. When conducting the sustainability assessment in FY20, HKI will assess feasibility of incorporating NTD drugs into the national list of essential drugs (if they are not already included) and of including the national entity in charge of drug quantification and validation in the process of putting together the WHO joint drug request.

Monitoring and management of adverse events (AE) and serious adverse events (SAE)

Large quantities of drugs are distributed to the population during the MDA and some adverse events are expected. To that end, notification and summary forms are available in the distributor's register and the summary register. If any SAE occurs, it will be immediately reported to the WHO using the SAE notification form and FHI 360 and managed by the DPHL's National Pharmacovigilance Committee, within 24 hours of notification. According to the notification procedures for SAEs, the committee is responsible for informing the MoPH, who in turn informs the regional WHO office, HKI, FHI 360 and USAID, and the pharma/donation company. In addition, the PNLMTN is a member of the pharmacovigilance committee. HKI supports the guarantee of high-quality drugs, reproduction, and set-up of inputs and materials (particularly for traceability), training for the actors (with particular emphasis on notification of adverse effects) and, last, responsiveness in the event of such effects.

iii. INTEGRATION AND HSS ACTIVITIES (IR2)

In July 2019, Act West supported the Niger PNLMTN to organize a sustainability sensitization meeting. The workshop was facilitated by an Act | West joint team (FHI 360, WV, HKI). A variety of stakeholders from the Ministry of Public Health, the ministry in charge of education, the WASH actors, various health related programs attended the sensitization and NTD partners in Niger. The meeting provided national stakeholders opportunity to discuss the NTD sustainability framework and the six sustainability related outcomes (Financing, Services, information Systems, Operational Capacity, Policy: coordination). As a follow up of the key recommendation of the sensitization meeting the NTDP will collaborate closely with Act| West team to develop a sustainability plan with sustainability objectives and interventions that aims to 1) ensure sustained control programs for SCH and STH and 2) sustain elimination of LF, trachoma and onchocerciasis in the long term.

Develop an NTD sustainability strategy and support implementation⁵

Act | West will provide technical assistance to Niger's NTD Program (PNLMTN) to strengthen the country environment for implementation and management of NTDs focusing on technical assistance and support in key areas of the six health sustainability outcomes described on USAID's sustainability framework. The process will include the following activities:

- Landscape analysis: Act | West will provide technical assistance to the NTDP to complete the comprehensive landscape analysis and evaluation (started in FY19) in view of the six sustainability outcomes to help identify where Niger is in the "sustainability continuum".
- Sustainability self-guided assessment using SMM: Using the results of the assessment and through the application of the sustainability Maturity model and the cross-sector barrier analysis tool, develop a sustainability plan for the NTD program in Niger. This activity will involve STTA from FHI

⁵ Act | West will work with consortium partners to ensure activities described in this section are appropriately budgeted, and is coordinating with the NTDP to ensure they are realized.

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360 and HKI.TIPAC update and financial gaps analysis. Along the process, the Niger PNLMTN will work with IR Sustainability (IRS) partners under Act | West to identify and highlight sustainability challenges and priorities. From this analysis, the NTDP will develop a sustainability strategy that will set forth a plan for arriving at an achievable, more sustainable state for the NTDP program. As part of the landscaping, HKI's Regional Health Systems Strengthening Advisor (HSSA) will facilitate a TIPAC training in Niger in FY20. Inputs from TIPAC data entry and analysis, a comprehensive landscape analysis, indicator review, and a sustainability guided self-assessment exercise will inform the content, timeline, and TA activities set forth in the sustainability strategy.

The sustainability strategy will address the six outcomes of the sustainability framework and will provide a comprehensive overview of goals, activities, and progress needed towards a more sustainable and mainstreamed response to eliminating and controlling NTDs. It will also incorporate a cross sector action plan (see IR3 section/Phase 1/Activity 2) to strengthen collaboration with other sectors and define needed action to identify and use long-term cost-effective delivery platform for schisto/STH services. The NTDP will lead the implementation of the sustainability strategy with the support of Act|West in-country team (WV, HKI) and using technical assistance and mentorship from Regional HSS/cross sector advisors and IRS partners where needed.

Act | West will use a team approach to support Niger in developing and implementing a sustainability plan by leveraging FHI360, Deloitte, WV and HKI technical resources to cover both the HSS and the cross-sector component of the landscaping, sustainability in-depth assessment and the sustainability plan. This will be achieved through STTA and a series of workshops with MoHS in FY20.

National IRS partners team building meeting

This will be a two-day workshop at country level led by the country IP with 15 participants. It will be held in capital city. The budget includes hotel conference package with small meeting room, coffee break and lunch. The country IRS team building will provide the Act West country team and IRS partners (Deloitte, WV, Americares, HSS team) opportunity to develop an integrated timeline looking to all planned activities and the most appropriate period for IR/S activities that will not distract IR1 activities.

Workshop for review and finalization of the NTD sustainability plan (2 days)

The sustainability plan will be widely distributed to all stakeholders, including health authorities, representatives from other sectors, and partners to create the best possible endorsement for its implementation. The PNLMTN is seeking support from Act | West to organize a two-day workshop to share and validate the sustainability plan as an activity within the PNLMTN FAA. The process of preparation of the validation workshop and the holding of the workshop will foster the creation of dialogue spaces to help the different actors to understand the orientations of the sustainability plan and opportunities to support its implementation. The process of promoting the plan will also include the presentation of the sustainability plan to specific stakeholder groups (cabinet of ministers, local communities, etc.).

The PNLMTN will solicit HKI and its partners for technical assistance to best prepare the process and advocacy case with local partners or actors including the MoPH and Ministry of Education. Technical support also includes the identification of appropriate instruments to materialize the commitments of different parties in support of the implementation of the sustainability plan.

Support for operational capacity & strategic planning:

In terms of operational capacity, the PNLMTN needs additional human resources to properly coordinate the multiple partners and activities, improve data and supply chain management, and advocate to

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position NTDs higher up on the MoPH agenda. These areas present major challenges for the NTD program, which is lacking two key positions: a monitoring and evaluation manager and a supply chain management manager. The supply chain manager position was also recommended by ITI during their 2018 evaluation. Act | West will continue to advocate to MoPH to appoint these two positions, although progress has not yet been made on this front in FY19. In FY20, Act | West will help strengthen coordination and planning mechanisms in-country, recognizing this is a weakness and key area for local ownership and capacity building (IR/S). The following activities are proposed:

- **Operational Support**
- **NTD Coordination Meetings (three/year)**
- **USAID High-level advocacy visit**

HKI proposes to organize a high-level visit with USAID-DC, FHI 360 and HKI-HQ staff to engage high-level authorities at the MoPH (Secretary General of the MoPH, DEP, ONPPC and DPHL representatives) for greater involvement in NTDs and improved ownership at the country level. One of the objectives of this visit will be to advocate the expand the PNLMTN team through appointing the two key positions noted previously and to emphasize the importance of the timing of MDA activities (i.e., validating the integrated calendar of activities). In addition, the visit can highlight the need to waive the drug storage fee for donated medicines.
- **NTD Coalition**

A coalition of NTD partners was recently established in Niger by “Speak Up Africa” under the auspices of the WHO and supported by the MoPH. This coalition aims to develop an advocacy plan for NTDs and create an enabling environment for its implementation. Under the chairmanship of the Health Advisor to the Prime Minister, this ministerial coalition brings together the Health Commission of the National Assembly, the different Ministries (health, education, water, sanitation, urbanization, finance, etc.), WHO, NGOs, and civil society. It is through this coalition that NTDs were the subject of a conference during the 33rd African Summit held in Niamey in July 2019, which mobilized the Head of State of Niger and the First Ladies of Niger, Burkina Faso, Chad, Congo Brazzaville and Swaziland. Several commissions have been established to support the functioning of this coalition, including a resource mobilization commission which HKI has been designated to lead. This platform will be an ideal opportunity to foster cross-sector coordination for NTDs, improve visibility of the program, and advocate for increased ownership and involvement of the highest authorities in the fight against NTDs.
- **Annual Microplanning meetings**
- **Annual work planning workshops**

iv. ACTIVITIES PLANNED: SCH, STH, POST-VALIDATION MONITORING / VERIFICATION (IR3)

a. Schistosomiasis

i. Previous and current FY activities and context:

The PNLBG was officially launched in 2004. Sixty-nine HDs out of the 72 in the country (except for Bilma, Tesker, and N’Gourti) are endemic for SCH. The assessment methods used were urinary filtration and Kato-Katz for stools. MDA with PZQ started in 2004-2005 and took place every other year, targeting school-aged children (SAC) and high-risk adults (HRA). SCH MDAs have historically been financed by SCI and then by the USAID NTD program through RTI / SCI / RISEAL from 2007 to 2010 and, finally, by USAID’s END in Africa program from 2011 – 2018. From November 2004 to May 2007, three successive surveys were carried out by the Center for Medical and Health Research in eight sentinel sites located in Tillabéri, Dosso, and Tahoua regions. The total average prevalence rate was 75.4%. A year later, following the MDA,

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the average prevalence had decreased considerably to approximately 37.4%. After another year of treatment, the average prevalence was 35.7%.

Sentinel site surveys in 2010 revealed high re-infection rates. Thus, Niger decided to treat all river valley region areas annually (Tillabéri, Dosso and the Urban Commune of Niamey) and the other regions every two years (Maradi, Diffa, Agadez, Tahoua and Zinder). Impact surveys were carried out from 2011 to 2014 in all the HDs and a meeting of SCH experts was held in November 2014 to examine the survey data and realign the treatment strategy to WHO guidelines. Per the new strategy, all endemic HDs receive treatment annually, twice per year or once every two years (although no district in Niger currently warrants twice per year treatment). In addition, “hot spots” (all villages where the SCH prevalence is greater than 45%) are covered by a specific treatment strategy (one or two treatments a year) and with intensified awareness-raising and case management. As part of the implementation of the proposed new strategy of PNLBG, PZQ will be placed at health centers in high prevalence areas for the management of cases outside the campaigns using leftover drugs from MDAs.

In addition to the PZQ MDA, the PNLBG conducts sentinel site surveys in 17 HDs using the urinary filtration method and Kato Katz to assess SCH and STH prevalence with a cohort monitoring perspective (once per year). END in Africa supported the PNLBG to conduct this evaluation in the 17 sentinel sites in FY16 and results showed the persistence of the disease in most of the sites despite the treatments. USAID support was suspended for this cohort monitoring in 2017 and 2018 but resumed in 2019 under Act | West. These sentinel site surveys are planned for August–September 2019.

ii. Plan and justification for FY20:

SCH MDA (funded by SCI)

In FY20, 38 of the 69 endemic health districts should receive PZQ, according to the annual treatment program. USAID and SCI will jointly finance the SCH MDA in three co-endemic HDs (68,578 SAC) that are also conducting trachoma MDA. HKI will finance the distribution of Zithromax, while SCI will finance PZQ distribution (i.e., payment of CDD stipend for the PZQ packet). SCI will support the remaining HDs for the SCH MDA under the new ASCEND project. It is important to note that Act | West provides support for regional microplanning, post-MDA evaluation meetings and drug transport in five regions where the program supports MDA (Agadez, Diffa, Maradi, Tahoua, and Zinder) and SCI supports these activities in three regions (Dosso, Tillabéri, and Niamey).

b. Soil-Transmitted Helminthiasis

i. Previous and current FY activities and context:

All of Niger’s 72 HDs are considered endemic for STH. Based on the WHO definition, Niger has a low to moderate STH prevalence. Baseline data for STH in Niger is not available. The current national strategy is to treat all 72 HDs (even those with low or moderate prevalence) based on the fact most people do not have access to clean water or sanitation and have poor hygiene habits. The current epidemiological situation for the 72 HDs is as follows:

- 6 HDs have prevalence < 1%
- 52 HDs have prevalence >1% to <10%
- 13 HDs have prevalence between 10 and 20%.

The MoPH’s STH strategy consists of:

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- MDA via LF treatment (IVM+ALB) or SCH treatment (PZQ+ALB). Note that not all HDs receive annual treatment for STH because certain HDs are not LF endemic (or have stopped treatment) and may not treat for SCH (e.g. Bilma HD) or do not treat annually for SCH.
- Deworming of children 12 to 59 months old during National Vaccination Days (*Journées Nationales de Vaccination* in French or JNVs) and twice-annual deworming campaigns, funded by UNICEF.
- Pregnant women are treated with ALB as part of the minimum treatment package during the second trimester in health facilities. This treatment is managed by MoPH's Directorate General of Maternal and Child Health.
- Implementation of BCC using materials focused on disease prevention and improving participation and compliance during the MDA campaigns.
- Improved access to clean water and sanitation.

The components of this strategy specifically supported by USAID include STH treatment via LF MDA in co-endemic HDs and the implementation of BCC strategies focused on improving participation and compliance during MDA campaigns.

The monitoring of STH is done in conjunction with that of the 17 SCH sentinel sites mentioned above. The most recent data from FY16 show district-level STH prevalence below 20% except in one sentinel site in the Zinder commune HD.

ii. Plan and justification for FY20:

STH MDA

A total of 44 HDs are targeted in the FY20 MDA, USAID will support the MDA in four HDs (integrated with Arlit and Iferouane for LF and Damagaram Takaya and Mayahi for trachoma) for a target population of 313,217 persons aged 5-14 years. All training, social mobilization, and supervision activities for SCH/STH MDA are integrated with the LF and trachoma MDA for USAID-supported districts. Thus, there is no added cost to USAID for SCH/STH MDA in Niger in FY20.

In the remaining districts, SCI supports the distribution of ALB+PZQ for children aged 5-14 years. As noted above, Act | West supports regional level microplanning and post-MDA evaluation meetings in the six regions which are considered as contributions toward the STH MDA.

Cross-Sector Coordination (IR/S):

Technical assistance will be provided to conduct an analysis of the possibilities of intersectoral coordination and sustainability for the NTD control program, particularly hygiene promotion and the dissemination of NTD topics in the school environment.

Institutionalization of multi-sector mechanism to coordinate NTD Interventions: During the sustainability sensitization meeting in FY19, the MoPH/NTDP highlighted that Niger has an inter-sectoral steering committee. This committee meets once a year with representatives from the Prime Minister's Office, the National Assembly, the Ministries of Health, Education, Finance, the Environment, Population, the Promotion of Women and the Protection of Children, the Interior and Communications. It was further highlighted that this has a potential to be expanded into NTD multi-sector mechanism rather than establish a new platform. The MoPH/NTDP requested ACT|West to provide technical assistance to revitalize/institutionalize inter-sectoral steering committee as a multisector platform for better coordination of NTD programming and to move towards sustainable deworming services. This will bring

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together stakeholders across sectors from WASH, Malaria, Nutrition, MCH, Immunization, Education and others as appropriate.

The development and operationalization of an NTD cross sector coordination platform will be done through a systematic phased approach through the following activities:

Phase 1: Understanding the landscape and fostering country buy-in and engagement

1. **Barrier analysis in Niger:** Following the joint landscape analysis started in FY19 (referenced above), WV will provide TA to the MoPH/NTDP to conduct a barrier analysis to understand barriers, gaps and opportunities for the implementation of a cross sector collaboration mechanism. The barrier analysis will aim to understand structural and infrastructural factors associated with the lack of integration of NTD program with sectors such as i.e. WASH, Malaria, School Health, and Nutrition. Education, Security, and Environment. Niger has inter-sectoral steering committee, WV will work with MoPH/NTDP to oversee and identify opportunities of integration and collaborations for NTD interventions. The barrier analysis will investigate five (5) domains that are critical for sustainability of NTDs programs, namely:

- National policies and strategies for enabling collaborative space
- Sustainable service delivery models/ platforms
- Strategic information and data Sharing among stakeholders
- Capacity building and surveillance of NTDs
- Partnership and coordination mechanisms

2. **Validation/dissemination workshop using Group Modelling discussions in Niger to define country-specific cross-sectoral approaches.**

- a. Following the landscape and barrier analyses, which will yield a cross-sectorial matrix and a snapshot of interventions and actors, WV will collaborate with the MoPH/NTDP to organize a dissemination workshop using a group model building session approach with all stakeholders for the elaboration of an action plan for cross sector collaboration and sustainability interventions for NTDs. The purpose of the group model building session is to (a) consult with local experts on the findings from the literature review, joint landscape and (b) brainstorm and agree upon next steps and the feasibility of proposed SOW and (c) ultimately develop a practical guide for monitoring and evaluating cross sector partnership and interventions. A validation workshop will be conducted to foster collaboration, buy-in from cross sector stakeholders, and MoPH ownership of the integration framework and guidelines developed.

Phase 2: Revitalize/Institutionalize Inter-sectoral steering committee as multi-sector mechanism in Niger

Providing technical assistance to the MoPH/NTDP through the following steps and activities revitalize/institutionalize the multi-sector mechanism:

1. Provide TA to MoPH/NTDP to review inter-sectoral steering committee TOR, mandate and membership to determine whether the current mandate aligns with NTD multi-sector goals and objectives integration and cross sector collaboration. WV will support MoPH/NTDP to review TORs to include a specific mandate and strategies to expand and support NTD programming integration within the other sectors.
2. After the design workshop is completed and once an administrative decision has been issued, WV will support the NTDP to organize a workshop to develop and validate an action plan for the existing cross-sector coordination mechanism. The action plan will identify opportunities

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and activities to be implemented. This action plan will be owned by the coordination mechanism and will determine the multi-sector activities for upcoming years. To this end, Act | West will support the NTDP prepare and implement a 3-day workshop. The 2 first days will be dedicated to the development of the cross-sector action plan. This will include brainstorming session on role, membership, mandate, structure, where it should be housed etc. The 3rd day will be dedicated to the launch event during which the chair of the coordination mechanism together with nominated members will present to the authorities the mandates, organization and the action plan. This event will target high level government officials as attendees in order to obtain high-level country engagement and ownership to ensure sustainability.

3. Once an administrative decision has been issued, WV will support the MoPH/NTDP to foster buy-in and ownership from MOH for the multi-sector mechanism and develop the cross-sector coordination activities in Niger. The inter-sectoral steering committee will oversee the cross-sector action plan. The action plan will also develop activities like advocacy, implementation, coordination, integration to be monitored. This action plan will be owned by MoPH/NTDP and will determine the multi-sector activities for the upcoming FY.

Integrate NTD prevention messages as part of ongoing SBCC interventions

1. *Pilot WASH UP & NTD materials in 100 schools in Niger*

During FY19, a series of meetings were conducted between WV, Sesame workshop and FHI360 – ACT | West NTD disease specialist to develop and review NTD WASH UP! Materials. Materials developed include Live Action Film (LAF) Script and Storybook. Starting FY20, a pre-test of NTD-WASH UP! Materials will be conducted in Niger. This aims to determine whether the developed LAF and storybook will effectively deliver NTD messages under WASH UP school model. Thereafter, the NTD WASH-UP! pilot will commence. World Vision will pilot the NTD WASH UP curriculum in 100 schools across Niger. Schools will be selected in collaboration with NTDP and School Health Education Program at Ministry of Education. The timeline of the pilot activities will be aligned with the school calendar year. Finally, WV in partnership with Sesame will organize a workshop with the NTDP and Niger Education ministry to disseminate and validate pilot data results with stakeholders.

2. *Workshop to validate the integrated communication plan for NTD control efforts (supported by World Vision):*

The MoPH has developed an integrated communication plan for NTDs that covers all NTD control communications activities, including social and behavior change messages around good water, sanitation and hygiene practices. This plan serves as strategic guidance and reference document for planning IEC activities for NTDs and, simultaneously, lays out the process for producing the messages and educational materials needed. Support from Act | West is requested to bring key stakeholders together from the NTD, WASH, communications and MoPH sectors to validate this integrated communications plan in FY20. HKI will coordinate closely with World Vision to plan and facilitate this meeting. Partners including SCI and WaterAid (who support WASH/NTDs coordination efforts under ASCEND) and others working in the WASH sector in Niger will be invited to participate.