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

SIERRA LEONE

Sierra Leone FY20 Annual Work Plan
October 1st, 2019 – September 30th, 2020

Date: December 19, 2019

TABLE OF CONTENTS

I. ACRONYMS

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CHA	Community Health Assistant
CHO	Community Health Officer
CHW	Community Health Worker
CIND	Country Integrated NTD Database
CMS	Central Medical Stores
DHMT	District Health Management Team
DMO	District Medical Officer
DHIS2	District Health Information System 2
DPC	Disease Prevention and Control
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EU	Evaluation Unit
FAA	Fixed Award Amount
FAQs	Frequently Asked Questions
FHI 360	Family Health International 360
FP	Focal Point
FTS	Filariasis Test Strip
HD	Health District
HKI	Helen Keller International
HMIS	Health Management Information System
HSS	Health System Strengthening
ICT	Immunochromatographic test
IVM	Ivermectin
JRSM	Joint request for selected preventive chemotherapy medicines
LF	Lymphatic Filariasis
MCHA	Maternal and Child Health Aide
MDA	Mass Drug Administration
mf	Microfilaria
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation
MSH	Management Sciences for Health
NEC-ADR	National Expert Committee for Adverse Drug Reactions
NGO	Non-Governmental Organization
NTD	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program
OV	Onchocerciasis
PCT	Preventive Chemotherapy NTDs

Pre-TAS	Pre-Transmission Assessment Survey
PHU	Peripheral Health Unit
PZQ	Praziquantel
SAC	School aged children
SAE	Serious Adverse Events
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool
SL	Sierra Leone
SLPB	Sierra Leone Pharmacy Board
SMM	Sustainability Maturity Model
SOP	Standard Operating Procedures
STH	Soil-Transmitted Helminths
TA	Technical Assistance
TAC	Technical Advisory Committee
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
ToT	Training of Trainers
TF	Trachomatous inflammation-Follicular
TT	Trachomatous Trichiasis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WA	Western Area
WAR	Western Area Rural
WASH	Water, Sanitation and Hygiene
WAU	Western Area Urban
WHO	World Health Organization

II. TECHNICAL NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

The Sierra Leone national Neglected Tropical Diseases Program (NTDP) falls under the Directorate of Disease Prevention and Control (DPC), one of 14 directorates of the Ministry of Health and Sanitation's (MoHS) medical services division. The NTDP was established in 2007 when the National Onchocerciasis Control Program (NOCP) was reorganized to include integrated management of other preventative chemotherapy (PC) NTDs including lymphatic filariasis (LF), schistosomiasis (SCH) and soil-transmitted helminths (STH). The main goals of the NTDP are to eliminate LF and onchocerciasis (OV) and to reach and sustain control of schistosomiasis (SCH) and soil transmitted helminths (STH). Trachoma is not considered endemic in Sierra Leone.

The national NTDP oversees the planning, implementation, monitoring and evaluation (M&E) of NTD activities in Sierra Leone. The central-level NTDP has grown from three staff in 2008 to five technical staff currently, under the leadership of an NTDP Manager. At the district level, each of the 14 health districts (HDs) has a District Health Management Team (DHMT) led by a District Medical Officer (DMO) who coordinates all health activities. The DHMTs have focal persons (FP) for each disease program, including one for NTDs. Districts are further divided into 1,258 Peripheral Health Units (PHUs) throughout the country which are staffed by different cadres of health workers including Community Health Officers (CHOs), Community Health Assistants (CHAs), Maternal State Enrolled Community Health Nurses (SECHNs) and Child Health Aides (MCHAs). Each PHU has about two to four staff depending on the type of health facility. The community health center (CHC) which is the highest category having three to four staff, the community health post (CHP), the medium category, have two to three staff and the maternal child health post, the lowest category has at least two staff. These health staff supervise and oversee the community drug distributors (CDDs) who carry out the NTD mass drug administration (MDA) campaigns each year.

The United States Agency for International Development (USAID) is the main donor for MDA and M&E activities in all 14 endemic HDs in Sierra Leone and currently supports the NTDP through the Act to End Neglected Tropical Diseases | West program, managed globally by FHI 360 and in Sierra Leone by Helen Keller International (HKI). Other partners, such as Sightsavers, also contribute to NTD control and elimination, as summarized in **Table 1. List of All Partners Supporting PC NTDs in Sierra Leone (see FY20 Work Plan Tables)**

2. IR1 PLANNED ACTIVITIES LF, Trachoma, OV

i. Lymphatic filariasis

i.a. Previous and current FY activities and context

In 2005, mapping with immunochromatographic test (ICT) cards showed that all 14 HDs in Sierra Leone were endemic for LF, with prevalence of circulating filarial antigen (CFA) ranging from 3.1% in Bonthe to 52% in Bombali. Baseline LF microfilaria (mf) surveys were also performed in 2007 and 2008, with the highest mf prevalence recorded in Bombali (6.9%) and Koinadugu (5.7%). In 2010, the country reached 100% geographic coverage for LF MDA, with all 14 HDs receiving annual treatment.

Considerable progress has been made toward achieving LF elimination in Sierra Leone: nine out of 14 HDs (64%) have stopped LF MDA and transitioned to post-MDA surveillance after successfully

conducting the transmission assessment survey (TAS1) (8 HDs in FY17 and 1 HD in FY18). In FY19, TAS2 was conducted in eight of these HDs, representing four evaluation units (EUs) using the filariasis test strip (FTS) and all EUs remained well below the critical cut-off value for number of positives. Only 1 EU (Kono + Tonkolili HDs) recorded FTS positives during TAS 1 (7) and TAS 2 (1). These nine HDs, which include Kambia, Port Loko, Bo, Pujehun, Kono, Tonkolili, Moyamba, Bonthe and Urban Wester Area, are currently under post-treatment surveillance.
Despite the success that the Sierra Leone NTDP has achieved, there are five HDs are still undergoing annual LF treatment in FY19: four districts bordering Guinea and/or Liberia (Bombali, Koinadugu, Kailahun, and Kenema) and the Western Area Rural (WAR). Pre-TAS (WAR) and re-pre-TAS (4 HDs) were conducted in these five HDs in February 2017.

In these four HDs, three rounds of MDA were conducted after the first failed pre-TAS (using microfilaria in FY13). The reason for the three rounds instead of two was due to the Ebola outbreak in FY14-15. There was no MDA in FY14 and following consultation with the DHMTs, NTDP and FHI 360, it was decided to postpone the re-pre-TAS to FY17 to ensure community participation and the safety of the technicians. Spot check sites for the FY17 pre-TAS were chosen based on local knowledge of LF transmission in the IU and based on presence of lymphoedema and/or hydrocele cases. One spot check site was chosen per HD, except for Bombali where two spot check sites were chosen (as it had the highest baseline prevalence). All positive results in all HDs were confirmed by a second test. All five HDs assessed had antigenemia (Ag) prevalence >2% in at least one site and did not qualify for TAS1. These five HDs have undergone three rounds of MDA since the pre-TAS failure in 2017. The NTDP decided to conduct a third round of MDA given the high Ag prevalence in 2017. Please see **Appendix 4** for a historical summary of LF baseline, MDA coverage and pre-TAS / TAS data by year.
The failed pre-TAS was despite reported district-level epidemiological coverage consistently above 65%. During the FY18 MDA, all HDs met the program and epidemiological coverage targets. The FY19 LF MDA was conducted in late June in the WAR and is ongoing in September in the four HDs. The final FY19 LF MDA results are not yet available. MDA mop-up was conducted in September-October following SCT results for supervisory areas that have not reached a minimum 65% epi coverage.. **Please refer to Table 2a: USAID supported LF coverage results for FY18-FY20.**

We hypothesize that there are multiple reasons for the pre-TAS failures but the three most likely are:

1. Insufficient MDA coverage
    a. Standard coverage surveys were carried out in FY18 in response to the 2017 pre-TAS failures. Results showed that reported coverage was reliable in two HDs (Bombali: 79% surveyed coverage compared to 78% reported coverage; Kailahun: 76% surveyed coverage compared to 78% reported coverage). However, the surveyed coverage in Koinadugu HD was below the epi coverage threshold (62% compared to 77% reported coverage). The survey also identified communities that had been missed during MDAs especially in Koinadugu and issues surrounding MDA refusal and fear of adverse events indicating that in this HD, the NTDP was not able to reach all those who were targeted for treatment.
    b. Frequent cross-border migration from Liberia and Guinea for trade, farming, and schooling (neighboring HDs in Guinea reported 11% mf at baseline and have only had 3-4 rounds of LF MDA means that some individuals participating in the pre-TAS may not have been resident in Sierra Leone at the time of MDAs Certain migratory groups, such as cattle herders, are difficult to reach during campaigns and may not be named in the CDD village registers;

c. Difficult terrain and poor road networks, which means some hard-to-reach communities may have been missed during MDAs (particularly in Koinadugu);
d. Deep-rooted traditional beliefs (i.e., that LF is caused by witchcraft) and traditional healers attracting LF cases for healing may contribute to poor MDA compliance in some areas;
e. Insufficient supervisor/CDD ratios in some areas: some PHUs are understaffed and supervise large catchment areas, for example, Koinadugu has 75 PHUs covering 12,121 km^2 and 409,372 people, compared to Bo district with 132 PHUs covering 5,219 km^2 and 575,478 people);
f. Poor CDD motivation has been cited as an issue by PHU staff, NTD focal points and CDDs themselves during supervisory visits, particularly among those CDDs who have not been recruited into the paid national community health worker (CHW) scheme. As a result some CDDs are slow to distribute the drugs or only distribute the drugs at their leisure time. In FY19 the CDDs will be paid for their services following the submission of their reports to the PHU staff showing effective (65%) coverage in their community.
g. General mistrust and fear in post-Ebola context also impacted compliance, demanding intensified social mobilization efforts which have been implemented over the past years, but they may not have been completely successful.
h. Reduced disease-burden for LF, OV and STH has reduced the motivation to participate by the public and the motivation to volunteer by CDDs;

2. Poor implementation of the pre-TAS. While this is less likely, this possibility must be investigated (see below in FY20 activities).
3. Other factors, including influence of high baseline prevalence[1] (see Appendix 4). While we understand that this may be a strong influencing factor, this baseline cannot be changed, and this work plan emphasizes improvement of the first two points above; namely improvement of MDA implementation and strict attention to sub-district level (PHU) coverage data to ensure targeted mop up continues until all PHUs reach the minimum 65% epidemiological coverage.

New activities and adapted strategies were implemented in FY18 and FY19 to address the challenges noted above to target improve LF MDA coverage. These activities are summarized below:

- **Sub-District (Chiefdom-level) Coverage Analysis** In FY19, HKI conducted an analysis of FY18 sub-district level MDA coverage data for the four border LF HDs, overlaying the coverage survey data, pre-TAS results and reported coverage where available. The data analysis was presented to the DHMTs prior to the FY19 MDA to identify chiefdoms for targeted social mobilization and supportive supervision to improve program coverage in chiefdoms that reported <65% epidemiological coverage in FY18.
- **Targeted supervision:** HKI worked closely with the NTDP and the four DHMTs to target supervision of training, social mobilization and MDA activities in chiefdoms where the sub-district analysis revealed that reported and/or surveyed coverage was low. HKI staff provided direct supervision of CDD trainings and MDA in these select chiefdoms. FHI 360's LF Technical Advisor also provided supportive supervision in Bombali and Koinadugu HDs during the MDA. In addition, independent monitors were trained to provide additional supportive supervision to CDDs in underserved PHUs (e.g. in Koinadugu HD) in FY18 and FY19. These strategies helped to increase CDDs supervision thereby positively impacting supervisor/CDDs ratio.

1 Mapping with ICT in 2005 showed Ag prevalence in the four districts >10%: Bombali (52%), Koinadugu (46%), Kailahun (19.1%) and Kenema (13.3%)

- **Supervisor's Coverage Tool:** As the SCT is considered a better tool for recognizing coverage issues during the MDA, HKI trained independent monitors to implement the SCT for the first time in these LF districts, following its successful roll-out during the SCH campaign in February 2019. The SCT helps identify areas where additional support to MDA is needed to achieve the coverage target. in FY20, supervisors at DHMT level will be trained to use the SCT as part of routine supervision to help identify areas of poor coverage and trigger remedial action.
- **Chiefdom-level social mobilization meetings:** Previously held at district level, social mobilization meetings were instead held at *chiefdom level* in FY19 to ensure that health staff receive and disseminate key messages about MDA to the communities directly. This was in response to a review of 2018 independent monitoring reports from the four LF HDs, which indicated that 79% of respondents heard about MDA through PHU staff. These meetings are a key platform to emphasize social mobilization messaging to PHU staff.
- **New social mobilization strategies:** HKI has engaged FOCUS 1000, a local non-governmental organization (NGO) that works with a large network of traditional healers and religious leaders throughout the country to deliver behavior change communication (BCC) messages. FOCUS 1000 played a pivotal role during the Ebola epidemic. In June 2019, 50 traditional healers and religious leaders were trained as volunteers and helped to distribute drugs to community members, including their patients and congregation members during the LF MDA campaign in the WAR and in the four hotspot HDs. Working through FOCUS 1000 enables the NTDP to have a wide reach amongst this community and to better adapt BCC messages to this important audience (for example, making connections between the community benefits of MDA and religious verses to increase acceptance of MDA among the religious community).

ib. <u>Plan and justification for FY20</u>

As part of the quality improvement process to understand DSA failures and avoid future failures, HKI and the Act to End NTDs | West consortium, in collaboration with the MoHS, have developed several activities for FY20 toward improving MDA coverage and DSA quality. Proposed LF activities for FY20 will focus on DSA quality. LF MDA is not planned in FY20, assuming all HDs pass pre-TAS. The four border LF HDs (Kenema, Kailahun, Bombali and Koinadugu) are co-endemic for OV and STH and will therefore continue OV/STH MDA in FY20 (please see the OV and **"Integrated MDA Activities"** sections for proposed activities and strategies to improve MDA coverage in FY20).

<u>Disease-Specific Assessments</u>

The following LF DSAs are planned in FY20:

- **Pre-TAS in 5 HDs**
  Re-pre-TAS is planned in five HDs (WAR, Bombali, Koinadugu, Kenema, and Kailahun) in April/May 2020 using FTS. This will be the second pre-TAS in WAR and third pre-TAS in the four border HDs. ***(Please refer to Budget Narrative Section 4 j.5).*** One sentinel site and one spot check site will be chosen in each HD/IU except Bombali (had high baseline prevalence) where two spot check sites will be chosen. Spot check sites will be selected based on local knowledge on possible LF transmission and based on presence of lymphoedema and/or hydrocele cases. HKI and FHI 360 will help the NTDP to conduct a thorough review of sub-district level MDA coverage data to also guide the spot check site selection.

- **TAS1 in 1 HD (1 EU)**
  Following the pre-TAS, TAS1 will be conducted in the Western Area Rural (WAR) in FY20 using FTS. TAS1 in the other four HDs conducting pre-TAS will be carried out in early FY21, six months after the OV/STH MDA in these HDs. There is not enough time to conduct pre-TAS, TAS1 and MDA in these HDs in the fiscal year, given that pre-TAS is scheduled for late April and OV/STH MDA is planned in May–June for synchronization with Guinea. **(Please refer to *Budget Narrative Section 4 j.7).***

- **TAS2 in 1 HD (1 EU)**
  TAS2 will be conducted in the Western Area Urban (WAU) in February 2020 using FTS, two years following the TAS1. **(Please refer to *Budget Narrative Section 4 j.8).***

Ensuring quality TAS implementation

Act | West will support protocol development and the quality implementation of LF DSAs through training, monitoring and field supervision. Protocol development will be done in collaboration with the NTDP and the Act to End NTDs | West consortium. Leveraging the FAA mechanism, the survey will not go ahead unless the protocol is approved by HKI and FHI 360.

Training/refresher training of field supervisors and survey teams will be led by HKI country office, HKI-HQ/AFRO and/or FHI 360 LF Technical Advisor in collaboration with the NTDP to review the approved survey protocol, sampling methodology and use of the FTS diagnostic test with the survey teams. The trainings include a field practice component and pre- and post-tests. All LF survey protocols will be reviewed and approved by HKI-HQ and FHI 360 prior to the training (protocol approval is a FAA requirement). Act | West technical staff will ensure that 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;
- Confirmatory re-testing of positive cases and also collecting dried blood samples (DBS);
- Use of the TAS supervisor's checklist; and
- Treatment of confirmed positive cases and their immediate family.

In addition to supporting DSA trainings, HKI (Country office and Regional and Headquarters office) and FHI 360 will directly observe survey implementation in the field for quality assurance. As best practice, communities will be properly sensitized prior to conducting the survey. ***(Please refer to Budget Narrative Section 4.j).***

In addition, HKI will support the NTDP to use electronic data capture (EDC) for TAS and pre-TAS for the first time in FY20. EDC 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 Sierra Leone already has extensive experience using EDC for independent monitoring.

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

ii. Onchocerciasis

iia. Previous and current FY activities and context

According to studies conducted between 2002–2004 using skin snip, 12 of 14 HDs had areas that were meso-endemic (mf prevalence ≥40 and <60%) or hyper-endemic (prevalence ≥60%) for OV. The Western Area (WAR and WAU) and Bonthe Island were not found to be endemic. From 2005–2006, community-directed treatment with ivermectin (CDTI) was implemented in 8,451 meso- and hyper-endemic villages. Albendazole (ALB) was added to the strategy in six HDs in 2007 and to all 12 HDs in 2008 to integrate LF and OV treatment.

An impact assessment supported by African Program for Onchocerciasis Control (APOC) conducted in 2010 using skin snip showed significant reduction in OV prevalence in the 12 HDs after five rounds of MDA. Another impact assessment was carried out in April 2017 after 10 years of MDA using OV16 rapid diagnostic test (RDT). The assessment was integrated with LF TAS in eight HDs and done separately in the other four HDs. Although the integrated assessment did not follow WHO criteria for the selection of sites for OV impact assessment, it gave an indication of the current OV prevalence in the 12 HDs, the impact of MDA to date, and the need to continue Ivermectin (IVM) MDA in hypo-endemic areas that have benefitted from MDA for LF since 2008. USAID has not supported any OV DSAs in Sierra Leone since the 2017 assessments. **Please refer to Table** 4b USAID supported OV DSAs for FY18-FY20.

To date, 12 effective rounds of MDA for OV have been conducted (with one missed round in 2014 due to the Ebola epidemic). All 12 HDs treated in FY18 reported satisfactory program and epidemiological coverage. The FY19 MDA was scheduled for August/September 2019, thus coverage results are not yet available. **Please refer to Table 4a for a summary of USAID supported OV coverage results**.

Sierra Leone's Technical Advisory Committee (TAC) meets at least once yearly to advise NTDP on activities toward elimination of OV in the country. A key recommendation from the last TAC meeting in April 2019 was to conduct a pre-stop MDA OV survey in the first quarter of FY20. This survey will be supported by Sightsavers-ASCEND funded by DFID. A total of 43 breeding sites have been identified across the 12 HDs; three to five front line villages will be selected within 5-15km of each breeding site. Villages known or suspected to be at highest risk of OV, or with lowest reported MDA coverage, will be prioritized for inclusion. In each village, 300 children 5-9 years old will be screened and dried blood spots collected to run the RDT in the laboratory. Of children testing negative on rapid test, 15% will be randomly selected for confirmatory testing using OV16 ELISA. Sightsavers is also currently supporting entomological surveillance in the 43 breeding sites currently identified.

iib. Plan and justification for FY20

OV/STH Sub-District Coverage Analysis

The Act | West MEL team will support HKI-Sierra Leone and the NTDP to build upon the sub-district coverage analysis conducted this year by integrating the FY19 LF/OV MDA reported coverage results, once available from the NTDP. Where low coverage is observed from analysis of MDA data, targeted mop ups will be conducted until effective coverage (65%) has been achieved in each PHU-catchment community. The analysis will be presented at the FY20 annual NTD review meeting, which will include a data review session to support the DHMTs in targeted planning for the FY20 OV/STH MDA (i.e., review and adjustment of CDD/population ratios and supervisor/CDD ratios, selection of chiefdoms for specific social mobilization activities and enhanced supervision with SCT). ***(no budget beyond LOE of HKI staff)***

Holistic Review of MDA Components

HKI will support the NTDP to conduct a holistic review of MDA components including training modules, supply chain management, supervisory tools, data collection tools, etc. From this holistic review, HKI will develop an **MDA quality improvement checklist**, adapting existing tools or checklists from the NTD Toolbox to the Sierra Leonean context. This checklist will address issues and recommendations from previous supervision reports and visits, including observations made during the FY19 MDA in the WAR (see below). The checklist will be used by HKI and NTDP staff for MDA preparation, implementation, and supervision to ensure that all critical steps are followed for quality MDA. ***(no budget beyond LOE of HKI staff)***

OV/STH MDA in 12 HDs

OV/STH MDA will be conducted in 12 HDs targeting 5,161,280 adults aged five years and above for IVM distribution and 1,780,642 school-aged children (SAC) for ALB distribution.

In FY20, MDA will be conducted over the period of five days using a campaign strategy (similar to the WAR). CDDs will receive a stipend of 20,000 SLL/day, comparable to other similar health campaigns. This period will be described as "MDA Week" during which the entire PHU staff, DHMTs, NTDP and HKI will dedicate their MDA monitoring and supervision for effective coverage among all target population. This campaign strategy will replace the previous strategy of conducting MDA over a 6-week period using volunteer CDDs. The MDA distribution will be followed by a mopping up period for an additional period until target coverage is reached in all PHU catchment communities. CDDs will be paid 60% of the total stipend prior to commencement of MDA. The remaining 40% will be paid after completion of MDA with effective (>65%) epidemiological coverage report. The campaign will be scheduled in June 2020 for synchronization with Guinea (Please refer to ***Budget Narrative Section 4 e.5***).

In response to recent observations made during the FY19 LF MDA in the WAR, HKI will ensure the following for future planned MDAs:

- Review tally and summary sheet templates before MDA to ensure correct versions are distributed to all PHUs and CDDs;
- Emphasize proper filling of tally sheets during CDD training and supportive supervision;
- Confirm Pharmacy's plans for drug deliveries to PHUs in advance, to avoid stock-outs; and budget provision for sachet of water for all fixed posts (including schools), public places including market bus terminals, streets, public squires.

Additional planning, advocacy, social mobilization, training, and supervision activities are planned for the OV MDA in FY20. Please refer to the **"Integrated IR1 Activities"** section below for details.

iii. Trachoma

a. Previous and current FY activities and context

Mapping was conducted with USAID support in 2008[2] in the five HDs that border districts in Guinea where trachoma was thought to be most likely endemic. The prevalence of trachomatous inflammation-follicular (TF) in children aged 1–9 years in the five mapped districts was <5% and thus MDA with azithromycin was not warranted in accordance with WHO guidelines. The prevalence of trachomatous trichiasis (TT) in

[2] https://www.ncbi.nlm.nih.gov/pubmed/21780873

persons ≥15 years was <1% among those studied, but TT outreach interventions have not been conducted to date and no surveillance has been put in place. However, the NTDP has included trachoma surveillance and TT outreach (surgical camps) in the 2016-2020 NTD Master Plan. Sightsavers plan to repeat trachoma mapping in all 12 HDs in FY20 and to support up to 1,000 TT surgeries, pending the TT prevalence results ***(see Table 1 and Appendix 1 of the Work Plan Tables and Appendices).*** The mapping will be preceded with active case findings in at least districts that share a border with Guinea. The WAR and WAU urban districts are not targeted for re-mapping as there is no evidence of trachoma.

iv. Integrated IR1 Activities

a. Preparatory MDA Activities

Cross-border meetings

HKI attempted to organize a synchronized MDA campaign in border districts of Guinea and Sierra Leone in June-July 2019. Unfortunately, Guinea's FY19 MDA was delayed by the MoHS until October/November 2019. However, pre-MDA cross-border meetings were held in FY19 in 7 border HDs: Kambia, Bombali Koinadugu, Kono, (bordering Guinea), Kailahun (bordering Liberia and Guinea), Kenema and Pujehun (bordering Liberia). During these meetings, DHMTs estimate the population likely to migrate into Sierra Leone during MDAs using population estimates from the recent polio campaigns. These meetings were focused on planning between district - district and PHU - PHU focal points and the authorities in the border communities. These meetings will be conducted in FY20 to plan toward synchronization and ensure sufficient quantity of drugs is made available for distribution at border crossing points. ***(Please refer to Budget Narrative Section 4 f.14).***

HKI and FHI 360 will coordinate with the WHO to support timely arrival of the drug deliveries by April 2020 to have enough time to position drugs in the border PHUs and border crossings. The time period for MDA will be specified in the FAAs for Guinea and Sierra Leone. HKI and FHI 360 will plan toward improved synchronization of MDA in June 2020 and will re-assess the feasibility of this in April. HKI will work with the national level NTD programs to assist border districts with the planning leading up to the cross-border meetings. Cross-border meetings at the district to district level will allow for district leads to better coordinate schedules, staffing and quantification of drugs needed for respective MDAs. The cross-border meetings, which are supported through the FAAs, will be contingent upon the possibility of synchronizing MDA with Guinea.

CDD Village Census

Following CDD training, the CDDs will update the community registers prior to MDA to capture the current population in their catchment area. In FY20, an additional days' stipend has been budgeted for this activity and CDDs will be re-trained on how to conduct an accurate and complete village census in their catchment community in preparation for MDA. The census figures will be used to quantify drug needs at PHU level. NTD Focal points, PHU staff, and DHMTs will supervise this census activity and HKI will perform spot-checks on this activity. This will enable the program to have a more accurate population denominator. ***(Please refer to Budget Narrative Section 4.i.5*)**.

b. MDA Trainings

Yearly training/refresher trainings for MDA are provided for health personnel at all levels. The annual trainings/refresher trainings are required due to transfer of staff to new positions, attrition, recruitment and selection of new CDDs. Trainings are provided in a cascade format starting with the training of

trainers, which include district NTD focal points, MCH aide coordinators and DHMT members. ***(Please refer to Budget Narrative Section 4 g.)***.

c. <u>Social Mobilization</u>

The following social mobilization strategies and communication channels will be used in FY20 to increase awareness of the MDA campaign and encourage participation and compliance ***(Please refer to Budget Narrative Section 4.f)***:

- **Social mobilization** at **chiefdom level**

- **Village level community meetings**

- **Town criers** work on a volunteer basis and are utilized to convey sensitization meetings at the request of the village chief to inform people about the MDA and emphasize the need for every eligible person to comply with the treatment. According to 2018 independent monitoring reports for the 4 LF border districts, 17% of respondents heard about MDA through town criers.

- **Television and social media**

- **Radio broadcasts:** Community radio stations and the commercial 'Star Radio' and AYV transmit nation-wide and will continue to disseminate well-tailored, pre-tested messages through interactive, live, and panelist broadcasts. In the 4 LF HDs, emphasis will be placed on town criers and chiefdom and village level meetings, with radio serving as a complementary strategy.

  The radio programs use position statements and **Frequently Asked Questions (FAQs)** prepared by HKI and the NTDP to ensure consistency of messaging[3] and transmit **radio jingles** which are translated in the main eight local languages. In FY19, four radio jingles were revised in local languages and the remaining four will be revised in FY20. The FAQs are used as an anchor by the interviewer to address public concerns on NTDs and respond to questions and concerns that listeners submit by SMS or voice calls. The revised FAQs and position statements are written in English but discussed in the local language Krio during radio discussion. They are also disseminated during the pre-MDA community meetings. A version of the FAQs has been recently adapted in FY19 in collaboration with FOCUS 1000 to use a 'world-view' and perspective more appropriate for religious and traditional healers.

- **Portable "pico" video on LF and OV:** This is a portable video projector that can be easily projected in the community during MDA to encourage participation. The DHMTs in the four LF endemic districts have used this for special community sensitization in known hot spot villages. The OV pico video will be shown in target villages in FY20 and the LF video shown only in case of pre-TAS failure.

Given that, after passing pre-TAS, HDs will no longer require LF MDA, social mobilization strategies will be developed which focus on the continued OV and STH treatment.

3 FAQs are printed pages listing common questions received about NTDs and the medications used to treat them, along with a factual response to counter misconceptions about the diseases, adverse events and drugs)

d. Supervision

Supervision of the NTDP activities is conducted on several levels: an NTD Task Force oversees the master planning process and monitors the activities and overall progress of the NTDP. At the district level, the cost of hiring motorcycles and providing fuel is included in the Act | West budgets to the to support the district NTD Focal Points to effectively supervise activities. Training of trainers (DHMTs) and training of PHU-in-charges at the district level is supervised by the national NTDP and HKI.

At PHU level, the cost of transportation for PHU staff to cover their catchment villages has been included in the Act | West budget, including transportation cost for supervision of village-level social mobilization, CDD training and MDA. PHU staff will provide supportive supervision to the CDDs during the community census update, MDA and during the "mop-up" period if SCT suggests that the campaign needs to be extended. Additional supervision days and support for logistics (i.e. motorbike rental) has been included in the budget for hard-to-reach areas, for example in Koinadugu. PHU activities are supervised by the DHMTs and district NTD FPs also conduct spot checks and support supervision of activities at the community level. In FY20, the inclusion of the district M&E, Pharmacist and Social Mobilization Officer staff in the ToT will enable them to provide direct supportive supervision of data collection, drug supply management and social mobilization activities, respectively. The NTDP and HKI also supervise social mobilization, training and MDA activities at all levels by conducting spot checks.

In addition, separate FAAs have been created in the ACT | West budget for the four border districts to include additional number of supervision days and motorbike rental for DHMT and PHU staff especially in the hard-to-reach areas and for the newly established DHMTs (Karene and Fabala). This will facilitate increased supportive supervision of CDDs to help improve performance and coverage.

Supportive supervision of the CDDs/CHWs focuses on ensuring the CDDs adhere to the following treatment guidelines: (a) the correct use of dose poles; (b) exclusion criteria; (c) correct recording of doses administered in the village register or tally sheet by gender; (d) supply chain management to detect and report stock outs; and (e) identification/referral of serious adverse event (SAE) cases and reporting of SAEs to the DHMT. Supportive supervision of health staff and CDDs or CHWs gives the opportunity to evaluate if the health workers are doing the activities correctly and bring onsite corrections as need be.

In addition to supportive supervision, the SCT will be implemented during LF/OV/STH MDA in the 12 HDs in FY20. ***(Please refer to the M&E section below and Budget Narrative Section 4.i)***

g. Monitoring, Evaluation and Learning

In addition to the DSAs and other M&E activities previously mentioned, the below integrated M&E activities are planned for FY20 ***(please refer to Budget Narrative Section 4 j):***

- **Training on Data Management**
  A four-day training will be conducted for the four newer District Medical Officers and all NTD focal points and district M&E officers and MCHA coordinators on NTDs and data management/M&E/excel led by NTDP and HKI to support district level capacity building. ***(Please refer to Budget Narrative Section 4 g.11).***

- **Data Collection, Analysis & Reporting**
  Data are collected by the CDDs/CHWs in their community registers and on tally sheets for MDA in the urban setting. Data collected by CDDs is collated by the PHU-in-charge and checked by the District NTD FP and the district M&E officer. The National NTD Supervisors tour the districts after MDA to collect these collated reports and assist with data review and validation of the reports. District FPs and M&E officers and the NTDP also follow up with PHUs to obtain delayed reports as needed. The NTDP then collates all district-level data for reporting to HKI in the USAID workbooks.

- **Supervisor's Coverage Tool (SCT)**
  The SCT was introduced and implemented in FY19 for SCH MDA in 7 HDs and LF MDA in 4 HDs. The key strength of the SCT is that it enables PHUs to rapidly identify areas with sub-optimal coverage in need of mop-up. The SCT is planned again in FY20 for SCH MDA in 6 HDs, and OV/STH MDA in 12 HDs.. In FY20 SCT will be implemented during all MDAs by PHU staff and the DHMT supervisors on the last day of the campaign and will include a question on treatment of non-residents. The supervisors will in-turn quickly advise the CDDs for additional mop-up in areas that had not reached optimum coverage and extend supervision in these areas. One additional day has been added to the PHU staff training to cover the SCT protocol for all PHU staff and the DHMT supervisors. (Budgeted under FAA 2)

v. <u>Host Government/Partner Supported Activities</u>

The Government of Sierra Leone has continued to provide support to the NTDP in terms of human resources including paying of salaries and wages for the national NTD staff, DHMT and PHUs staff. The Government also pays rent for office space for all level of staff that contribute to the NTDP. In FY20 Government has committed to increase human resource support to the NTDP including transfer of additional staff; Pharmacist, NTD WASH Coordinator, Deputy M&E officer, and Finance Officer in addition to absorbing the entomology team. Following an extensive consultation and advocacy by HKI, Deloitte and NTDP with the senior management team of the MoHS, a budget to carry out 3,900 hydrocele surgery has been included in the MoHS calendar year 2020 annual work plan and budget. This will be done with technical support from CapaCare, a nonprofit humanitarian organization dedicated to medical education and training. (Please refer to FY19 SAR2).

The following activities are supported by other partners:

- **LF:** Management of morbidity for LF remains under supported in Sierra Leone. However, through the new ASCEND project, Sightsavers intends to support approximately 1,325 hydrocele surgeries in FY20.
- **OV:** USAID supports OV MDA in all 12 endemic HDs while Sightsavers will provide support for OV epidemiological and entomological assessments and TAC meetings in FY20.

vi. <u>Dossier Status (LF)</u>

Current validation timeline: Currently, 8 HDs are projected to complete TAS3 in FY21, 1 HD in FY22, and the remaining 5 HDs in FY25. Thus, the country is on track to meet the LF elimination criteria by 2025.

Historical data completeness and security: The MoHS and partners have kept copies of all data and information generated by the program since its inception. Baseline data and reports, impact assessments, Pre-TAS and TAS data are all available at the national level. Data on capacity building, social mobilization and other M&E activities are also available at the national level. In addition, reports generated and shared with WHO and USAID contain most of the data required to develop the dossier. Several published data also exist in the program and online. These data are currently stored in both NTDP M&E and HKI staff computers and backed up by HKI's local server system.

To ensure that survey and MDA data is properly stored and managed and prepare for future dossier development, HKI will advocate to the MoHS to appoint an additional M&E staff member to the national NTD team who will support the data management. Having a centralized data management system will facilitate timely completion of the LF dossier in the future. HKI purchased a desktop computer in FY19 to facilitate the MoHS's compilation, storage and analysis of its NTD data using the Country-level Integrated NTD Database (CIND). Before data entry began, a power surge disabled the computer despite surge protection. At the moment there is no centralized data management system. In FY20 HKI country office will work with HKI M&E Specialist at headquarters to develop an integrated data management system that will be accessible to the NTDP staff and ACT | west partners.

In FY19, Sightsavers has begun supporting the MoHS to integrate NTD indicators into the District Health Information System (DHIS2). Before advocating for more investment in the CIND, HKI will investigate the DHIS2 functionality as an alternative. Should the new system offer the same or better level of data security, organization, and report generation as that of the CIND, HKI will advocate for data entry to DHIS2 in lieu of the CIND.

In terms of the data available on LF MMDP, in 2010, the CDDs estimated the backlog of people living with hydrocele and lymphedema as 23,500 and 8,300, respectively. These numbers were obtained from reports from the annual census conducted by CDDs before each MDA in each community (please see FY19 SAR2 for updated figures based on these 2010 estimates). Also, in 2012, reports from PHU staff at health facilities showed that 4,341 persons had lymphedema while 11,104 persons had hydrocele. These are the only data currently available on the MMDP burden in the country.

Status of writing the dossier: The MoHS has not yet begun to prepare the narrative portion of the dossier. Although not inputted into the dossier template, historical survey and MDA data is available at national level.

TA/Training on Dossier Development: FY20, HKI with TA support from FHI 360 will organize a two-day training on dossier development to orient MoHS and partners on the processes and the requirements for the templates. During the workshop, NTDP will begin to populate the available survey and MDA data into the dossier template and devise a plan to gather the necessary information for the narrative portion.

3. SUSTAINABILITY STRATEGY ACTIVITIES

i. DATA SECURITY AND MANAGEMENT

NTD data management and security

The NTDP received TA and refresher training on the CIND from FHI 360 in FY18. An update of the CIND commenced in FY18 following this training but technical and computer-related issues hindered the NTDP

from completing this task. Data entry into the CIND will re-start in FY20 using a dedicated desktop computer to store NTD data. This desktop is backed-up daily to HKI's local server system to avoid loss of any data. In addition, all NTD data stored on ESPEN will be reviewed and brought up-to-date by the NTDP with HKI's support. HKI will assist the MoHS in applying data security standards in FY20, including a cloud-based or multiple local backups and password protection for the centralized database.

Mainstreaming NTD data into national HMIS

HKI and Sightsavers have begun discussions with the Directorate of Planning and Information and Directorate of Disease Prevention and Control (DPC) for the integration of NTD indicators into the District Health Information System (DHIS2). The NTDP will continue to advocate to the MoHS to include NTD surveillance in the national disease surveillance system during stakeholders' meetings. HKI-Sierra Leone (SL) will involve HKI-HQ, FHI 360 and Act | West consortium partners in the discussion to identify the NTD indicators that may eventually be integrated with DHIS2. This will help to mainstream the process for detection of recrudescence of LF once MDA stops. Sightsavers and Act | West consortium partners will be invited to the NTD annual review meeting in January 2020 to review the NTD indicators proposed for DHIS2.

ii. DRUG MANAGEMENT

NTD Drug Quantification and JRSM

The current drug quantification is based on the projected national census conducted in 2015 by Statistics Sierra Leone and the CDD census. The joint request for selected preventive chemotherapy medicines (JRSM) forms are used to request NTD drugs for the next year's campaign, taking into consideration the remaining stock from previous MDA. Currently there is no donation program for praziquantel (PZQ) for high risk adults and the NTDP is exploring other options to procure PZQ to cover this gap. In FY16, the NTDP and partners received training that was facilitated by the M&E Coordinator of FHI360 on WHO joint drug application and reporting forms. NTDP has used the JAP with support from HKI in FY19 to complete the drug request for 2020 MDA.

One challenge that was identified is the under-supply of drugs to the DHMTs because of inaccurate population census data. This challenge was addressed by the national program through the provision of 10% buffer of drugs to HDs that experience frequent population migration, especially those bordering Guinea and Liberia. During MDA, the CDDs will administer the drug based on the census data but will also add new members to the register who were not present during the census and administer drugs to everyone eligible. If drug shortages are identified during MDA, additional supplies are requested by the PHU in-charge which are delivered by the NTD focal persons.

Transport and Storage

According to the current supply chain management (SCM) of the NTDP, all drugs arriving in-country are transported to the NTDP warehouse in Makeni without passing through the Central Medical Stores (CMS). The cost of transportation is covered in the Act | West budget. The drugs do not pass through CMS currently as this would incur a storage fee of 3% of the total value of the drugs. Drugs are therefore stored in the warehouse in Makeni under suitable storage conditions. HKI purchased two air conditioner split units and two giant fans to ensure optimum storage conditions in FY12.

Reverse Logistics and Waste Management

Post-MDA, leftover drugs are brought to the PHU staff by the CDDs/CHWs. The PHU staff quantify and document the remaining stock for all catchment villages and return the stock to the district pharmacist. These drugs are again quantified by the district storekeeper, checked for expiry date, documented, and stored accordingly in the district stores. Leftover quantities are reported up to the NTDP for inclusion into the next year's drug request. The remaining stock in each district is taken into consideration in the subsequent drug distribution.

Prior to Management Sciences for Health (MSH) recommendations to destroy all empty cups/bottles after MDA, all empty cups/tins were reused by CDDs or communities to store palm oil, salt and for other domestic purposes. Following the MSH recommendations, CDDs were instructed to return empty cups and bottles to the PHUs after MDA. Although Sierra Leone Pharmacy Board (SLPB) has a written standard operating procedures (SOP) for the destruction of open bottles/cups this has not uniformly been put into practice with empty bottles/cups generated after MDA. HKI will reinforce this SOP during MDA cascade trainings and field supervision ***(Please refer to Budget Narrative Section 4 h for drug logistics).***

Efforts to mainstream NTD drugs into national system

Due to the storage charge levied by the CMS, no other efforts have been made to mainstream NTD drugs at central level. However, the NTD drugs are integrated in the system at district and PHU level. From the NTD warehouse in Makeni, the NTD drugs are delivered to MoHS district medical store and onwards to the PHU based on the estimated target population of each PHU. At PHU the NTD drugs are kept alongside other MoHs drugs. This system has been in place and working seamlessly since 2008 to date.

In September 2019, Americares, Act | West in collaboration with HKI and NTDP conducted a Warehouse capacity assessment of the NTDP Warehouse in Makeni, Central Medical Stores in Freetown, District Medical Stores in some selected districts. The objective was to assess the current state of warehouse operations that support the NTDP in order to define training needs for staff, and define capital improvement projects, that may be required to ensure adequate physical storage conditions for project related medical commodities. The assessment also included a review of existing SOPs for supply chain management at the various levels. The assessment of the CMS will help NTDP understand the feasibility of integrating NTD drugs into the national system (particularly with respect to sustainable SCH/STH programming). The report of the assessment is being put together by Americares.

Monitoring and Management of Adverse Events

MDA training/refresher trainings are provided to health staff and CDDs to conduct directly observed treatment and follow WHO guidelines on exclusion criteria, common side effects, and recognition and response to serious adverse events (SAEs). During social mobilization, communities are informed about minor adverse events. Any SAE is referred by the CDDs to the PHU for management. Health workers are expected to track and record all cases on the adverse event forms which are distributed to PHUs during MDA. The PHU staff report to the DHMT and immediately onwards to the NTDP using reporting systems established by WHO and the SLPB.

The NTDP is responsible for SAE management. Should an SAE occur, NTDP will immediately inform HKI, SLPB, the drug donation programs and WHO if an SAE is reported, and HKI will inform FHI 360/USAID. Since 2011, the monitoring and management of SAEs was expanded to include the National Expert Committee for Adverse Drug Reactions (NEC-ADR) in addition to the NTDP. This body is comprised of physicians and public health specialists, pharmacists from SLPB, pathologists, and representatives from WHO and NGOs led by the MoHS. The NEC-ADR monitors for AEs and SAEs during all MDAs and immunization campaigns.

iii. MAINSTREAMING AND HEALTH SYSTEM STRENGHTENING (HSS) ACTIVITIES (IR2)

During the sustainability sensitization meeting held in May 2019, participants discussed the USAID-designed NTD sustainability framework and the six sustainability-related outcomes (Financing, Services, Information Systems, Operational Capacity, Policy/Planning, and Coordination) proposed within that framework. During the one-day event, the NTDP expressed its interest to develop a sustainability plan to maintain the gains achieved through the NTD control and elimination program. Per the meeting's recommendations, Act | West will support the MoHS/NTDP to develop a sustainability plan in FY20 that defines targets for each of the six outcomes highlighted below as well as interventions that will guide the implementation of targeted actions in the most critical sustainability objectives: 1) ensure sustained control programs for SCH and STH and 2) sustain elimination of LF, trachoma and onchocerciasis in the long term.

TA will be provided by Act | West (FHI 360, Deloitte and World Vision) to develop the sustainability plan in FY20. Act | West will apply a participatory approach that will help the country structure its NTDs sustainability strategy around the below six outcomes included into USAID sustainability framework:

1) **Financing:** The MoHS mobilizes sufficient domestic funding to support NTD programing needs.
2) **Services:** Deworming and morbidity management services are provided through sustainable delivery platforms.
3) **Information Systems:** Data collection, reporting and analysis of NTD indicators are mainstreamed into HMIS.
4) **Operational Capacity:** The health and education systems have the capacity to organize, implement and manage NTD operations independently.
5) **Policy:** NTD core functions are included into national health and education policies.
6) **Coordination:** NTD programing and financing are coordinated within the health system and across sectors.

The specific IR/S activities that will be supported in FY20 include:

Strengthen Act-West coordination at country level to facilitate smoothly implementation of IRS activities: National IRS partners team building at country level

The country IRS team building will provide the Act West country team (HKI) and IRS partners (Deloitte, World Vision, Americares, HSS team) opportunity to develop an integrated timeline looking to all planned activities and the most appropriate period that will not distract IR1 activities. Please see ***Budget Narrative Section a.4.***

Develop a sustainability plan

Act | West will build on technical capabilities of Deloitte, WV, the HSS team (regional HSS advisors) to provide technical assistance to the MoHS/NTDP to develop an NTD sustainability plan. As implementing partner, HKI will coordinate the process and TA activities, including:

Perform a joint landscape analysis: ~~FHI 360 HSS team,~~ Deloitte & World Vision will conduct a landscape analysis with the aim to provide a clear view of NTD programming's status relative to the six sustainability

outcomes. The analysis will include an HSS component and a cross-sector component. The HSS component will help the MoHS/NTDP assess gaps and opportunities to mainstream NTD programming into national health policies and the planning and budgeting framework. The cross-sector component of the landscape analysis will support the country team to conduct a rapid analysis of integration opportunities for NTDs with WASH, Malaria, School Health, Nutrition, Education, and Environment sectors. The results of the landscape analysis will be captured into a sustainability country profile. The landscaping will be conducted in two phases: (i) a desk /literature review, and (ii) in-country key informant interviews. HKI will coordinate the process with TA partners, the MoHS, other Ministries, and relevant stakeholders.

Perform an analysis of barriers to cross-sector collaboration: In Quarter1; following the joint landscape analysis, WV will provide TA to the 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, and Environment. WV will lead the development of the barrier analysis tool and interview guide along with the final matrix. WV will also provide the strategic orientation and technical guidance for this activity. WV will hire a short-term consultant solely to support the data collection and data analysis tasks. The consultant will work under close supervision of the WV's team and will apply the tools and matrix developed by WV to support this activity.

Workshop to share findings of landscape analysis (Deloitte & World Vision): Before finalizing the landscape analysis, Act | West will support the NTDP to organize and implement a two-day workshop to share and discuss with stakeholders the findings of the landscape analysis and plan for the in-depth sustainability assessment and cross-sector barrier analysis.

Perform in-depth sustainability assessment (Deloitte): Using the results of the landscaping and through the application of the Sustainability Maturity Model (SMM), Act | West will provide technical assistance to the NTDP in defining sustainability gaps and targets in each area of the sustainability outcomes through a four-day workshop. Inputs from the in-depth sustainability assessment will inform the development of an actionable sustainability plan. This workshop will cover the HSS component with a specific audience while a barrier analysis will be separately support by World Vision to facilitate the cross-collaboration component (see upcoming activity).

Workshop for stakeholders' review and finalization of the sustainability plan: (Deloitte): Once the draft of the sustainability plan is completed, Act West will support the Sierra Leone NTDP organize a 3-day workshop for national stakeholders to review, discuss and finalize the draft of the NTD sustainability plan. 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 or outside the MOH or the country NTDs coordination mechanism. As the scope of the sustainability plan goes beyond the NTDP, this 3-day discussions will create space for the stakeholders at national level to reach agreement of the interventions, responsibilities, indicators etc. It should also ensure cooperation/coordination with other in-country partners which are not part of Act | West regarding technical assistance to be provided to support the implementation of Sierra Leone NTDs sustainability agenda. Participants in this workshop will be decision-makers from the entities that participated in the workshops on landscaping, sustainability, and cross-

sector barrier analysis and relevant actors identified by the MOH whose voice and support are priorities to support NTDs mainstreaming into national policies, planning and budgeting frameworks..

TIPAC update and Financial gaps analysis (Deloitte): Sierra Leone updated the TIPAC in August 2019 and Deloitte will support the NTDP to conduct a financial gap analysis in September 2019 (FY19). In FY20, Act | West will support the NTDP to implement a consecutive TIPAC update workshop to better strengthen the NTDP capacity and transition progressively towards a self-conducted TIPAC update workshop from FY2021. Deloitte will work closely with HKI to help NTDP better capture in-country NTD related resources from partners, government, local government and private sector. The FY20 TIPAC data entry and analysis sessions will identify financial gaps that will inform the sustainability strategy as well as the resource mobilization action plan. During the workshop, Act | West team will help the NTDP review the government and MOH planning and budgeting cycle to understand the extent to which the NTDs planning and budgeting process align with country planning and budgeting structure. The NTDP and implementation partners will identify management capacities to strengthen, such as general financial management, analyzing financial and programmatic data. This targeted technical assistance will strengthen NTDP capacity and skillsets to sustainable manage the NTDP.

Develop and execute an Advocacy roadmap linked to sustainability outcomes
With financial data updated through TIPAC data entry and analysis, the NTDP will develop sustainable financing materials and a resource mobilization strategy for engaging the Parliamentary Committee, governmental bodies, and external partners. These materials will include financial gaps to address, resource mobilization objectives, financial projections based on elimination trends, and messages to engage external partners. Building on resource mobilization efforts, the NTDP will strengthen its current programs by prioritizing its activities and building capacities in management and operations. Specific advocacy activities include:

- Develop and execute a resource mobilization action plan linked to sustainability outcomes by identifying actions to engage the country's government and private sector. The NTDP will prepare materials that outline the importance of fully funding an accessible budget line dedicated to NTD control/elimination as well as social and resource mobilization programs.

- The government entity that the NTDP will primarily target will be the Parliamentary Committee through biannual meetings, as well as with strategic social partners identified in the Ministries of Finance, Health, Education, and other relevant bodies, using resource mobilization material.

- In FY20, HKI and the NTDP will engage the Directorate of Primary Health Care to seek key opportunities for the integration of NTDs into the existing training curriculum for national community health workers. Such opportunities will include during the review of the CHW training curriculum and policy. This will serve as a component of the sustainability assessment and will also support NTDP to identify key decision makers and develop tailored messages for advocacy toward achieving this aim.

Act | West will provide operational support for the NTDP and the NSAH, including communications, internet and vehicle rental and maintenance support and support for the following strategic planning meetings in FY20 ***(Please see Budget Narrative Sections 4.a. and 4.b.):***

- **FY21 work plan meeting**

(Please refer to Budget Narrative Section 4 a.2).

- **Meeting to update the NTD Master Plan:**
  (Please refer to Budget Narrative Section 4 a.3).

- **NTD Annual Review Meeting**
  (Please refer to Budget Narrative Section 4 a.4).

- **NTD Taskforce Meetings**
  . (Please refer to Budget Narrative Section 4 a.1).

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

a. <u>Schistosomiasis</u>

<u>Previous and current FY activities and context</u>

Mapping in 2008-09 found moderate (≥10 and <50%) to high (≥50%) prevalence of *Schistosoma mansoni* in seven HDs[4] with 1.8 million people at risk, and low prevalence in the five coastal districts. It also showed that *S. haematobium* was endemic in three districts. The entire Bonthe district and WAU were not endemic. In 2009, annual MDA started targeting only SAC in six endemic HDs and scaled up in 2010 to include all SAC and at-risk adults in the seven highly or moderately endemic HDs (any adult living in the rural areas of these seven HDs) per the national plan for morbidity control.

The most recent SCH impact assessment was conducted in May 2016 in 12 HDs using Kato-Katz and urine filtration technique. A national review meeting was held in June 2016 to decide on the treatment strategy based on the prevalence estimates. This current treatment strategy is implemented at chiefdom level and chiefdoms are treated once per year, once every two years or once every three years based on prevalence and according to WHO guidelines. The current SCH MDA plan targets SAC only as PZQ is not available for high-risk adults.

SCH MDA was not implemented in FY18 due to budget cuts in the last year of the End in Africa project. The FY19 SCH MDA was conducted in March 2019 but final results are not yet available. No DSAs have been conducted for SCH since 2016 (the NTDP is planning to conduct the next assessment in FY21). **<u>Please refer to Tables 5a and 5b.</u>**

<u>Plan and justification for FY20:</u>

SCH MDA in 6 HDs
SCH MDA will be conducted in 6 HDs in at sub-district level (67 chiefdoms) targeting 515,346 SAC. SCH MDA will be implemented by health workers assisted mostly by teachers in March 2020, lasting seven days as both a community and a school-based campaign. In FY20 Act | West will support school feeding prior to PZQ distribution. Some funds will be distributed to head-teachers to feed school children on the day of the MDA to prevent adverse events (Please refer to ***Budget Narrative Section 4 e.2 and e.3****).* As part of the drive towards sustainability to feed school children before MDA with PZQ, HKI in FY19 began

[4] Koroma JB, Peterson J, Gbakima AA, et al. Geographical Distribution of Intestinal Schistosomiasis and Soil-Transmitted Helminthiasis and Preventive Chemotherapy Strategies in Sierra Leone. *PLOS Negl Trop Dis.* 2010; 4(11): e891. DOI: 10.1371/journal.pntd.0000891.

discussions with Catholic Relief Services (CRS), an International NGO operating in SL and has launched a school feeding program in some chiefdoms in Koinadugu district as part of their food for education program. This discussion will continue in FY20 to identify a sustainable approach for school feeding. HKI will also engage both the Ministry of Basic and Senior Education and the World Food Program to extend their school feeding programs to schools/community with MDA SCH.

Social Mobilization for SCH MDA

Social mobilization for the SCH MDA in 6 HDs is conducted at chiefdom and community levels. The following social mobilization strategies and communication channels will be used in FY20 to increase awareness of SCH MDA campaign and encourage participation ***(Please refer to Budget Narrative Section 4.f.)***:

- **chiefdom level**
- **village level**
- **Radio Broadcasts**
- **Radio Jingles**
- **The "pico" video on SCH**

Supervision for SCH MDA

Please refer to Budget Narrative Section 4.i. for details and the LF/OV/STH MDA supervision section above.

- **Supervisor's Coverage Tool:** As with the LF MDA, the SCT will be implemented in 6 HDs for SCH MDA. The SCT enables the PHU and DHMT supervisors to identify weak areas of implementation and take immediate action to address them. Since the MDA SCH is conducted by the PHU staff, in FY20, SCT will be conducted by DHMT supervisors on the last day of the campaign and in-turn quickly advice the PHU staff for mop-up in areas that had not reached optimum coverage. As it is planned for LF/OV training, one additional day has been added to the PHU staff training to cover the SCT protocol for all PHU staff and the DHMT supervisors

Soil Transmitted Helminths

Previous and current FY activities and context

Mapping in 2008 using Kato-Katz method showed moderate to high prevalence of soil transmitted helminths (STH) in 12 HDs. USAID support for STH activities started in 2008 with integration of LF MDA for all persons five years and above in all 14 HDs. From 2008-2013, a second round of STH MDA for SAC only was implemented on an ad-hoc basis, depending on availability of funding. However, there has not been a second round of STH MDA since FY13.

Since 2005, HKI has also supported the nutrition program of the MoHS to conduct a biannual de-worming of children 12-59 months old with funds from the Canadian Department for Foreign Affairs, Trade and Development. This de-worming is integrated with Mother and Child Health Weeks that include vitamin A supplementation, distribution of long-lasting insecticide-treated nets and polio, measles and/or yellow fever vaccinations. As of 2017, these interventions are now being integrated into routine services for reproductive and child health through the "six-monthly contact point" funded by Irish Aid through HKI, implemented by MoHS-DHMTs (see Table 1).

Prevalence assessments for STH using Kato-Katz thick smear were conducted in April 2016 in the 14 HDs to determine future STH treatment needs, given the fact that LF treatment was projected to stop in 8 HDs in 2017. The results are shown in the table below.

District	Prevalence Data for Any STH Infection	
	Baseline 2008 %	Impact 2016 %
Kailahun	49.8	12.4
Kenema	53.3	6.6
Kono*	40.0	17.4
Bombali	25.2	28.3
Kambia*	35.8	10.0
Koinadugu	68.5	20.0
Port Loko*	53.3	11.2
Tonkolili*	33.3	33.2
Bo*	73.3	8.2
Bonthe*	62.7	34.7
Moyamba*	72.3	27.4
Pujehun*	53.6	21.8
Western Rural Area	41.7	13.9
Western Urban Area*	41.7	9.6

*9 HDs have stopped LF MDA.

Since LF MDA in nine HDs stopped, the current national strategy is to target only SAC with ALB for STH in those eight HDs administered along with IVM treatment for OV. This strategy was implemented in FY18 and will be continued in FY19 and FY20. This same strategy will apply in the four LF districts if they pass pre-TAS in March 2020. In FY18, all targeted HDs implemented MDA for STH and exceeded coverage targets. FY19 MDA is planned for July – August 2020. **Please refer to Table 6a for USAID supported STH coverage data.**

Plan and justification for FY20

STH MDA in 12 HDs

In FY20, STH MDA will be integrated with OV MDA in 12 HDs, targeting 3,085,375 people. (Please refer to ***Budget Narrative Section 4.e***).

Sustainability (IR 3) Activities

In FY20, Act |West, through World Vision, will undertake some (IR3) activities towards achieving the Sustainability objective of the program. ***(These activities are budgeted under the World Vision Tab)***

Institutionalization of Multi-sector mechanism to coordinate NTD Interventions: The NTD taskforce was set up by the MoHS to advise and coordinate activities for NTD control in Sierra Leone in 2009. It led to the formation on the Technical Advisory Committee (TAC) to provide technical guidance to the NTDPs and Minister of Health and Sanitation (MoHS) on how to achieve NTD control targets in Sierra Leone. During the sustainability sensitization meeting and work planning session in FY19, the NTDP identified and highlighted that the NTD taskforce is currently dormant. Revamping and revitalizing the NTD Taskforce is critical and ideal for NTD multi-sector coordination mechanism. In FY20, Act| West will support the NTDP to revamp and revitalize the NTD Taskforce as the mechanism for NTD multi-sector coordination**.**

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

World Vision will continue to provide technical assistance to the NTDP through the following steps and activities to revitalize and institutionalize the NTD Taskforce:

a. Provide TA to review the current TOR, mandate and membership to revitalize the NTD Taskforce as the Sierra Leone multi-sector coordination mechanism. WV 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.
a. Once review is complete, WV will provide TA to NTDP to organize a design workshop aimed at validating the mandate and membership for the multi-sector coordination mechanism. This will include brainstorming session on role, membership, mandate, structure, where it should be housed etc. Also, the workshop will provide an opportunity to bring together stakeholders to build buy-in and ownership for sustainability
b. Once an administrative decision has been issued, WV will support the NTDP to foster buy-in and ownership from MOH for the multi-sector coordination mechanism and develop the cross-sector coordination activities in Sierra Leone. The multi-sector coordination mechanism will oversee the cross-sector action plan. This action plan will be owned by NTDP and will determine the multi-sector activities for upcoming years.
c. WV will support the NTDP with the organization of a one-day event to unveil the Sierra Leone NTD multi sector coordination mechanism. This event will target high level government officials as attendees in order to obtain high-level country engagement and ownership to ensure sustainability.

Strengthen IRS coordination for a successful implementation (HKI-WV Monthly Coordination Meetings
In FY20, HKI and WV will hold monthly coordination meetings to plan and track progress on cross-sector activities (IR3). The cross-sector advisor based in Abidjan and the HKI based HSS regional advisor will take opportunity of monitoring visits to participate and work with HKI and WV teams to monitor progress but also identify any bottle neck that need action and solution.

<u>Host Government/Partner Supported Activities</u>

Please refer to the previous section under IR1, which captures all host government and partner supported activities.

5. Appendices

I. Table of Supported Regions and Districts in FY20 – see attached excel file.
II. Summary of Activities Supporting IR2/IR3 – see attached excel file.
III. Timeline of activities – see attached excel file.
IV. Maps
V. NTDP and Country Staffing charts
VI. Budget – see attached excel file.
VII. Budget Narrative – see attached excel file.