



ACT TO END NEGLECTED TROPICAL DISEASES | WEST

Fiscal Year 2022

ANNUAL WORK PLAN

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Table of Contents

LIST OF TABLES	5
LIST OF FIGURES	5
ACRONYMS AND ABBREVIATIONS.....	6
INTRODUCTION	10
MANAGEMENT OF COOPERATIVE AGREEMENT	11
FY 2023 WORK PLANS.....	13
COLLABORATION AND COORDINATION WITH USAID AND ACT WEST CONSORTIUM	13
COLLABORATION AND COORDINATION WITH OTHER NTD STAKEHOLDERS	14
ENVIRONMENTAL MONITORING AND MITIGATION REPORT (EMMR).....	17
IR1: INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES.....	18
OVERVIEW OF ACTIVITIES SUPPORTED BY ACT WEST PROGRAM.....	18
ACTIVITY 1.1. STRENGTHEN AND LINK TO NATIONAL PLANS WITH QUALITY DATA	23
ACTIVITY 1.2. COMPLETE TRACHOMA MAPPING FOR REMAINING ACT WEST COUNTRIES	24
ACTIVITY 1.3. STRENGTHEN ONCHOCERCIASIS EXPERT COMMITTEES (OECs) AND ACCELERATE IMPLEMENTATION OF OEC GUIDANCE.....	24
ACTIVITY 1.4 AND 1.5. STRENGTHEN COMMUNITY-LEVEL PARTICIPATION IN MDA; DELIVER MDA IN ENDEMIC AREAS AND ENSURE THAT HOTSPOTS, CONFLICT AREAS, AND HARD-TO-REACH POPULATIONS HAVE ADEQUATE COVERAGE.....	26
ACTIVITY 1.6. SUPPORT DISEASE-SPECIFIC ASSESSMENTS (DSAs) FOR PROGRAM MONITORING	28
ACTIVITY 1.7. IMPROVE THE QUALITY OF NTD INTERVENTIONS THROUGH QA/QI	31
ACTIVITY 1.8. IMPROVE CROSS-BORDER COLLABORATION, FOCUSING ON SPECIFIC DISTRICTS WITH HIGH PREVALENCE AND SHARED BORDERS	34
ACTIVITY 1.9. ENSURE USE OF THE INTEGRATED DATABASE FOR DATA MANAGEMENT, TRACKING OF TRENDS, DRUG APPLICATIONS, AND DATA ARCHIVING	35
ACTIVITY 1.10. SUPPORT COUNTRIES TO PREPARE DOSSIERS ON LF, TRACHOMA, AND ONCHOCERCIASIS	35
IR2: STRENGTHEN COUNTRY ENVIRONMENT FOR IMPLEMENTATION AND MANAGEMENT OF NTDPs.....	38
INTRODUCTION.....	38
DETAILED IR2 ACTIVITY DESCRIPTIONS.....	43
ACTIVITY 2.1. CREATE SUSTAINABILITY PLAN IN PARTNERSHIP WITH HOST COUNTRY GOVERNMENTS	44
ACTIVITY 2.2. OPERATIONALIZE THE FINANCE STRATEGY FOR NTD CONTROL AND ELIMINATION INTERVENTIONS.....	47
ACTIVITY 2.3. EMPLOY PUBLIC FINANCE MANAGEMENT CAPACITY STRENGTHENING TO MOBILIZE RESOURCES FOR NTDPs.....	49
ACTIVITY 2.4. IMPLEMENT ADVOCACY PLAN FOR THE INTEGRATION OF NTDPs INTO NATIONAL POLICIES, FINANCING DECISIONS, AND COORDINATING MECHANISMS.....	50
ACTIVITY 2.5. MAP OUT THE PROCESS OF INTEGRATING NTD INDICATORS INTO HMIS AND SUPPORT THE INTEGRATION OF INDICATORS INTO THE NATIONAL HMIS.....	55
ACTIVITY 2.6. REVISE JOB DESCRIPTIONS TO FULFIL ESSENTIAL NTD ACTIVITIES.....	58
ACTIVITY 2.7. IMPROVE SUPPLY CHAIN THROUGH TARGETED SOLUTIONS AND APPROACHES	58
ACTIVITY 2.8. PROVIDE TA TO THE MOH ON DRUG APPLICATIONS AND DRUG DONATIONS	63
ACTIVITY 2.9. ESTABLISH AND INSTITUTIONALIZE MULTI-SECTORAL MECHANISMS TO COORDINATE NTD PROGRAMS	65
ACTIVITY 2.10. IDENTIFY AND IMPLEMENT SUSTAINABLE NTD DELIVERY PLATFORMS	66
ACTIVITY 2.11. REVIEW AND ANALYSIS OF EXISTING SBCC MATERIALS AND MESSAGES FOR INTEGRATION OF PC-NTD CONTENT INTO OTHER SECTORS	67
ACTIVITY 2.12. INTEGRATE NTD PREVENTION MESSAGES AS PART OF ONGOING SBCC INTERVENTIONS	67
ACTIVITY 2.13. INCORPORATE INTEGRATED MDAs INTO POLICY AND PLANNING DOCUMENTS.....	67
CROSS-CUTTING ACTIVITIES: COMMUNICATIONS & LEARNING.....	67
IR3: SUSTAINED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES.....	68
ACTIVITY 3.1. SUPPORT THE CREATION, REVIEW, AND/OR UPDATING OF ACTIONABLE SCH, STH, AND OV TRANSITION PLANS.....	68
ACTIVITY 3.2. DELIVER INTEGRATED OR STAND-ALONE MDAs FOR SCH AND STH IN HIGH ENDEMIC AREAS	71
ACTIVITY 3.3. CONDUCT AND/OR INTEGRATE SUSTAINABLE SURVEILLANCE ACTIVITIES.....	71
MONITORING, EVALUATION, AND LEARNING ACTIVITIES.....	72
MEL ACTIVITIES INVOLVING DIRECT SUPPORT TO COUNTRIES.....	72
PROMOTING USE OF WHO'S SUPERVISOR COVERAGE TOOL (SCT) TO IMPROVE COVERAGE DURING MDAs.....	72

ASSISTING WITH COVERAGE EVALUATION SURVEYS (CES) TO EVALUATE COVERAGE AFTER MDAs73

TRAINING IN AND ASSISTING WITH DATA QUALITY ASSESSMENT (DQA) ON MDA INDICATORS AS A MEANS OF DIAGNOSING AND
CORRECTING ISSUES WITH SYSTEMIC DATA QUALITY AND FLOW73

PROMOTING THE USE OF ELECTRONIC DATA COLLECTION (EDC) FOR DSAs.....74

ENSURING COUNTRIES HAVE SECURE AND UP-TO-DATE NTD DATA IN A COUNTRY-OWNED AND MANAGED INTEGRATED NTD DATABASE
(CIND) TO PERMIT SOUND, DATA-DRIVEN NTDP DECISION MAKING76

CONDUCTING A MEL COORDINATION AND COLLABORATION WORKSHOP80

MEL CROSS-CUTTING ACTIVITIES.....80

COOPERATING WITH TFGH/PHII BAO SYSTEMS AS PART OF THE USAID NTD INFORMATION SYSTEM (NIS) DEVELOPMENT TEAM...80

CONTINUE STRENGTHENING EXISTING USAID NTD DATA INPUT AND DATA OUTPUT PRODUCTS TO SUPPORT REPORTING TO USAID,
MONITOR PROGRAM IMPLEMENTATION, AND TRANSITION TO THE NEW DATABASE81

DEVELOPING, REFINING, AND OPERATIONALIZING INDICATORS TO TRACK AND MONITOR IR2 ACTIVITIES85

HARNESSING GIS AS A MEANS OF DATA VISUALIZATION AND INTERPRETATION.....85

DEFINING AND IMPLEMENTING A LEARNING AGENDA FOR ACT | WEST.....86

COMMUNICATION AND KNOWLEDGE MANAGEMENT.....90

CONTENT CREATION.....91

AUDIENCE AND PARTNER ENGAGEMENT.....92

PROGRAM SUPPORT AND KNOWLEDGE SHARING.....93

LEADERSHIP AND MANAGEMENT94

MAINSTREAMING THE GENDER ANALYSIS STUDY AND STRATEGIC PLAN INTO PROGRAM IMPLEMENTATION95

INTERNATIONAL TRAVEL PLAN.....96

ANNEXES.....97

ANNEX 1: INTERNATIONAL TRAVEL.....97

ANNEX 2: FY22 LEARNING AGENDA.....107

ANNEX 3: BUDGET113

ANNEX 4: ACT | WEST CORE TEAM STAFFING CHART114

ANNEX 5: TIMELINE.....115

LIST OF TABLES

Table 1: Demographic/geographic details of Act West supported countries in FY22	19
Table 2: Number of districts endemic at baseline, no longer endemic, or targeted for treatment by Act West country and disease.....	20
Table 3: Districts with planned DSAs with Act West funding in FY22 (excluding FY21 carryover DSAs) .	30
Table 4: TA support in FY22 by countries	41
Table 5: Partners technical and geographic scope in support to country sustainability work in FY22	43
Table 6: Potential use cases for enhancing the value of TIPAC data	49
Table 7: Stakeholder categories for advocacy	51
Table 8: Illustrative examples of types of investment cases	53
Table 9: Act West data-related support.....	56
Table 10: HMIS documentation activity benefits to stakeholders	57
Table 11: Data security policy activity country prioritization	58
Table 12: Supply chain management challenges across Act West countries	59
Table 13: NTDP operational supply chain challenges in Act West countries.....	64
Table 14: EDC pilot countries and platforms	75
Table 15: Results of June 2021 information gathering on state of NTD data platform choices, historical data capture and data security situation by country.....	78

LIST OF FIGURES

Figure 1: FHI360 Quality Improvement Model	31
Figure 2: Quality improvement implementation process.....	31
Figure 3: Sustainability phases and current status in Q4 of FY21.....	39
Figure 4: Act West supply chain management process	60

ACRONYMS AND ABBREVIATIONS

AcceleraTE	Accelerate Trachoma Elimination
ACT West	Act to End Neglected Tropical Diseases West Program
AFRO	World Health Organization Regional Office for Africa
AIM	Accelerating Integrated Management
ALM	American Leprosy Missions
AOR	Agreement Officer Representative
APOC	African Programme for Onchocerciasis
ASCEND	Accelerating the Sustainable Control and Elimination of NTDs
ASTMH	American Society of Tropical Medicine and Hygiene
BELF	Blueprint for Elimination for Lymphatic Filariasis
BEO	Bureau Environmental Officer
BETR	Blueprint for Elimination for Trachoma
BMGF	Bill and Melinda Gates Foundation
CDC	United States Center for Disease Control and Prevention
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CIND	Country Integrated NTD Database
CMS	Central Medical Stores
COR-NTD	Coalition for Operational Research on Neglected Tropical Diseases
CST	Coverage Survey Tool
CY	Calendar Year
DBS	Dried Blood Spot
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EDC	Electronic Data Collection
EMMP	Environmental Monitoring and Mitigation Plan
END	Ending Neglected Diseases
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Disease (WHO)
EU	Evaluation Unit
FAA	Fixed Amount Award
FEFO	First Expired, First Out
FTS	Filariasis Test Strip

FY	Fiscal year
GAELF	Global Alliance to Eliminate Lymphatic Filariasis
GESI	Gender Equality and Social Inclusion
GIS	Geographic Information System
HD	Health District
HDI	Health & Development International
HKI	Helen Keller International
HMIS	Health Management Information System
HSS	Health System Strengthening
HQ	Headquarter
ICTC	International Coalition for Trachoma Control
IEC	Information, Education, and Communication
IEE	Initial Environmental Evaluation
IMT	Independent Monitoring Tool
INH	(Institut National d'Hygiène (National Institute of Health) (Togo))
IP	Implementing Partner
IR	Intermediate Result
JAP	Joint Application Package
JRSM	Joint Request for Selected PC Medicines
KAP	Knowledge, Attitudes, and Practices
KII	Key Informant Interviews
LF	Lymphatic Filariasis
MEL	Monitoring, Evaluation, and Learning
MCH	Maternal and Child Health
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
MOU	Memorandum of Understanding
MVP	Minimally Viable Product
NIS	NTD Information System
NNN	NTD Non-governmental Organization Network
NOEC	National Onchocerciasis Elimination Committee
NTD	Neglected Tropical Disease
NTD-SC	Neglected Tropical Diseases Support Center
NTDP	Neglected Tropical Disease Program (of the MOH)
OCP	Onchocerciasis Control Programme

OEC	Onchocerciasis Expert Committee
OEM	Onchocerciasis Elimination Mapping
ONA	Organizational Network Analysis
OR	Operations Research
OV	Onchocerciasis
Ov16	<i>Onchocerca volvulus</i> -specific antigen
PC	Preventive Chemotherapy
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
PHII	Public Health Informatics Institute
PNLCE	National Blindness Prevention Program (Programme National de Lutte contre la Cécité)
PTS	Post-Treatment Surveillance
PVS	Post-Validation Surveillance
PZQ	Praziquantel
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement
RAFET	Réseau Africain Francophone des Experts du Trachome (Francophone African Network of Expertise on Trachoma)
REACH	Resiliency Through Azithromycin for Children
RPRG	Regional Program Review Group
SAC	School-Age Children
SAE	Serious Adverse Event
SAR	Semi-annual Report
SBCC	Social and Behavior Change Communication
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool
SMM	Sustainability Maturity Model
SMT	Senior Management Team
SOP	Standard Operating Procedures
STH	Soil-Transmitted Helminths
STTA	Short-term Technical Assistance
TA	Technical Assistance
TAS	Transmission Assessment Survey

EF	The END Fund
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation—Follicular
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TIS	Trachoma Impact Survey
TOR	Terms of Reference
TSIW	Trachoma Scientific Informal Workshop
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
UEMOA	West Africa Economic and Monetary Union
UHC	Universal Health Care
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WV	World Vision, Inc.

INTRODUCTION

The United States Agency for International Development (USAID) granted funding to FHI 360 to implement the Act to End Neglected Tropical Diseases | West Program (hereafter, Act | West), which is being implemented July 19, 2018–July 18,

In fiscal year 2022, more than 63 million people are targeted for MDA for at least one NTD with Act | West funding. This represents more than 106 million targeted treatments.

2023. The program is part of the global effort to eliminate neglected tropical diseases (NTDs). It particularly aims to eliminate lymphatic filariasis (LF), trachoma, and onchocerciasis (OV) (in certain countries) and control schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) in 11 endemic West African countries—including Burkina Faso, Benin, Cameroon, Guinea, Ghana, Côte d'Ivoire, Mali, Niger, Senegal, Sierra Leone, and Togo. It also supports achievement of sustainable service delivery, with an effort to transfer ownership of the program to national governments for the elimination and/or control of NTDs. The program recognizes the pivotal role of mainstreaming NTD programs into national health systems through budget allocation, inclusion of NTD data in the national health data management system, and development of policies and guidelines to empower health care workers to implement sustainable NTD interventions.

The work plan for the period October 1, 2021–September 30, 2022 covers the fourth year of the five-year program. The fourth-year work plan continues to build on the previous achievements of the program and consider the lessons learned. It aims to achieve the following three intermediate results (IRs):

- IR1: Increased mass drug administration (MDA) coverage among at-risk populations in endemic countries
- IR2: Strengthened country environment for implementation and management of national NTD programs (NTDPs)
- IR3: Sustained MDA coverage among at-risk populations in endemic countries

Act | West will continue to provide technical support to the NTDPs in the 11 countries not only to enhance elimination and control efforts but also to sustain gains by developing and implementing sustainability plans and harnessing national government support through political validations. The program will strengthen high coverage for all MDAs, support disease-specific assessments (DSAs), and conduct data-driven deep-dive analysis of DSA failures to improve the quality of program interventions. It will also support countries in their quest for LF and trachoma dossier development. Act | West will support National Onchocerciasis Elimination Committees (NOECs) to develop OV dossiers and finalize the USAID-supported OV tracker for key indicators. The program will also support the strengthening and establishment of SCH/STH Expert Committees in Act | West portfolio countries; support data review meetings and post-impact surveys; and facilitate use of the SCH/STH tracker for evidence-based decision making. Act | West will support countries in their progress to achieve sustainability in the NTD program through technical and financial backing to conduct sustainability workshops in order to develop sustainability plans, earn political validation for the plans, and implement them. As the program reaches its fourth year, it is vital to document the lessons learned. To this effect, peer reviewed publications, webinars, and presentations at and participation in international and national conferences will be a

pivotal part of the fiscal year 2022 (FY22) work plan implementation. Considering that COVID-19 still poses grave concern in all Act | West countries, preventive measures that reduce the spread of the disease will be fully operational.

The Act | West Program (2018–2023) is being implemented by a consortium of partners led by FHI 360 and including Helen Keller International (HKI); Health and Development International (HDI), Inc.; Deloitte Consulting; World Vision, Inc. (WV); American Leprosy Missions, Inc. (ALM); and Americares (2018–2020).

MANAGEMENT OF COOPERATIVE AGREEMENT

The main activities associated with managing the Act | West cooperative agreement in FY22 are outlined below.

- **Monitoring and supervision.** The FHI 360 Act | West team will continue to strengthen monitoring and supervision of sub-grantees' work to ensure quality and timely delivery of program activities. This responsibility will involve ensuring completion of previously approved FY21 activities (spillover) with an amended end date beyond September 2021, while concurrently executing the newly proposed and approved FY22 activities. The program will utilize both virtual monitoring and supervisory field visits as applicable and will coordinate with the USAID/Agreement Officer Representative (AOR) to facilitate participation of other members of the USAID NTD team. After each monitoring field visit, a trip report summarizing findings and actionable follow-up items will be issued. Also, the in-country program teams will continue to support and work closely with the respective MOHs/NTDPs to deliver and manage successful implementation—such as effective MDAs and technically sound DSAs. Furthermore, FHI 360 will continue to provide essential technical oversight of all consortium partners, NTDPs, and program activities to guarantee they meet both USAID and international standards for NTD programming.
- **Focused technical discussions.** As countries strive to meet the ambitious 2030 NTD goals in the context of the COVID-19 pandemic, Act | West will continue to liaise regularly with NTD technical experts to present and discuss the latest evidence, innovations, and programmatic challenges and solutions to catalyze sharing and learning on how to improve programming. Technical discussions will result in guidance and recommendations for the country teams, particularly those that may be facing unique or complicated questions. Participants will include USAID, Act | West technical representatives, and consortium partners. In addition, Act | West will continue to organize monthly thematic meetings with USAID to analyze selected technical topics. FHI 360 will continue quarterly technical meetings with implementing partners (IPs) to discuss identified technical and programmatic issues regarding DSA and MDA implementation and to propose solutions.
- **Senior Management Team (SMT).** The Program Director, Country Managers, partners' leadership, and other key personnel from the SMT will hold regular meetings to discuss progress and the status of activities, sub-grantee coordination, and stakeholder collaboration. Subsequently, the Program Director and select members of the SMT will participate in routine and ad hoc meetings with the USAID AOR and NTD team to discuss implementation progress and resolve issues.
- **Act | West operations.** The operations team will continue to oversee the programmatic, operational, and administrative management of the cooperative agreement to ensure compliance

with USAID award conditions and FHI 360 policies and procedures. This includes monitoring and tracking contractual management of subawards, work plans, fixed amount awards (FAAs), progress reports, financial reports, and other cooperative agreement deliverables and ensure all program activities stay on schedule, within scope, and on budget despite COVID-19-related delays and interruptions.

Additionally, Act | West will continue to make process improvements to maximize efficiencies and minimize expenses as we continue to adjust program implementation to accommodate necessary safety measures to mitigate COVID-19 impact and disruptions on NTD programming. Act | West will continue to:

- Make sure all program teams across the consortium and stakeholders (i.e., key NTDP staff) have access to reliable means of communication that enable continuity of program execution. Act | West will support dependable Internet connectivity to facilitate continuous virtual interaction and collaboration in the context of COVID-19-related precautions and restrictions. In addition, if international travel is still not at full capacity in FY22, program staff will continue to rely on dependable connectivity to provide the required and quality technical assistance (TA) to the respective ministries of health (MOHs)/NTDPs.
 - Ensure the safe and effective continuity of the program by providing the necessary personal protective equipment (PPE) for the protection of, and use by, program staff and beneficiaries in compliance with the USAID PPE guidance. All PPE requests across the portfolio will be reviewed again closer to the related activity timeline to ensure they are still necessary before procurement can proceed.
- **Subaward management.** FHI 360 will continue to monitor subgrantee performance through technical oversight of program implementation, program deliverables, targets, data, and results and will also monitor financial management. FHI 360 will ensure the subawards follow USAID regulations, including seeking required client approvals, and that performance goals are achieved. Once USAID approval of FY22 work plans is obtained, FHI 360 will process sub-agreement modifications to increase each partner's obligation to ensure they have enough funds to implement approved FY22 activities. These sub-agreements provide the framework for channeling technical and financial resources to MOHs/ NTDPs and field operations.
 - **Fixed amount awards (FAAs).** Act | West will continue to issue FAAs for specific NTD program interventions. FHI 360 will enter into first tier FAAs with the MOHs of Ghana, Côte d'Ivoire, Senegal, and Benin, and second tier FAAs with the rest of the portfolio MOHs through our sub-agreements with Helen Keller and HDI. Act | West will issue approximately 124 FAAs in FY22. Furthermore, as part of required due diligence, each Act | West IP will conduct a pre-award assessment of each MOH to determine the feasibility of using FAAs for approved FY22 activities and will support each MOH to design interventions to address the gaps identified during the assessments, prior to FAA issuance.
 - **Operational support to portfolio countries.** FHI 360, as the lead implementer in Benin, Senegal, Ghana, and Côte d'Ivoire, will continue to provide the required operational support and commitment to NTDPs (through the in-country support teams) to ensure program activities are implemented smoothly, effectively, and professionally. Similarly, Helen Keller and HDI will provide the same level of support to their respective portfolio countries. Since countries will be executing

both FY21 spillover activities and new FY22 activities concurrently in FY22 Q1, ample support to enable timely implementation of program activities will be imperative.

FY 2023 WORK PLANS

FY23 work plans will be developed using guidance and templates provided by USAID and will be submitted to USAID at least 30 calendar days before the new fiscal year, or in accordance with AOR instruction. Given FY23 is the final year of the Act | West program and noting it will not be a complete implementation year (i.e., 7 versus 12 months), Act | West will seek USAID guidance prior to initiating the FY23 work planning process to better facilitate and inform how to structure FY23 activities in a compressed timeframe. As in previous years, timely submission of work plans will allow USAID sufficient time to review and provide comprehensive feedback to Act | West. Subsequently, Act | West will incorporate USAID's inputs and submit revised work plan packages for final review and approval prior to the beginning of FY23.

In-country work planning sessions will be held during FY22 Q3 and Q4 following a schedule to be agreed on by all key stakeholders. In each portfolio country, the program collaborates with other organizations executing NTD programs or complementary activities—including the World Health Organization's Expanded Special Project for the Elimination of NTDs (WHO/ESPEN), The END Fund, Sightsavers, Liverpool School of Tropical Medicine, Schistosomiasis Control Initiative Foundation, London School of Hygiene & Tropical Medicine, The Carter Center, and others—depending on the country. Work planning sessions provide a platform for key NTD actors in each country to discuss and clarify the list of anticipated activities and their respective responsibilities, to avoid overlap. The preferred medium for the program's final work planning exercise/meeting (i.e., FY23) will depend on how the COVID-19 pandemic evolves during FY22. Similar to the last two years, if safe in-person sessions involving international participation (Act | West core team and/or USAID) are still not possible, the work planning sessions will be held virtually.

COLLABORATION AND COORDINATION WITH USAID AND ACT | WEST CONSORTIUM

The Act | West technical team will have regular interaction with USAID technical specialists for each target NTD (LF, trachoma, OV, SCH, and STH), supply chain management, and sustainability in NTD programming:

- **Bi-weekly meetings/calls and ad hoc communication.** Weekly meetings or calls will be held between Act | West key personnel—Program Director; Technical Director; Monitoring, Evaluation, and Learning (MEL) Director; and Health System Strengthening (HSS) Lead—and USAID/AOR to discuss progress and challenges and seek solutions to problems. Other members of the Act | West team will join these meetings as appropriate, depending on the topics and interest of USAID. Also, standard communication channels (email and calls) will be permanently open with the Program Director and other members of the team.
- **Monthly technical thematic review meetings.** Act | West will present on selected technical topics to enhance USAID's understanding of specific challenges in the Act | West portfolio, and they will

discuss together the impact on program implementation as well as feasible practical solutions. Participation will include Act | West technical/program and USAID NTD teams, and themes and agendas will be agreed on in advance with the AOR and the Program Director.

- **Monthly supply chain management (SCM) working group.** Act | West will continue participating in the monthly SCM working group, together with the USAID Pharmaceutical Quality, Procurement, and Supply Chain lead and the Act | East's Supply Chain Specialist to discuss NTD pharmaceuticals, diagnostics, and logistics management issues affecting the two programs.
- **Monthly operations meetings with implementing partners.** FHI 360 will continue to hold individual monthly meetings with Helen Keller and HDI to cover any management or prime–sub issues and operational topics in their respective countries. The progress of activity implementation in each country will also be discussed. FHI 360 will provide relevant updates from Act | West and USAID on all operational matters on a country basis and discuss any issues regarding FAAs, award modifications, assigned budgets, travel, contracts, and work plans.
- **Regular communication with TA partners.** Act | West will continue to convene either weekly, bi-weekly, monthly, and/or ad hoc calls with the consortium TA partners (Deloitte, ALM, and WV) to coordinate joint activities, discuss challenges in engaging with the various portfolio countries and how they can be addressed, share updates on partner workstream, and review support expected from the FHI 360 technical team.
- **Annual partners' meetings.** FHI 360 will continue supporting the USAID NTD Partners' Meeting in Washington, DC, at a date communicated by USAID and within the context of COVID-19 restrictions. We will also coordinate with USAID the Act | West Partners' Meeting (while considering the host country COVID-19 restrictions), held annually in West Africa and attended by USAID, the Centers for Disease Control and Prevention (CDC), and NTD program countries and partners—MOHs, WHO, Task Force for Global Health, and pharmaceutical companies—to foster stronger collaboration and coordination among all key stakeholders. An in-person meeting will be preferable given the caliber of government officials invited and the fact that FY22 is the last full year of program implementation—it will provide a good opportunity to recap program achievements to date and how the respective NTDPs can strategize to maximize usage of Act | West support during the final year. Feasibility of these two meetings will be assessed closer to the event dates to determine the most appropriate meeting approach in the context of COVID-19 precautionary measures.

COLLABORATION AND COORDINATION WITH OTHER NTD STAKEHOLDERS

- **Coordination with Act | East.** Act | West will continue to collaborate and coordinate with Act | East to advance USAID's NTDs agenda. For instance, in FY22, Act | West will collaborate with Act | East to develop an OV survey tracker—analogue to the LF, trachoma, and SCH/STH survey trackers that have already been co-developed—and will work to operationalize it by populating it with country data. As in FY20 and FY21, the Act | West MEL team will work in collaboration with the Act | East MEL team to produce semi-annual report (SAR) Appendix Tables and Country Work Planning Tables on a coordinated timeline.

- **Collaboration with Task Force for Global Health (TFGH).** Act | West will continue to collaborate with TFGH on a number of initiatives as follows:
 - *Public Health Informatics Institute (PHII) and BAO Systems:* Act | West (along with Act | East) will continue to collaborate with PHII, BOA Systems (database developer), and the newly formed TFGH NTD Data Center as development moves towards the intended September 2022 rollout of the minimum viable product (MVP). Act | West's role will be to review specifications for the new database, test the new DHIS2 system prior to rollout, and participate in and provide trainings on the new DHIS2 system. Due to the intense and time-sensitive nature of the work, one full-time staff equivalent on the MEL team will be dedicated to this partnership.
 - *NTD Support Center (NTD-SC):* Act | West will continue to work with TFGH NTD Support Center to discuss collaboration opportunities for country-specific operational research (OR), how to include OR findings in annual country work plans and translate proposed actions into field implementation. For instance, in FY21, Act | West technical experts served as reviewers and contributors to TFGH proposals. Act | West remains open to collaboration and will continue to provide expert advice and support to the NTD-SC whenever solicited, including participation in technical meetings organized by the TFGH.
- **Collaboration with the REACH Project.** Resiliency Through Azithromycin for Children (REACH) is a Bill and Melinda Gates Foundation (BMGF)-funded project to reduce childhood mortality in northern Côte d'Ivoire by implementing MDA with azithromycin (ZTH). In FY22, Act | West will work closely with the FHI 360 Partners LLC team managing the REACH project and in collaboration with the Côte d'Ivoire NTDP, to ensure smooth coordination and implementation of trachoma activities funded by both USAID and BMGF. We anticipate the REACH project will be scaled up from phase one pilot implementation of ZTH MDA and its evaluation to phase two of the projects (for which FHI 360 Partners has submitted a proposal).
- **Coordination with Sightsavers.** Despite the end of the FCDO-funded Accelerating the sustainable Control and Elimination of NTDs (ASCEND) program, Act | West will continue to explore complementarities among the various programs, including splitting costs for national twice annual MDAs, sharing costs for strategic meetings (such as NOEC meetings), interventions addressing morbidity for LF and trachoma, and for HSS. Sightsavers implements NTD programs funded by non-Foreign, Commonwealth & Development Office (FCDO) funds, such as GiveWell and unrestricted funds, in Act | West supported countries. These non-FCDO programs and the Accelerate Trachoma Elimination (AcceleraTE) program overlap with Act | West in six countries. Given the similarities in objectives, coordination is necessary to avoid duplication of efforts and conflicting interactions with respective MOHs and other local partners. Since the end of FY19, Act | West and Sightsavers have been holding regular meetings to discuss collaboration, coordination, challenges, and potential overlaps in NTD programming across the six countries. These meetings are extremely useful and will continue in FY22, focusing on programmatic issues—such as adjusting NTD interventions in relation to continued COVID-19 pandemic delays and interruptions, with focus on countries where the two implementers overlap (Benin, Côte d'Ivoire, Guinea, Niger, Senegal, and Sierra Leone). The regular communication with Sightsavers includes a monthly call organized to discuss countries of interest, share information especially the hand-over of some OV and LF districts previously under ASCEND program, and agreeing on co-funding strategic meetings and OV surveys.

- **Coordination with The END Fund (TEF).** Traditionally, TEF has been providing support to the NTD programs in Senegal. In FY20 and FY21, TEF supported Senegal’s integrated MDA in four regions (14 and 15 health districts [HD], respectively) plus a coverage evaluation survey (CES) to assess the accuracy of reported MDA treatment coverage data for each funded year. FHI 360 submitted a proposal to The END Fund requesting MDA support for Senegal in FY22 and the decision is to continue funding MDA activities in the select four medical regions of Senegal – Tambacounda, Louga, Kedougou, and Saint Louis. Additionally, in FY22, Act | West will continue to explore how to enhance coordination and will seek a renewed commitment of TEF resources for both countries.
- **Collaboration with ESPEN.** Act | West will continue collaborating with ESPEN through our MEL structure—supporting Electronic Data Collection (EDC) for DSAs using ESPEN Collect—and via program SCM for drug application and delivery. In FY22, the MEL team will disseminate to both USAID and countries a document outlining the findings of an FY20–FY21 EDC pilot in five Act | West countries where either ESPEN Collect or ONA was used during DSAs. The document showcases the relative strengths and weaknesses of both platforms. As ESPEN expands its footprint into new areas (such as TA and as a funding partner to MOHs), additional topics of collaboration are emerging—such as the Tool for Integrated Planning and Costing (TIPAC) and capacity building for better implementation. Act | West will seek technical experts’ engagement in the West Africa Regional Program Review Group (RPRG) and other mechanisms to strengthen NTD programs. Act | West will collaborate closely with ESPEN to review and help countries use the new template to develop their national master plans. Act | West will also collaborate with WHO/ESPEN to align the program’s SCH impact assessment protocols with the new WHO SCH protocol and new MDA guidance. This will be an opportunity to populate the new SCH/STH tracker and discuss implementation of the new guidance with countries to improve programming going forward.
- **Globally, Act | West will continue to foster strong collaboration** with WHO headquarters (HQ), WHO AFRO, and ESPEN to ensure prompt and well-facilitated exchange of NTD information. Act | West will seek to participate in:
 - ESPEN annual NTD program managers’ meeting
 - Preventive Chemotherapy NTD RPRG
 - Strategic and Technical Advisory Group (STAG) of NTDs and STAG on M&E of NTDs at WHO
 - Global Alliance for the Elimination of Trachoma by 2020 (GET 2020),
 - Global Alliance to Eliminate LF (GAELF) and Global Schistosomiasis Alliance
 - Supply Chain Forum
- **Participation in other global meetings and conferences.** Act | West technical staff will present results and share program knowledge at the following meetings:
 - American Society of Tropical Medicine and Hygiene (ASTMH) Annual Meeting
 - Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) meeting
 - Neglected Tropical Disease Non-Governmental Organization Network (NNN) annual conference and its Onchocerciasis Elimination Coordination group
 - International Coalition for Trachoma Control (ICTC)
 - Trachoma Expert Committee (TEC) meetings
 - Mectizan Expert Committee (MEC) meeting
 - The Carter Center Annual Program meeting

ENVIRONMENTAL MONITORING AND MITIGATION REPORT (EMMR)

FHI 360 will submit the annual EMMR within 45 days of the end of FY22. FHI 360 will work with the respective Act | West portfolio countries to complete an annual EMMR that summarizes the mitigation measures implemented, including successes and failures of mitigation and any adjustments necessary. This report will be incorporated into Performance Monitoring and Evaluation Plans and annual work plans. The country specific EMMRs will be submitted to the AOR by mid-November. FHI 360 will be responsible for gathering the relevant information from its sub-grantees to prepare the EMMRs. As designated in the EMM Plan (EMMP), FHI 360 and its sub-grantees will monitor implementation of mitigation measures intermittently.

FHI 360 will conduct a refresher training for IPs to ensure sub-grantees understand what must be within the scope of the environmental determinations and recommendations in the Supplemental Initial Environmental Evaluation. Initial training was completed in FY19 when the EMMP was approved by USAID. The refresher training will also include proper disposal of program-generated PPE waste.

Act | West will adapt the approved program EMMP mitigation and monitoring efforts to ensure proper use of required PPE for the safe continuity of program implementation and disposal of any PPE waste generated thereafter. The two Initial Environmental Evaluation (IEE) activity categories applicable to Act | West program execution account for any required education, TA, and training needed to address proper disposal and waste management of PPE due to COVID-19. This also holds true for the risks, mitigation, and monitoring of public health commodities. For instance, information regarding proper handling by healthcare workers covers disposal of PPE (i.e., masks and gloves).

In consultation with the Global Health Bureau Environmental Officer (BEO) and Act | West's AOR, FHI 360 will actively monitor and evaluate whether unforeseen environmental consequences arise in activities covered by this EMMP and will modify or end activities, as appropriate. If activities not in this EMMP are planned, an amended EMMP will be prepared and submitted to the Global Health BEO for approval.

Additionally, we recognize the FY22 implementation environment will be encumbered with continued caution to mitigate COVID-19 infections, given the ongoing and ever-changing nature of the pandemic. Significant and indispensable COVID-19 mitigation measures have been adopted since FY20 (with support from Act | West in-country support teams) to assist NTDPs to plan and implement key NTD activities during the pandemic. As the pandemic lingers on (and hopefully, dissipates), Act | West will continue providing support to NTDPs to apply proper mitigation measures and ensure clear, factual communications to implement community-based health interventions (e.g., MDAs DSAs). Although certain COVID-19 mitigation measures will continue to be implemented in FY22, the present work plan has been developed under the assumption that countries will return to normal operations, with most restrictions lifted, and NTD activities will be fully resumed with proper mitigation measures in place.

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

IR1. INCREASED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES

Overview of activities supported by Act | West program

In FY22, the Act-|West program will consolidate the resumption of NTD program activities that slowed down in many countries by the impact of the COVID-19 pandemic. The Act | West program will continue supporting the 11 countries (Table 1, next page) targeting 63,681,526 persons for MDA for at least one NTD and provide 106,088,357 treatments (Table 2, page 18). The MDA will be implemented in 868 districts, including 30 combined OV and LF districts formally supported by Sightsavers in Côte d'Ivoire and nine in Guinea. Support for these districts under Act | West started in FY21. The OV and LF district MDAs and DSAs that Sightsavers supported were handed over to Act| West program due to the premature closing of the ASCEND program, funded by Foreign, Commonwealth & Development Office (FCDO).

In FY22, Act | West envisages strengthening the drug SCM processes through mainstreaming mechanisms to align with USAID's approved sustainability plan and improving drug management procedures and reverse logistics indispensable to assisting MDA programming in selected countries. Act | West will write a concept paper highlighting key areas of improvement for SCM to support Act | West countries. (Please refer to activities 2.7 and 2.8)

In FY22, Act| West will support an increasing number of DSAs for LF, OV, SCH, and trachoma. As most LF programs mature and qualify for transmission assessment surveys (TAS), many districts are increasingly undertaking pre-TAS, and many districts are aggregated into evaluation units (EUs) for TAS1, TAS2, and TAS3. It is anticipated that two countries (Cameroon and Niger) will stop MDA for LF in all districts previously under MDA, as the remaining districts under treatment succeed in pre-TAS and TAS1. Likewise, for trachoma and OV, the trends towards interruption of transmission will certainly be confirmed in FY22 following trachoma TIS, trachoma surveillance survey (TSS), and OV stop MDA surveys. Benin and Guinea will stop MDA implementation for trachoma in FY22. Starting in FY22, a total 504, 264, and 177 districts have achieved stopping MDA for LF, trachoma, and STH respectively—corresponding to 70%, 82%, and 28% of people no longer at risk for LF, trachoma, and STH, respectively.

Starting in FY22, Act | West will start discussing and finding opportunity to collate information to initiate the development of OV dossiers for Niger and Senegal, while continuing assisting countries to advance LF dossier development (Sierra Leone, Cameroon, Benin and Mali) and initiation of the process in the remaining countries by conducting the LF dossier training. In Burkina, the Act | West team will continue supporting the NTDP to update the data required for dossier development. In all trachoma-endemic countries supported by Act | West, the program will continue to support dossier development, including supporting Togo to resubmit its trachoma dossier.

In FY22, Act | West will continue supporting SCH/STH MDA implementation and focus efforts on augmenting MDA coverage and rolling out focal treatments where needed. Impact surveys and oversampling operation research projects that began in FY21 will provide data to improve SCH MDA programming and adapt the frequency of treatments in Togo, Ghana, and Mali. Due to the success of STH programming and the ancillary benefit of the long LF program implementation, it is anticipated that STH MDAs will be decreased in FY22 in some countries (e.g., Burkina Faso) and end in Mali. Act | West

will promote and provide technical support to implement country-specific SCH/STH desk reviews and assist with data analysis in FY22. A protocol the Act | West program has developed will be made available to countries with districts qualified for impact surveys. In addition, with the establishment in FY21 of country SCH/STH expert committees (Ghana and Togo), Act | West will help provide the forum for reviewing the SCH and STH programs and for making decisions for these diseases.

The trachoma deep-dive meetings in FY21 have served as a ramp to launch deeper investigations into country trachoma program implementation—especially recurrent failed TIS and TSS and the need to analyze critically the data and approaches indispensable to improving trachoma MDA and programming issues. In FY22, Act | West will organize country-specific trachoma data review meetings with national programs and discuss activities to be implemented in the districts discussed during the deep dive meetings. To ensure that mapping is complete, and no district has suspicion of endemicity for LF or trachoma, Act | West will focus efforts in FY22 to roll out confirmatory mapping in LF endemic areas, as determined by the NTDP and a committee of experts. In addition, several districts will be targeted for rapid trachoma assessment and/or confirmatory mapping in Senegal and Benin, while Côte d'Ivoire will likely finalize mapping of trachoma, or at the least, have an agreed upon plan of what further mapping will be needed after FY22.

Table 1: Demographic/geographic details of Act | West supported countries in FY22

Country	Estimated FY22 population	Total # health regions	Total # health districts
Benin	10,798,541	12	77
Burkina Faso	22,929,502	13	70
Cameroon	27,109,280	10	189
Cote d'Ivoire	27,851,588	33	113
Ghana	33,781,014	16	260
Guinea	13,261,636	8	38
Mali	22,751,415	11	75
Niger	24,465,624	8	72
Senegal	17,492,194	14	79
Sierra Leone	9,221,477	5	16
Togo	8,142,425	6	39
Total	217,804,696	136	1,028

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

Country	List of indicators	LF	OV	SCH	STH	Trachoma
Benin	# HDs endemic at baseline	48	51	76	45	8
	# HDs achieved stop-MDA criteria	48	0	0	0	8
	# Persons achieved stop-MDA criteria	5,327,898	0	0	0	1,270,754
	% Persons no longer at risk	100%	0%	0%	0%	100%
	# HDs targeted for MDA FY22 (USAID)	0	51	34	38	0
	# HDs targeted for MDA FY22 (All)	0	51	34	38	0
Burkina Faso	# HDs endemic at baseline	70	6	70	70	48
	# HDs achieved stop-MDA criteria	62	0	0	61	48
	# Persons achieved stop-MDA criteria	20,754,018	0	0	20,015,117	15,225,133
	% Persons no longer at risk	91%	0%	0%	87%	100%
	# HDs targeted for MDA FY22 (USAID)	3	4	25	0	0
	# HDs targeted for MDA FY22 (All)	3	6	25	0	0
Cameroon	# HDs endemic at baseline	137	113	142	95	22
	# HDs achieved stop-MDA criteria	136	0	12	20	20***
	# Persons achieved stop-MDA criteria	17,459,348	0	1,786,596	4,018,199	3,322,964
	% Persons no longer at risk	100%	0%	8%	35%	91%
	# HDs targeted for MDA FY22 (USAID)	0*	113	0	0	1
	# HDs targeted for MDA FY22 (All)	0	113	0	0	1
Côte d'Ivoire	# HDs endemic at baseline	99	97	113	40	40
	# HDs achieved stop-MDA criteria	0	0	0	0	5^
	# Persons achieved stop-MDA criteria	0	0	0	0	591,044
	% Persons no longer at risk	0%	0%	0%	0%	8%
	# HDs targeted for MDA FY22 (USAID)	10	97	0	0	18
	# HDs targeted for MDA FY22 (All)	10	97	45	40	18
Ghana	# HDs endemic at baseline	114	137	260	260	40
	# HDs achieved stop-MDA criteria	103	0	0	0	40
	# Persons achieved stop-MDA criteria	14,190,930	0	0	0	4,332,459
	% Persons no longer at risk	92%	0%	0%	0%	100%
	# HDs targeted for MDA FY22 (USAID)	4	76	57	61	0
	# HDs targeted for MDA FY22 (All)	4	76	57	61	0
Guinea	# HDs endemic at baseline	24	24	31	17	18
	# HDs achieved stop-MDA criteria	0	0	0	0	17****
	# Persons achieved stop-MDA criteria	0	0	0	0	6,320,220
	% Persons no longer at risk	0%	0%	0%	0%	96%
	# HDs targeted for MDA FY22 (USAID)	13	24	9	13	0
	# HDs targeted for MDA FY22 (All)	13	24	12	15	0
Mali	# HDs endemic at baseline	75	22	75	75	65

Country	List of indicators	LF	OV	SCH	STH	Trachoma
	# HDs achieved stop-MDA criteria	75	0	0	47	65
	# Persons achieved stop-MDA criteria	22,751,415	0	0	15,337,019	19,175,732
	% Persons no longer at risk	100%	0%	0%	67%	100%
	# HDs targeted for MDA FY22 (USAID)	0	0	44	0	0
	# HDs targeted for MDA FY22 (All)	0	20	44	0	0
Niger	# HDs endemic at baseline	54	0**	69	72	62
	# HDs achieved stop-MDA criteria	43	0	0	36	42
	# Persons achieved stop-MDA criteria	15,026,301	0	0	0	16,797,028
	% Persons no longer at risk	78%	0%	0%	0%	76%
	# HDs targeted for MDA FY22 (USAID)	0*	0	0	0	3
	# HDs targeted for MDA FY22 (All)	0	0	0	0	3
Senegal	# HDs endemic at baseline	51	8	64	46	19*****
	# HDs achieved stop-MDA criteria	17	0	2	13	19
	# Persons achieved stop-MDA criteria	4,161,785	0	118,775	1,762,012	5,072,329
	% Persons no longer at risk	42%	0%	3%	20%	100%
	# HDs targeted for MDA FY22 (USAID)	3	1	9	6	0
	# HDs targeted for MDA FY22 (All)	10	8	24	18	0
Sierra Leone	# HDs endemic at baseline	16	14	14	16	0
	# HDs achieved stop-MDA criteria	11	0	0	0	0
	# Persons achieved stop-MDA criteria	7,290,553	0	0	0	0
	% Persons no longer at risk	79%	0%	0%	0%	-
	# HDs targeted for MDA FY22 (USAID)	4	14	9	14	0
	# HDs targeted for MDA FY22 (All)	4	14	9	14	0
Togo	# HDs endemic at baseline	9	36	39	39	0
	# HDs achieved stop-MDA criteria	9	0	0	0	0
	# Persons achieved stop-MDA criteria	1,598,632	0	0	0	0
	% Persons no longer at risk	100%	0%	0%	0%	-
	# HDs targeted for MDA FY22 (USAID)	0	36	39	39	0
	# HDs targeted for MDA FY22 (All)	0	36	39	39	0
Total # HDs endemic at baseline		697	508	953	775	322
Total # HDs targeted for MDA FY22 (USAID)		37	416	226	171	22
Total # HDs targeted for MDA FY22 (All)		44	445	293	225	22
% of baseline HDs targeted for MDA in FY22		6%	88%	31%	29%	7%
Total # HDs achieved stop-MDA criteria		504	0	14	177	264
Total # Persons achieved stop-MDA criteria		108,560,881	0	1,905,371	41,132,346	72,107,663
% Persons no longer at risk		70%	0%	1%	28%	85%
% of baseline-endemic HDs in PTS phase		72%	0%	1%	23%	82%
Total # HDs in PVS phase		9	0	0	0	40
% of baseline HDs in PVS phase		1.3%	0%	0%	0%	12.4%

NOTE: Data as of August 4, 2021, which may not reflect changes made in country work plans after this date.
NOTE: This table includes all MDA to be conducted in FY22 according to the Disease Workbooks. This may include MDA planned and budgeted in FY21 that was projected to carry over into FY22 (as of August 4, 2021).
*Cameroon and Niger will not conduct LF MDA in FY22 since the remaining districts in the MDA phase have passed pre-TAS and will conduct TAS1 in FY21/FY22.
**Niger: OV-5 districts endemic at baseline where vector control interventions reduced prevalence to below control level.
***Stop MDA has been achieved in all districts except two that experienced a TSS where TF $\geq 5\%$ and warranted restarting MDA. Included in the stop MDA category is Kolofata, which has de facto stopped MDA but for which remapping is indicated. The remapping is planned to be conducted by the end of FY21.
**** The district that has not yet stopped MDA, Dinguiraye, will conduct TIS by the end of FY21.
*****27 HDs were considered endemic at initial mapping in Senegal; however, 8 HDs never conducted MDA and later remapping surveys indicated TF had fallen below 5% in the absence of treatment.
^TIS were recently conducted in 15 HDs; results have not yet been validated by the NTDP.

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

In early 2020, the COVID-19 pandemic led to substantial disruptions in global activities. The slow recovery from COVID-19 is revealing the extent to which global public health programs have been interrupted, including NTD activities planned in both FY20 and to a lesser extent FY21. Act | West teams had to quickly pivot their approaches to project management and implementation to adapt to the drastically changed landscape and the new normal.

In FY22, Act | West will continue to reinforce capacity at all levels through remote support, webinars, and in-country visits. Act | West will assist the NTDPs to closely monitor each step of the field activities (MDA and DSAs)—including micro-planning, community-level advocacy, social mobilization, quality training of health workers and community drug distributors (CDDs), drug distribution, data recording and management, MDA reverse logistics, local data review, and mop-up if needed. In collaboration with in-country teams, Act | West will utilize the FHI 360 quality improvement (QI) model to determine root-cause of any identified poor performance and subsequently recommend solutions for country programs.

Assuming there will be no significant programmatic disruption in FY22, Act | West technical leads and country-level and HQ-level program managers will provide TA to all 11 countries to implement activities, with appropriate COVID-19 mitigation measures. Act | West disease focal points and in-country support teams will provide technical guidance to countries on MDA implementation, refine protocols for DSAs, define NTD MDA and DSA review meeting objectives/outputs, and participate in the review meetings. The Act | West MEL team will continue to ensure consistency of data across program documents (mainly work plans and semi-annual reports) and assist the NTDPs to review protocols, provide fieldwork support (where requested and feasible), analyze data, identify potential issues, and develop corrective measures (considering USAID's technical guidance). Mechanisms for ensuring data quality include implementing DQAs between MDAs, Supervisors Coverage Tools (SCTs) during MDAs, and Coverage Evaluation Surveys (CES) after MDAs—which are critical for verifying treatment coverage figures and ensuring high coverage at the district level (see MEL section for details). Act | West will also encourage countries to collect, aggregate, report, and analyze systematic subdistrict coverage data (as many countries currently do not), focusing on areas with poor coverage, low uptake of MDA, hotspots, and border district coverage issues. Finally, the MEL team will encourage use of EDC for DSAs, using either the ESPEN Collect or ONA platforms, to ensure accurate and timely collection, dissemination, and use of such data.

Specific learning activities planned for FY22 will include a focus on districts with previously failed TIS/TSS, to investigate reasons for failure (as seen in Niger and Cameroon), including inadequate coverage as confirmed by coverage surveys. Similarly, Act | West-supported countries will investigate factors that have led to pre-TAS failure by analyzing existing LF data in Ghana, Burkina Faso, Sierra Leone, and Niger (see Learning Agenda Section for further details). Act | West will support the selected countries to organize and implement data review meetings to share findings related to trachoma and LF DSA failures. Act | West will also facilitate SCH/STH data review meetings in Ghana, Togo, Senegal, Burkina Faso, Mali, and Benin. Prior to the data review meetings, the new Act | West SCH/STH survey tracker (co-developed with Act | East) will be populated to assist NTDPs to understand progress made by the program and highlight any gaps or areas deviating from WHO treatment guidelines. An OV survey tracker will be co-developed with Act | East in FY22 to facilitate Onchocerciasis Elimination Meetings (OEMs) in Togo, Ghana, Niger, Burkina Faso, Benin, and Senegal. For both the SCH/STH and OV trackers, a dashboard will

be developed to visualize the data. This visual demonstration of results will help highlight quality issues with the data and see progress gained by NTDP, which will be invaluable for in-country advocacy.

Activity 1.2. Complete trachoma mapping for remaining Act | West countries

With the exception of Côte d'Ivoire, all countries in the Act | West program have completed baseline trachoma mapping in districts that were suspected of being endemic in large part with support from USAID support under the END in Africa, ENVISION, and Act | West programs. In Côte d'Ivoire, including the 11 HDs mapped in FY21 with Act | West support, 68/113 total HDs (60%) have been mapped. In line with the Trachoma Action Plan (TAP) 2021–2023, completion of mapping is a priority for the Côte d'Ivoire NTDP, and an additional 10 districts are planned for mapping with Act | West support in FY22. However, a “pause and reflect” session will also be planned prior to the FY22 mapping to review the mapping data to date. Incorporated in the discussion may also be data from a Sightsavers–funded OR initiative, in which serological and infection data were to be collected in two previously mapped EUs. This will help ensure we know whether transmission appears to be ongoing in the country.

In FY20–FY21, several countries (Benin, Cameroon, and Senegal) conducted or began conducting desk reviews in previously unmapped HDs to support dossier development and to make the case for achievement of elimination of trachoma as a public health problem. These countries gathered trichiasis and acute trachoma diagnosis data from clinical registers, interviewed eye health personnel at various levels, and compiled other information for this work. Best practices and lessons learned are being compiled to support other countries in similar situations. In FY21, Act | West provided support to help disseminate the work these countries are doing, including a poster presentation at ASTMH and an oral presentation at the Trachoma Scientific Informal Workshop (TSIW) in November 2020, and supported Cameroon to present its process at the Réseau Africain Francophone des Experts du Trachome (RAFET) meeting in January 2021. Additionally, a manuscript describing the methodology is underway.

This work will continue in FY22. Act | West will continue to provide TA to countries finalizing their desk reviews (see Benin, Cameroon, and Senegal work plans for details) and those planning to conduct them (see Guinea work plan for details).

Support for dissemination of best practices and lessons learned from countries conducting pre-mapping desk reviews will also continue. 1) A webinar featuring the methodology and results obtained by these countries will be conducted; this may be useful to National Programs in similar situations. 2) The manuscript mentioned above will be completed. 3) A technical brief based on the manuscript will be developed. 4) Should countries request support to draft manuscripts, blogs, or abstracts for submission at scientific fora such as ASTMH, Act | West will provide assistance.

Activity 1.3. Strengthen Onchocerciasis Expert Committees (OECs) and accelerate implementation of OEC guidance

Most national OV programs in the Act | West-supported countries are advancing rapidly towards implementing surveys to assess and demonstrate the interruption of transmission. Due to persisting travel restrictions, border closures, and meeting limitations, only four national OV committees (Ghana, Senegal, Mali, and Niger) were able to host their annual meetings in FY21. Guinea and Sierra Leone will be hosting meetings of their national OV elimination committees (NOECs) before the end of calendar year (CY) 2021.

In FY21, Act | West supported the development of mechanisms and approaches to assist countries to capture essential information and critical elements, including reviewing OV documents, historical data, and reports. The process led to a successful OEC meeting in June 2021 in Senegal. In FY22, Act | West will support the Benin NTDP to adapt, implement, and roll out the same process. FHI 360 will support Benin to conduct a thorough evaluation of its OV program and then develop an elimination strategic plan starting in the fourth quarter of 2021.

In collaboration with Act | East, the Act | West program has started developing an OV tracker that includes key epidemiological and entomological indicators, historical data, and results of OV surveys. The tracker provides details including elimination mapping data, nodules, circulating microfilaria loads through skin snip, OV16 serology, O-150 PCR, and black fly breeding site assessment data, among others. Starting in the first quarter of FY22, the final OV tracker will be tested in several countries. A dashboard will complete the OV tracker, and Act | West will assist NOECs to review, analyze, and present the data in a precise and concise way to guide decision making by OV national and international experts.

Several partners support either epidemiology- or entomology-specific components; however, they do not always share information in a timely way among themselves. In addition, the fast changing and rapidly evolving OV diagnostics and lack of key operational guidance indispensable to countries sometimes makes OV diagnostic and programming challenging.

In FY22, Act | West will keep a track record of OV lab capacity in program-supported countries and will organize a webinar to discuss the critical issue of OV diagnostics. It will offer country OV managers and OV partners an opportunity to become up-to-speed regarding diagnostics (O-150 PCR, Skin snip PCR, OV16 RDT, ELISA, etc.) and best laboratory procedures, and to discuss programmatic implications at the country level.

Côte d'Ivoire. Due to challenges posed by the FCDO cuts, the Act | West program has started taking over OV MDA in Côte d'Ivoire. In FY22, Act | West program will support OV MDAs in 87 OV endemic districts, including 30 districts that were supported by Sightsavers/ASCEND in previous years. FHI 360 will explore the need for OV epidemiological surveys and review NOEC-recommended activities previously supported by Sightsavers. Going forward, Act | West will be involved more substantially in the organization of NOEC meetings and technical support to the national OV program.

Niger. The NOEC will advance rapidly towards collecting information and initiating the write-up of the OV dossier. Act | West (FHI 360 and Helen Keller) will provide technical support before and during the FY22 OEC meeting to ensure all the necessary data and information are collected, including information related to exclusion mapping and evidence to support the absence of transmission. These data will be reviewed and lined up for development of the OV dossier.

Senegal. Two NOEC meetings will be held in FY22. Recommendations from the FY21 NOEC include reinforcing cross-border collaboration and data gathering and sharing regarding border districts that are OV endemic. In FY22, Act | West will assist the country to start documenting OV elimination efforts through peer reviewed publications. The promising entomological results from surveys conducted in FY19 will be analyzed along with the upcoming serological results of the dried blood spot (DBS) samples collected with support from The END Fund. In FY22, Act | West will support the MOH to restructure the NOEC to include a formal technical chairperson who will facilitate NOEC meetings.

Cameroon. The NOEC has postponed pre-Stop MDA surveys that were planned in FY21. Difficulties in terms of strategies and specific technical ambiguities have delayed implementation of the surveys. In FY22, the NOEC meeting will critically review all aspects of the OV program implementation, including *Loa-Loa*-related issues and the persistence of OV transmission in some foci.

Togo. Togo's NOEC meeting will be held by the end of CY21, once the results of epidemiological and entomological data collected in FY20–FY21 are available. Another NOEC meeting is expected to be held before September 2022. In FY22, FHI 360 will continue support to ensure that the Institut National d'Hygiène (National Institute of Health) (INH) lab is fully functional and has the capacity to process most of the backlog OV samples that have been stored in the lab during the last couple of years.

Ghana. The NOEC meeting will be held in FY22 to review and analyze results of the stop MDA survey that will be implemented in FY21.

Activity 1.4 and 1.5. Strengthen community-level participation in MDA; Deliver MDA in endemic areas and ensure that hotspots, conflict areas, and hard-to-reach populations have adequate coverage

(Includes Activity 1.4, strengthen community-level participation in MDA)

Although the majority of FY20-budgeted MDAs were delayed due to the COVID-19 pandemic, most countries were able to catch up in FY21 by conducting both outstanding FY20 MDAs and the majority of the FY21-budgeted MDAs. A few FY21 MDAs will carry over into FY22, including OV MDA in Benin, OV and SCH MDA in Burkina Faso, trachoma and certain districts for OV MDA in Cameroon, and SCH (+/-STH) MDA in Ghana. Therefore, going into FY22, NTDPs should be able to focus primarily on new MDAs planned in this fiscal year. However, the ongoing dynamics of the COVID-19 pandemic and planned widespread roll-out of vaccinations in FY22 may impact activities.

Additionally, in FY21, for both LF and trachoma, several stop MDA DSAs (TAS 1 and TIS, respectively) were conducted in Act | West-supported HDs, resulting in a decrease in the number of districts warranting MDA in FY22. For LF, these decreases are especially visible in Côte d'Ivoire (from 20 HDs in FY21 to 10 in FY22); Guinea (22 HD in FY21 to 11 in FY22); and Senegal (from 34 HDs to 3 HDs). No LF MDA is expected in Benin (all HDs passed TAS1) or Niger (if no TAS1 failure is recorded). For trachoma, while the absolute numbers of districts planned for MDA have not decreased substantially from FY21, there are a few important changes to note: in Côte d'Ivoire, MDA was conducted in 20 HDs in FY21, and 18 HDs are planned in FY22. However, of these 18, 11 are only contingently planned due to ongoing baseline trachoma mapping. In Niger, MDA was conducted in eight HDs in FY21 and six in FY22. No MDA is planned in Guinea in FY22, as the one HD that underwent MDA in FY21 is due for a TIS.

Also, in FY21, it was announced that the UK-funded ASCEND project was ending prematurely, and MDAs planned under the project no longer had support. In certain cases, Act | West was able to begin supporting these newly orphaned districts: in Côte d'Ivoire, Act | West supported 30 HDs for LF and/or OV MDA that had been planned with ASCEND funding. Likewise, in Guinea, an additional seven HDs were added to the FY22 LF and/or OV MDA plans due to the ASCEND closure. In Niger, ASCEND had been supporting all of the SCH (+/STH) MDA; it is not clear whether there will be funding in FY22 to support this MDA.

Finally, in FY21, "deep dives" were held for LF and trachoma with USAID, CDC, TFGH, and Helen Keller.

For LF, the countries discussed were Sierra Leone and Burkina Faso; these countries subsequently engaged WHO. Feedback and recommendations from these meetings have been included in the FY22 work plans. For trachoma, a “deep dive” into persistent trachoma¹ in Niger and Cameroon (and several Act | East-supported countries) was held with USAID, Act | East, CDC, and TFGH. While the specific factors leading to these results in each district are not clear, in Niger in particular, it was felt that a contributing factor has been programmatic issues, such as <80% coverage during multiple rounds of MDA in some districts and a hypothesis of a wide variation in sub-district level coverage. It should be noted that the sub-district-level coverage has not yet been analyzed, though it is planned in Niger’s FY22 workplan. Other contributing factors may include high baseline prevalence and insecurity, which has led to large population influxes from areas of Nigeria suspected of being trachoma endemic but not mapped and unable to conduct MDA.

In FY22, Act | West will focus on several areas to support NTDPs to reach sufficient coverage during MDAs:

- **Monitoring of COVID-19.** Act | West and in-country IPs (Helen Keller, HDI, FHI 360), with support from USAID, will continue to closely monitor the COVID-19 situations in all supported countries to ensure MDAs can continue where national COVID-19 guidance allows. As the vaccine roll-out may also ramp up in these countries over the course of FY22, Act | West partners will also monitor whether this impacts abilities to conduct MDA or compliance with MDA.
- **Ensuring key support for MDA planning and execution in newly supported HDs.** As noted above, Act | West is supporting a number of new HDs for MDA following the closure of the ASCEND program. To ensure sufficient coverage, Act | West will ensure these HDs receive the same level of support as other HDs to plan and execute the MDA.
- **Development of plans to address “persistent trachoma” in Niger and Cameroon.** In FY19, a number of modifications to address coverage issues were implemented in Niger, such as deployment of more supervisors at the village level, renting of vehicles to distribute MDA to the most remote/mobile populations, and improvements in drug management to ensure sufficient quantities of drugs in all targeted districts. These efforts led to improved MDA coverage. However, investigations into specific reasons for each district experiencing issues have not yet been conducted. These will be planned in FY22, and results will be used to target specific programmatic issues. This may include improved microplanning, a census to ensure accurate population figures, or more targeted social mobilization and advocacy. In Cameroon, given that only TSS have come back with TF ≥5%, the reasons for the persistence are less clear. This is because the two districts in question had never had a TIS with TF ≥5%, had generally high MDA coverage, and contiguous districts in Cameroon were either non-endemic or passed the TSS (conducted at the same time as those that demonstrated TF ≥5%). Again, investigations are planned in FY22 and findings will be used to improve MDA. **(See Learning Agenda and Niger and Cameroon workplans for additional details on the planned investigations.)**
- **Piloting WHO microplanning manual.** WHO is currently developing a microplanning manual to support better MDA planning at the community level. In HDs where diseases are persistent or there are “hotspots,” planning at the lowest level of the health system may help relieve any delivery issues that may be contributing to these results. As the manual is not yet finalized, Act | West will plan for

¹ Defined as at least two TIS where the results indicated that TF₁₋₉ ≥5% or a TSS indicated that TF₁₋₉ ≥5%.

up to two HDs to take part in this pilot. The exact countries and diseases targeted will depend on timing of when WHO needs the pilot to take place, country MDA plans, and country willingness to participate in the process.

- **“Deep dive” and “pause and reflect” sessions.** In districts that have not yet been able to stop MDA for LF and/or trachoma after multiple rounds of MDA and DSAs, meetings or workshops will be organized to review data, discuss lessons learned (either from within the country or other countries experiencing similar issues), and strategize on ways to improve MDAs or address other contributing factors. In particular, for LF, Ghana, Burkina Faso and Niger will be targeted for these sessions; for trachoma, Niger and Cameroon will be included. For trachoma, this may include a follow-up on the FY21 “persistent trachoma” deep-dive meetings and a “pause and reflect” session with Niger PNSO staff and partners to discuss investigation findings and results from planned QI activities.

See Table 3 below for number of HDs targeted by Act | West for MDA support in FY22 by disease.

Activity 1.6. Support disease-specific assessments (DSAs) for program monitoring

DSAs conducted in FY21 have been largely successful. A total of 60 pre-TAS surveys have been conducted in six countries to date, with failures in six districts in Burkina Faso, Côte d’Ivoire, and Sierra Leone. All 75 districts that have conducted TAS in FY21 passed, including TAS1 in 28 districts. About 101 and 35 additional districts have planned TAS and pre-TAS, respectively, in FY21. These are expected to be completed before the end of Q1 of FY22. For trachoma, to date, TIS have been completed in 15 HD in Côte d’Ivoire. TSS were conducted in four HDs in Benin; one HD in Burkina Faso; and one HD in Senegal. To date, no data have been validated by the respective NTDPs. By the end of FY21, additional TIS are expected to be completed in Guinea (one HD) and Niger (13 HDs). Additional TSS are expected to be completed in Benin (4 HDs); Burkina Faso (5 HDs); Guinea (3 HDs); Niger (2 HDs); and Senegal (1 HD). For SCH/STH there will be an impact assessment conducted in Togo (10 HDs/93 sub-districts) at the end of September 2021. The results of this survey will be presented at a SCH/STH data review meeting for the FY22 MDA.

In FY22, Act | West will continue to prioritize strategies and best practices and use of appropriate tools and will provide TA for DSAs in all countries to ensure high quality implementation. Act | West will promote compliance with WHO guidelines and lessons learned across countries to improve the planning, conduct, analysis of results, and response to failed DSA. Using disease trackers (TAS, Pre-TAS, trachoma, SCH/STH), Act | West is ensuring that countries clearly identify and present only Implementing Units (IUs) that have met the criteria to conduct DSA in FY22. In FY21, population of the SCH/STH tracker ensured that only IUs that have conducted at least five effective rounds of MDA (coverage >75%) since mapping or the last assessment survey have been presented for DSA in FY22.

Act | West and partners will continue to support the countries in developing survey protocols, ensuring technical quality is maintained in implementing DSAs. In the case of SCH/STH and OV, where WHO protocols for impact assessment and stop MDA are not available, Act | West is supporting countries to develop protocols with TA from disease focal points and country OECs. Trachoma DSA protocols are reviewed by the Act | West disease focal point and subsequently approved by Tropical Data. The following DSAs and activities will be conducted in FY22:

LF. Six countries will conduct pre-TAS in 38 HDs; all countries except Benin will conduct TAS (see Table 3 above). Act | West will prioritize TA to Guinea and Côte d’Ivoire for planned LF DSAs. Guinea will conduct

second pre-TAS and first TAS. TA will therefore focus on training field teams and trainers in the NTDP and Helen Keller to provide future refresher trainings and supportive supervision for high quality surveys. In Côte d'Ivoire, TA will focus on TAS1 and pre-TAS surveys. Act | West will also provide TA for site selection and implementation of re-pre-TAS in Burkina Faso and Ghana. Act | West is expected to make a significant stride towards LF elimination in FY22, with TAS1 in 96 HDs and TAS3 in 58 HDs. Besides Guinea and Côte d'Ivoire, TAS1 will be prioritized for TA in Burkina Faso, Ghana, and Sierra Leone, where TAS1 surveys will be conducted in hotspot districts that have recently passed re-pre-TAS or pre-re-TAS.

Trachoma. TIS will be conducted in Cameroon, Côte d'Ivoire, and Niger. In Cameroon this will be a TIS post-TSS, with TF $\geq 5\%$ in one district. In Côte d'Ivoire, TIS will be conducted for the first time in 13 HDs; in Niger, all TIS will be repeat TIS or TIS post-TSS with TF $\geq 5\%$ (8 HDs). TSS will be conducted in Guinea (6 HDs).

OV. In FY22, Togo will conduct a stop MDA survey in one region that will be determined by the NOEC following review of the ELISA results from previous surveys conducted in other regions. The stop MDA survey is planned to be rolled out in roughly 140 villages, to collect a total of 9,800 DBS samples. In Senegal, the OV epidemiological samples collected in 2019 will be analyzed in the national lab in January 2022; in addition, one of the sites (that did not collect the appropriate flies) will be resurveyed to collect and process for o-150 qPCR pool screening. Analysis of the results along with the data from the entomological surveys will help the NOEC to decide regarding stopping MDA in one or in the two foci in the country. Mali is planning to conduct Stop MDA survey in FY22 with support from The END Fund and Sightsavers. The exact number of districts has not yet been determined. Stop MDA survey in five foci planned in Ghana is expected to be completed in the first quarter of FY22. This survey will be an important learning point to guide other countries.

SCH/STH. Six countries (Benin, Burkina Faso, Ghana, Mali, Senegal, and Sierra Leone) have been put forward to conduct SCH/STH assessment surveys in FY22. In addition, four Act | West countries (Ghana, Mali, Cote d'Ivoire, and Togo) have been selected by TFGH to conduct SCH oversampling surveys. The Act | West funded SCH/STH impact assessment survey in Togo will be conducted in the fourth quarter of FY21 followed by the SCH Oversampling survey in Ghana and Togo in February 2022FY22. Results of geostatistical analysis of the oversampling survey data are expected to provide required information to guide next steps in SCH intervention in the countries. In all countries where SCH/STH surveys will be conducted, countries will be required to utilize survey findings to inform subsequent programming, including adjustment in MDA (see Table 3). Populating the SCH/STH tracker, the data will provide evidence to move to sub-district-level implementation, where possible.

Act | West HQ includes contingency funds for investigation of failed DSA (LF and trachoma) and subsequent re-MDA in the case of failed LF and trachoma DSA (from remaining FY21 and planned FY22 DSAs). Based on previous experience, contingency for DSA assumes 10% failure rate.

Table 3: Districts with planned DSAs with Act | West funding in FY22 (excluding FY21 carryover DSAs)

Disease	DSA	Benin	Burkina Faso	Cameroon	Cote D'Ivoire	Ghana	Guinea	Mali	Niger	Senegal	Sierra Leone	Togo
LF	Mapping	0	0	0	0	76 ^u	0	0	0	0	0	0
	Pre-TAS	0	3	0	20	4	11	0	0	7	4	0
	TAS 1	0	5	0	32	7	13	0	0	24	4	0
	TAS 2	0	1	0	0	0	0	0	9	0	0	0
	TAS 3	0	10	19	0	2	0	19	6	0	3	0
	Post-validation surveillance											
Trachoma	Mapping	2*	0	0	10	0	0	0	0	3*	0	0
	TIS (1)	0	0	0	13	0	0	0	0	0	0	0
	TIS (2)	0	0	0	0	0	0	0	0	0	0	0
	TIS (3)	0	0	0	0	0	0	0	0	0	0	0
	TIS (4)	0	0	0	0	0	0	0	4	0	0	0
	TIS (5)	0	0	0	0	0	0	0	1	0	0	0
	TIS after TSS TF ≥5%	0	0	1**	0	0	0	0	3	0	0	0
	TSS	0	0***	0	0	0	12	0	0	0	0	0
Post-validation surveillance	0	0	0	0	0	0	0	0	0	0	0	
OV	Mapping	0	0	0	0	0	0	0	0	0	0	0
	Elimination mapping	0	0	0	0	0	0	0	0	0	0	0
	Impact assessment	0	0	0	0	0	0	0	0	0	0	0
	Pre-stop MDA	0	0	0	0	0	0	0	0	0	0	0
	Stop MDA	0	0	0	0	0	60 [^]	0	1*	0	0	4 [^]
	Post-validation surveillance	0	0	0	0	0	0	0	0	0	0	0
SCH/STH	Impact assessment	10	15	0	0	0	0	0	0	8	9	0

Notes:

^u60 HDs are in two transmission zones. ^uValue is tentative, it will be reviewed

[^]Mali is planning to conduct Stop MDA survey in FY22 with support from End Fund and Sight Savers. The exact number of districts has not yet been determined.

Togo plans to conduct Stop MDA survey in 140 villages. The region and the exact number of districts targeted will be determined in the next OEC meeting

*Confirmatory mapping based on trachoma desk reviews. In Benin, WHO recommended conducted mapping in some EUs to confirm the results of the desk reviews; in Senegal, based on the criteria for mapping in the desk review, mapping in 1 EU was indicated.

**The FY21 planned TIS in Goulfey was postponed to FY22 due to timeframe of MDA (April 2021) and budgetary constraints in FY21.

***7 HDs are overdue for TSS in Burkina Faso; however, due to insecurity in all 7 HDs, none is planned in FY22.

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

Since 2019, Act | West has adopted a quality improvement (QI) model to address continued challenges with suboptimal MDA coverage, data quality problems, and DSA failure in several countries. QI consists of systematic and continuous actions that lead to measurable improvement in health care services and the status of targeted patient groups. The model employed by Act | West is based on a framework developed by FHI 360 that has been adapted to the complex system of the NTD program.

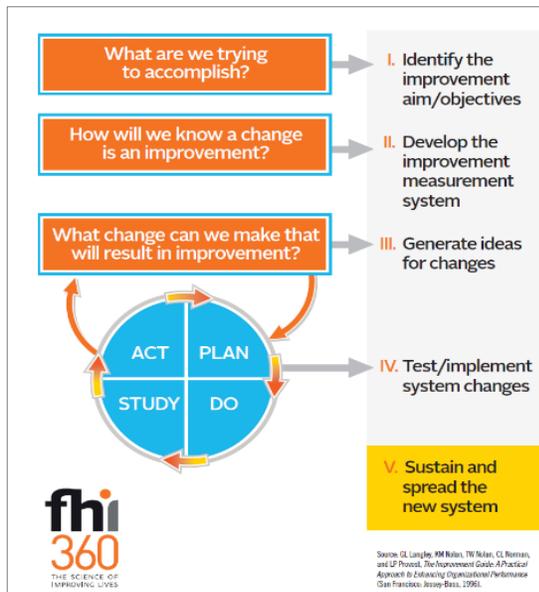


Figure 1: FHI360 Quality Improvement Model

This QI model consists of four phases:

I. Identify the explicit improvement aim and objectives that express in measurable terms a benefit for the beneficiaries/population.

II. Develop the improvement measurement system, in which the improvement team collects a few indicators, frequently, on a small sample of sites or beneficiaries

III. Generate ideas for changes, using brainstorming, benchmarking, gap analysis, and a list of known change concepts.

IV. Test/Implement system changes (with “Plan, Do, Study, Act” [PDSA] cycle).

Changes are introduced on a small scale, either one by one or as a package of changes, and their effect on the improvement aim/objectives is monitored (as established in Step II). If a specific change yields improvement, it is sustained and replicated in the rest of the system. If the change does not yield the

expected improvement, it is then abandoned, and another change is tested.

Figure two explains the QI model operations process in practice.

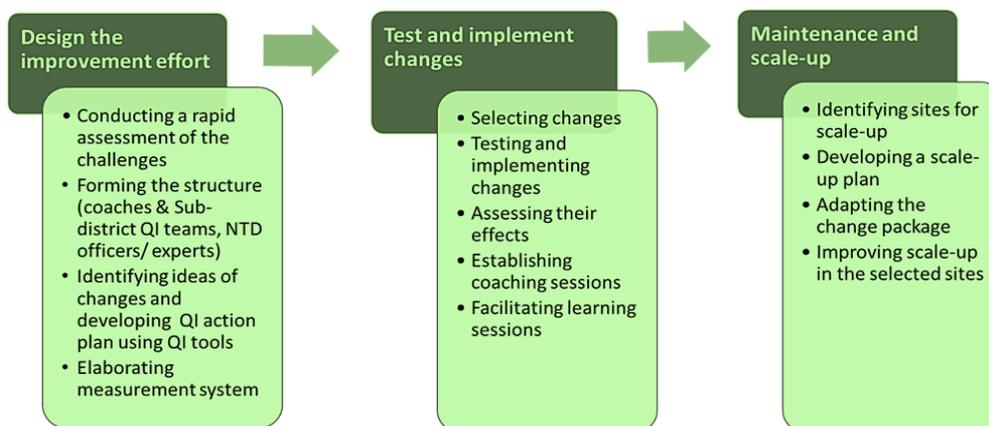


Figure 2: Quality improvement implementation process

Introduced in Ghana in FY18, the QI approach was extended to three additional countries (Benin, Niger, and Sierra Leone) in FY20. In FY21, Cameroon, Guinea, and Côte d'Ivoire were also introduced to the QI model. To ensure a smooth uptake of the QI initiative, in early FY20, a workshop was held with participation of the Act | West HQ technical team and program managers, IPs, and some country office representatives. Due to the COVID-19 pandemic, most of the planned QI activities were postponed; in Côte d'Ivoire, the QI coaches' training/initiation (scheduled in FY21) has not yet been held.

The main goals for implementing the QI framework with the six aforementioned countries are to improve the performance of LF, OV, and trachoma MDA coverage and NTD data quality—specifically to address LF and trachoma DSA failures. QI process development is at different stages in the various countries.

In Benin, district-level QI action plans have been developed in three districts to improve MDA coverage following the investigation of TAS1 failures (due to low coverage identified in some sub-districts). Root cause analysis (RCA) of the challenges at district level identifies the following root causes which will be resolved through the action plan developed by the QI teams:

1. Lack of proper microplanning,
2. Poor sensitization & social mobilization (communication) before, during and after MDA
3. Lack or low involvement of local leaders: local elected representatives, parents of students,
4. High refusals
5. Weak intersectoral collaboration between education, municipality, rural development, school district
6. Low motivation of community drug distributors
7. Lack of community engagement
8. Lack of community awareness of the benefits of MDA
9. Inadequacy of the population census conducted by the CDD by lack of corrective supervision of proximity.

In Sierra Leone, a rapid social science assessment (RSSA) was conducted as part of the QI process to determine the drivers of community members' participation in MDA and DSA. The findings indicated the hesitancy for community members or lack of engagement to participate in the MDA and DSA is driven by the community influencers. These influencers varied by age and gender and need to be identified so to apply an enhanced community engagement to curtail hesitancy and improve participation of community members in MDA and DSA. The RSSA allowed us to understand social dynamics with power mapping and rumor tracking among others. Regarding the rumors, one way to address them is to assign communication officers to monitor and demystify misinformation on social media. The change of ideas related to enhanced community engagement will be used to develop the QI action plans in the selected districts.

In FY21, in Niger, Guinea, Cameroon, only the training of the coaches was undertaken. The QI model application process during the training uncovered a lack of community ownership of the trachoma SAFE strategy implementation, low motivation of CDDs, and late distribution of medicines to subdistricts in districts that have failed trachoma TIS and TSS in Niger; low MDA coverage at sub-district level and weakness in medicine reverse logistics in Guinea; and low social mobilization and motivation of CDDs for OV districts and in trachoma failed TSS districts, weak collaboration with other WASH partners, and the fact that sub-district MDA and cluster-level survey data may reveal areas where communities are not being treated adequately and "pockets" of higher transmission remain. The coaching system will support training on the QI model and tools and facilitate the learning sessions of peripheral sub-district QI teams.

In FY22, Act | West will undertake the following interventions to improve performance and quality implementation of NTD programs:

- Support Benin QI team members to further the QI process implementation following the development of QI plans.
- Support Niger, Guinea, Sierra Leone, Côte d'Ivoire, and Cameroon to finalize development of QI action plans.
- Support Ghana to finalize analysis of the three years of data to draw best practices to apply to additional LF hotspots districts
- FHI 360 and Helen Keller QA/QI leads will continue to support all disease technical leads to conduct workshops and webinars to promote the new disease-specific guidelines and best practices.
- As some of the challenges to be addressed by QI are related to data quality issue that stem from data quality assessment and coverage evaluation surveys' findings, the MEL team at the HQ level will be brought in to provide input into the QI activities related to data quality upon root cause analysis exercise. The MEL team will be instrumental in reviewing country monitoring system related to data quality QI activities and in the adaptation and lessons learned by applying these data quality related QI activities.

Quality Assurance (QA) activities:

In FY 22, Act | West will continue to support NTDPs to implement high quality NTD interventions as follows:

- Continue supporting NTDPs to implement COVID-19 mitigation measures in their communication plans and in the regular NTD interventions, to ensure safe and optimal implementation. FHI 360 and Helen Keller Implementation Leads will continue to ensure best practices (under the principle of "Do no harm") are adopted and appropriate SOPs are adopted and implemented in conjunction with NTD interventions.
- In all supported countries, Act | West will train NTDP staff on the MDA readiness checklist tool (piloted in Guinea in FY20) and its systematic implementation, to ensure the program has all the inputs to carry out effective MDAs. The checklist allows a systematic review of all components of MDAs to ascertain all inputs and key pre-MDA activities are lined up weeks in advance. Means of verification are also defined. The checklist provides opportunities to update MDA training modules and tools (like the supervisor checklists) for quality implementation.
- Act | West, under the SCH/STH Focal lead, will promote the use of the WHO guidelines for subdistrict treatments according to country-specific context, treatment history, targeted populations, available subdistrict data, and ecological and environmental data. Act | West will support NTDPs to integrate focal treatment of SCH into their training modules.
- Continue to promote use of the supervisors' checklist tool (SCT) by providing training on the tool in Burkina Faso, Cameroon, Ghana, Guinea, Mali, Niger, Sierra Leone, and Togo, to enhance MDA coverage in challenging areas (see also MEL Section).
- Promote triangulation of reported coverage with NTD medicines during MDA by reviewing numbers of medicines distributed and remaining inventory from post-MDA physical inventories during reverse

logistics. The average of medicines used by person treated will help to validate the coverage as well as adherence to medicine dosage recommended by WHO, Pharma, and donation programs.

- Employ the serious adverse events (SAE) tracker, an Excel-based template, to follow the number and severity of SAEs. NTDPs should notify the IP, USAID AOR, Pharma, and WHO of any SAE within 24 hours. Every SAE should be fully investigated, followed up to understand its cause, and treated immediately, to ensure the best long-term outcome for the patient.

Activity 1.8. Improve cross-border collaboration, focusing on specific districts with high prevalence and shared borders

Transmission foci of OV, LF, and trachoma often transcend district, regional, and country borders. Coupled with high migration across districts and country borders, intervention strategies to combat these NTDs (with limited geographical scope) are inadequate to achieve elimination targets. Act | West recognizes the importance of countries working together to address challenges of achieving high MDA coverage across endemic districts bordering other countries. Maps of LF hotspots across Act | West countries show that such hotspots in the south of Burkina Faso share borders with hotspots in the northwest of Ghana and districts with high baseline prevalence in the northeast of Côte d'Ivoire. Similarly, LF hotspots in Sierra Leone (Bombali, Karene, Koinadugu, and Falaba) share boundaries with LF endemic districts in Guinea having high baseline prevalence. In all, nine LF/OV endemic districts in Sierra Leone share borders with highly endemic districts in Guinea and Liberia. Diffa region in Niger shares borders with insecure regions in Nigeria, resulting in internally displaced populations—a situation that can contribute to persistent trachoma transmission in the region.

Act | West has capitalized on the opportunity to support multiple NTDs in several contiguous countries in West Africa and in collaboration with other NTD partners to enhance cross-border coordination—sharing relevant information to achieve high MDA coverage across borders. Act | West advocates for cross-border meetings at the district level to facilitate collaboration between endemic districts. Such meetings (Benin–Togo and Ghana–Togo), have led to sharing lists of communities along common borders; information on peculiarities of communities that impact MDA; information on health care structures, economic activities, and migration patterns—and opened communication among district and health facility managers across country borders. This has improved timing, implementation, supervision, and data analysis of MDAs. Sightsavers has shared the cost of meetings between Togo and Ghana, acknowledging the importance of such collaboration to achieve OV elimination objectives.

In FY21, Act | West planned cross-border meetings between Togo and Benin; Sierra Leone and Guinea; Togo and Ghana; and Côte d'Ivoire, Ghana, and Burkina Faso. However, these could not take place due to COVID-19 and related restrictions. Nevertheless, Sierra Leone focused on enhanced social mobilization and engagement in all nine districts sharing borders with Guinea and Liberia. High migration periods along border districts (such as market days) were identified, and adequate logistics and drugs were made available to treat all persons in the border districts. A QI initiative started in FY20 in Sierra Leone to improve MDA coverage in border communities and special populations continued in FY21. The next phase in FY22 will include trained QI coaches implementing and evaluating change ideas.

In FY22, cross-border meetings with support from Act | West are proposed between Togo and Benin, Togo and Ghana, Ghana and Côte d'Ivoire, and Burkina Faso and Ghana. These meetings will involve district health managers in target hotspots or high LF and OV endemic districts across the borders.

Activity 1.9. Ensure use of the integrated database for data management, tracking of trends, drug applications, and data archiving

As recommended by WHO, all the supported country NTDPs use an integrated NTD database as a source of information on storage, reporting, drug application, and data archiving for preparing elimination dossiers. Three database platforms are used by the NTDPs supported by Act | West: a set of Excel sheets (the most common for Act | West countries); the Country Integrated NTD Database (CIND, a Microsoft Access-based platform); or the DHIS2 platform (in the form of HMIS). The Act | West MEL team works with the NTDP data teams to ensure the database of choice meets the criteria for secure, organized, and functional NTD data sources (see MEL Section).

In FY22, Act | West will continue the following activities under the lead of the MEL team:

- Act | West will support capacity building of each NTDP to install and maintain the database platform of choice and provide technical support as needed for historical MDA and DSA data entry/archiving—engaging external consultants to assist with historical data entry if necessary. (See details in the MEL Section.)
- The long-term security and accessibility of all current and historical NTD data from the 11 Act | West countries is of great importance to the NTDPs and NTD partners. Where needed, Act | West will provide support to ensure all database platforms are password protected, have anti-virus software installed that is run regularly, and are backed up according to a regular schedule. Where necessary, Act | West will assist with the acquisition of backup equipment (such as external memory drives) and will urge each country to establish a regular schedule of backups. (See MEL section for more details.)
- TA will also be provided to ensure that all countries have the capacity to capitalize on the capabilities of the database for data analysis and in-depth understanding of country trends and challenges—including for drug applications.

Activity 1.10. Support countries to prepare dossiers on LF, trachoma, and onchocerciasis

In FY20, many MDAs or DSAs were delayed or postponed due to the COVID-19 pandemic. This also affected the timing of FY21 activities, and MDAs and DSAs were prioritized over workshops to update or begin working on the elimination dossiers for LF and trachoma. As of the end of June 2021, of the seven countries with LF and/or trachoma dossier development workshops planned, Burkina Faso held meetings on both trachoma and LF; Mali held a meeting on LF; and Sierra Leone will conduct its LF dossier meeting before the end of FY21. All other countries have pushed the workshops to FY21 Q4 or to FY22.

In FY22, Act | West will continue to provide TA to ensure NTDPs: 1) understand requirements to document their achievements towards elimination of LF, trachoma, and OV; 2) collect and collate all required data for dossier preparation; and 3) establish in-country dossier committees (where needed).

In FY22, Act | West will provide the following support for dossier preparation (by disease):

Trachoma. Progress towards completion of the trachoma dossier varies by country, and support is provided to different NTDPs via Act | West and other partners—such as Sightsavers via the AccelerateTE project and Helen Keller International and The Carter Center via the Conrad N. Hilton Foundation. In FY22, Act | West will continue to support seven NTDPs, technically and/or financially, to continue dossier development.

- To better understand the status of the trachoma elimination dossiers in endemic countries supported by Act | West, the trachoma technical advisor will organize virtual discussions with relevant members of the NTDPs (such as trachoma focal points) and IP organizations. A questionnaire will be drafted and circulated to participants prior to the call. Questions will focus on different aspects of the dossier, such as historical data entry, and on challenges national programs are facing in prioritizing work on the dossiers.
- The Trachoma Technical Advisor will provide TA, where needed and possible (given the ongoing COVID-19 pandemic) to Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Niger, and Senegal, which all have dossier development workshops planned in FY22. Priority will be given to countries newly beginning dossier development, such as Côte d'Ivoire, and those nearing elimination, such as Senegal.
- Act | West will continue to encourage Togo to finalize amendments to its trachoma dossier and offer support as needed. FHI and HDI have started regular monthly meetings with Togo's NTDP and this opportunity will be used to encourage the NTDP to finalize its trachoma dossier.
- The above activities may result in organizing "deep dives" with USAID on specific countries or specific groups of countries to highlight progress and lessons learned as countries near elimination.
- Act | West will conduct a mixed methods landscape analysis to inform trachoma post-validation surveillance needs (see also Learning Agenda Section).

LF. As for trachoma, progress towards the LF dossiers varies by country. Support has been primarily through Act | West and Sightsavers via ASCEND, although with the closing of the ASCEND project, it is unclear whether Sightsavers will continue to co-support these activities. By the end of FY21, Benin and Cameroon will join Burkina Faso as having a complete first draft LF elimination dossier and data template filled with all program data up to FY21. In FY22, Act | West will provide financial and/or technical support to the NTDPs of Benin, Cameroon, Sierra Leone, and Mali to hold country Dossier Committee meetings to write first draft dossiers or update drafts. Act | West will provide TA for dossier training of NTDPs of Guinea, Niger, Senegal, Ghana, and Côte d'Ivoire.

OV. Through participation in OEC meetings in FY22, Act | West will actively encourage countries to start preparatory activities, including developing plans and timelines for dossiers. Specific dossier-related support in FY22 include:

- All OV activities in Niger were supported through The END Fund in FY21; ACT | West did not provide support to Niger in this area during the year. In FY22, however, Act | West will continue to advocate for Niger to begin dossier planning and will work with the national program to include this in the OEC meeting agenda. A key element of preparation is compiling information related to exclusion mapping (as part of the OV elimination mapping) and evidence to support the absence of OV transmission. Act | West will continue supporting the national program to carry out desk reviews and additional field surveys recommended by the OEC.
- Senegal has requested technical support to develop an OV elimination strategy. The Act | West OV Focal Point, in collaboration with FHI 360 in-country team and members of the OEC, will assist the OV/LF National Coordinator to develop the elimination strategy. In FY21, Act | West worked with the National Coordinator and a consultant to collect historical information and data to assist

the NOEC. The data will support requirements for upcoming dossier development. Senegal has conducted exclusion mapping and some desk reviews with support from The END Fund. These data will be further analyzed by Act | West in FY22 to ensure the absence of areas suitable for black fly breeding, and absence of transmission in areas not targeted by the program for OV MDA. A report will be written with support from Act | West once the results of the stop-MDA conducted in FY18, FY19, and FY20 are conclusive. The serological analysis of OV samples collected in 2019 will be analyzed in January 2022 at the SLAP lab in Thies. The results are expected to confirm that the country is on the verge of interrupting OV transmission in the two river basins (Falemie and Gambie). In FY22, Senegal will start documenting OV program achievements, and assistance will be provided by FHI 360 and the University Cheick Anta Diop (UCD) to develop manuscripts for publication in peer reviewed journals.

- Togo received support through END in Africa for review and analysis of OV data. Starting in the last quarter of FY21, Togo will accelerate processing the backlog of the DBS collected since 2019. A new plate reader was bought in FY21 by Act | West and will be used to provide more technical capacity to the INH lab where the OV samples are analyzed. By mid-FY22, Togo's national OV program may have completed the majority of the OV assessments necessary to stop MDA and will start preparing the OV elimination dossier. The country has successfully eliminated LF and is on the verge of eliminating trachoma (with a dossier pending final approval by WHO). The experience gained by the country in terms of dossier preparation is expected to be a strong asset and allow the OV dossier to be fast-tracked—avoiding delays and challenges that non-experienced countries may encounter.
- Benin is completing the OV elimination mapping with support from Sightsavers. The country is planning to develop an OV elimination plan and start documenting OV achievements in August–September 2021 with technical support from Act | West. As the LF program in the country is moving quickly towards interruption of transmission, following successful TAS implementation, it is expected that the LF dossier development will be followed by initiation of the OV dossier in FY22.
- (See section 1.3 for additional country-specific OV notes.)

Morbidity data. Although many of the FY20-planned Morbidity Management and Disability Prevention (MMDP) activities were delayed due to the COVID-19 pandemic, the NTDPs, with support from AIM Initiative, were able to “catch-up” in FY21, completing almost all of the carryover FY20 and FY21 activities. All countries completed situation analyses to identify partners supporting MMDP, extent of MMDP data availability and secure storage, gaps requiring support, and MMDP strategic plans to guide activity prioritization going forward.

AIM Initiative will continue to support Benin, Côte d’Ivoire, Ghana, and Senegal to ensure MMDP data are available and robust and address key needs identified through the situation analyses and strategic plans. In FY22, the following activities will be supported (see Benin, Côte d’Ivoire, Ghana, and Senegal country workplans for activity descriptions):

Benin

- Integrate trachoma and LF MMDP modules into the training curriculum of nursing school

Côte d'Ivoire

- Explore cost-effective ways to include case search during MDA
- Assess Health Insurance and MMDP coverage
- Assess availability of the LF recommended minimum package of care in designated facilities
- Integrate modules on the management of trachoma and LF in the basic training curriculum for health workers

Ghana

- Finalize evaluation plan for MMDP Strategic Plan
- Validate existing LF MMDP data with cluster randomized survey in two EUs
- Conduct partner meeting for MMDP national health insurance coverage assessment

Senegal

- Integrate LF and trachoma MMDP modules into the training curriculum of nursing and medical schools
- Assess availability of the LF recommended essential package of care

IR2: STRENGTHEN COUNTRY ENVIRONMENT FOR IMPLEMENTATION AND MANAGEMENT OF NTDPs

Introduction

In FY21, Act | West advanced NTD program sustainability by completing the initial phases of sensitization, analysis, and planning and shifting to supporting implementation of country-led sustainability efforts. The Act | West approach to promoting sustainability includes five phases. **Phase 1** focused on introducing key sustainability framework concepts to national stakeholders via sensitization meetings and building buy-in across stakeholders. **Phase 2** consisted of a landscape analysis, guided self-assessment using the Sustainability Maturity Model (SMM), and cross-sector assessments to deepen collective understanding of the current state and identify future sustainability milestones and recommendations. Building on milestones achieved in the early phases of Act | West's sustainability approach (see Figure 3 below), the consortium made significant progress in supporting NTDPs in all countries to initiate or complete **Phase 3**, the development of national NTD sustainability plans. These plans will serve as roadmaps for NTDPs and multisector stakeholders to achieve NTD integration, mainstreaming, and sustainable financing goals. In FY22, some countries will initiate **Phases 4 and 5**, which will focus on implementing the plans and measuring progress.

	Completed Phases		Current Phases			Sustainability Outcomes
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	
Phase Title	Sensitize Counterparts and Secure Buy-in	Conduct Landscape and Sustainability Analysis	Develop Sustainability Plan	Implement Sustainability Plan	Evaluate Progress	<ul style="list-style-type: none"> • Sufficient domestic funding to support NTD programing • Deworming and morbidity management services provided • Indicators included in information systems • Health and education resources optimized • Health and education policies integrated and institutionalized • Multi-sector coordination institutionalized
Key Activities & Outputs	<ul style="list-style-type: none"> • Sensitization workshops (FHI, Deloitte, HKI, WV) 	<ul style="list-style-type: none"> • HSS Analyses (FHI, Deloitte) • Cross-sector Barrier Analyses (FHI, HKI, WV) • Joint Landscape Analyses (FHI, Deloitte, HKI, WV) 	<ul style="list-style-type: none"> • Sustainability Plan (FHI, Deloitte, HKI, WV) 	<ul style="list-style-type: none"> • Deloitte TA: financing, supply chain, data security, HMIS, advocacy/DRM • FHI, HKI, WV TA: cross-sector platforms, service delivery, surveillance 	<ul style="list-style-type: none"> • Program-data Reviews, Reporting, assessments, and learning (All) 	
	On-going Financing & Cross-Sector Activities <ul style="list-style-type: none"> • TIPAC data entry & funding gap analyses workshops (Deloitte) • Revamping/establishing cross sector coordination mechanism (FHI/ HKI/ WV) 					
Country Status			<ul style="list-style-type: none"> • Burkina Faso • Ghana • Mali • Niger 	<ul style="list-style-type: none"> • Benin • Cote d'Ivoire • Senegal • Sierra Leone • Togo 		

Figure 3: Sustainability phases and current status in Q4 of FY21

Notable IR2 accomplishments from FY21 include:

- Supported the development of sustainability plans for Togo, Benin, and Sierra Leone and completed the political validation of sustainability plans in Côte d’Ivoire and in Senegal, with the formal endorsements of the Ministers of Health.
- Supported second wave of countries (Burkina Faso, Niger, and Mali) to progress through sustainability Phases 1 and 2. In all three countries, the IR2 team used train-the-trainer models and virtual facilitation to complete financial data entry and analysis using the Tool for Integrated Planning and Costing (TIPAC) and guided self-assessments using the SMM.
- Launched the revamped Intra-Country Coordination Committee (ICCC) along with a new SCH/STH Expert Committee in Ghana; newly established the Partners Network Forum (PNF) in Sierra Leone and the National NTD Multisector Committee (CNLMTN) in Senegal.
- Advanced sustainable financing activities in Cameroon and Guinea, the two countries in the portfolio that will use more targeted interventions (versus the full five-phased sustainability approach).
- Developed a series of three technical briefs on the following NTD sustainability topics: 1) the path towards increased country ownership; 2) the need for dynamic technical assistance; and 3) lessons on multisector collaboration and engagement. These briefs will be disseminated in FY22 (see Cross-Cutting Activities section).

During FY21, the following insights, lessons, and key themes emerged:

- The release of the WHO NTD Road Map 2030 and its accompanying documents (Sustainability Framework for action, M&E Framework) and the WHO /ESPEN NTD Master Plan guidelines represents an opportunity for Act | West to provide strategic support to NTDPs as they interpret, contextualize, and adapt this new global guidance.

- Accountability and governance are key to sustainability across SMM domains, whether this means having clearly defined roles and responsibilities for NTDP staff managing drug inventory (operational capacity), formalizing commitments for resource mobilization (financing), or tracking cross-sector commitment for sustainable NTD interventions. Sustainability boils down to the capabilities of organizations and the skills, proficiencies, and practices of individuals.
- Supporting NTDPs to manage, integrate, use, and protect data advances sustainability. This aligns with both the WHO Road Map and the M&E Framework and applies to both programmatic and financial data. In the case of programmatic data, the priorities are HMIS integration, greater data security, and integrated M&E efforts; these will contribute to NTDPs' capability to continuously learn and build on control and elimination gains. Data availability and integrity are paramount for the elimination dossiers. For financial data, there's an opportunity to move beyond costing activities and quantifying funding gaps. The results of TIPAC data analysis can be used to inform integrated planning, test different scenarios, analyze cost/benefit, and inform financial allocation decisions, especially for control programs that will require cost-effective implementation approaches.
- Act | West's support to implement sustainability plans requires a shift in TA approaches, more prominent roles for national stakeholders to drive priorities, and alignment with the bilateral negotiation process between host governments and USAID. Successful planning and implementation of the bilateral agreement will require a close working relationship between USAID and the Act | West team at program and country levels to assess sustainability plan priorities and support USAID's decision-making process.
- Coordination and joint planning with other health programs and sectors is a pillar for advancing sustainability. This is a priority within the WHO Sustainability Framework (accompanying document to the WHO NTD Roadmap 2030) and aligns with USAID priorities to ensure NTDs are represented in relevant national governing bodies and in policies, plans, and budget discussions.
- Inclusion of NTDs into the essential packages of benefits of the Universal Health Care (UHC) policies is among the most pressing themes emerging from the draft or validated sustainability plans.

Given these accomplishments, insights, and lessons from the past year, Act | West will prioritize the following types of activities in FY22 (described in more detail in subsequent sections):

- 1. Support sustainability plan oversight & accountability.** Support the completion and validation of sustainability plans in the nine priority countries and the establishment of governance processes for monitoring implementation and ensuring stakeholder accountability. This also includes supporting planning and implementation of the bilateral negotiation process (Activity 2.1).
- 2. Support data-informed planning & budgeting.** Build on TIPAC and budget-mapping activities to promote data usage for integrated planning and deploy an investment case methodology to mobilize resources and inform decision making at central and decentralized levels, leveraging advocacy potential of NTDs ambassadors and multi-sector coordination mechanisms (Activities 2.2, 2.3, and 2.4).
- 3. Provide targeted TA to support sustainability plan implementation.** Strengthen NTDP operational capacity and information systems by providing targeted TA for data security policy,

HMIS integration documentation, and supply chain mainstreaming (Activities 2.5 and 2.7).

4. **Support service delivery integration and mainstreaming of NTDs services.** Leverage existing policy reforms and revision of UHC policies to support country teams in Senegal, Ghana, Côte d'Ivoire, and Sierra Leone to identify and implement approaches to integrate MMDP into essential package of UHC benefits; take advantage of health system approaches for integrated packages of services at decentralized level to test models for routinizing deworming services (Activities 2.4, 2.9 and 2.10).
5. **Support capitalization and knowledge exchange on sustainability.** Continue production and dissemination of technical briefs, facilitate regional peer learning webinars, and implement sustainability pause and reflect sessions to provide countries, Act | West, USAID, and the broader NTD community with insights and lessons learned from implementation to enhance global knowledge and experience on sustainability (Cross-Cutting Activities).

Table 4: TA support in FY22 by countries

	SP Workshop	SP Political Validation	SP Implementation	Supply Chain Mainstreaming	TIPAC Data Analysis	Budget Mapping	Advocacy, policies & DRM	Data Security Policy	Document HMIS Integration	Multi-sectoral coordination mechanism	Service delivery integration
Benin		X	X		X	X		X	X		
Burkina Faso	X	X			X	X				X	
Cameroon					X		X				
Côte d'Ivoire			X	X	X		X	X	X	X	
Ghana		X	X	X	X		X	X	X	X	X
Guinea					X		X				
Mali	X	X			X	X				X	X
Niger	X	X			X	X				X	
Senegal			X	X	X		X	X	X	X	X
Sierra Leone		X			X		X	X		X	
Togo			X		X			X	X	X	

IR2 Roles & Responsibilities

Act | West's IR2 structure to support country sustainability agendas involves various partners and roles. The structure includes three categories of actors:

- **The Health Systems Strengthening (HSS) Team.** The HSS Lead, two Regional HSS Advisors, and Cross-sector Advisor (FHI 360/Helen Keller) will provide technical guidance and oversight to ensure alignment of TA with country needs and gaps in IR2 areas. The HSS team will liaise with IPs and coordinate TA for targeted interventions. In addition to supporting country-level activities, the HSS team will perform regular monitoring visits to check quality and progress and provide input in specific areas relevant to their core competences, complementing WV and Deloitte. The location of the HSS team in West African countries has allowed for deployment and in-country support to advance during the period of COVID-19 travel restrictions. This has been a significant advantage, allowing the team to continue supporting countries in moving forward with the sustainability process.
- **In-country implementing partners.** In-country IPs (FHI 360, Helen Keller, and/or HDI) are mandated to coordinate all Act | West interventions at the country level. With reference to sustainability

interventions, IPs have the responsibility to coordinate IR2-related TA in collaboration with the NTDP/MOH and the HSS Team. This includes facilitating dialogue with the NTDPs to secure dates for activities and coordinating with the MOHs and/or other government entities to support implementation and monitoring of the sustainability plans. In FY22, this will also include managing venue and other vendor procurement and providing logistical support for events related to some IR2 technical activities included in country budget (i.e., Sustainability Planning Workshops, Political Validation Meetings, TIPAC workshops). Such coordination is crucial for Act | West interventions to successfully implement each country work plan.

- **Technical assistance partners.** Deloitte and WV are the IR2 technical partners. Deloitte will provide short-term technical assistance (STTA) in sustainability domains related to policy, financing, information systems, and operational capacity to support overall country efforts in collaboration with IPs and the HSS Team. WV will provide support to the coordination and service delivery domains. WV will leverage its US-based team for specific TA, while the regular field activities will be managed by WV in-country teams in collaboration with the IPs in four countries.

In terms geographic scope, Deloitte will continue to provide TA across the entire Act | West portfolio. WV will continue to support cross-sector work in Ghana, Mali, Niger, and Senegal—strengthening cross-sector coordination in the four countries and with a more intense focus on service integration pilots in Senegal and Ghana. In Sierra Leone, Act | West will build on the gains of WV in FY21 leading to formalization of the Network Forum (PNF) and will transfer NTDP support in cross-sector work to the Helen Keller team. In Burkina Faso, Helen Keller will continue to leverage the knowledge of the in-country team to help the NTDP propel the cross-sector agenda. In Côte d'Ivoire, FHI 360 will build on the presence of the HSS team to provide support to the NTDP as it implements cross-sector activities defined in the validated sustainability plan. Finally, in Benin and Togo, FHI 360's Regional Cross-sector Advisor, based in Abidjan, will work closely with the IPs to provide TA to the NTDPs on cross-sector work. Table 5 provides a full breakdown of IR2 partners and scope for each country in FY22.

Although the COVID-19 pandemic has created a level of uncertainty regarding travel, the current structure and adaptability of the IR2 team will help mitigate the effect of some restrictions. The presence of the HSS team in the region allows them to support the countries where they are based and closely follow development of country policies.

Table 5: Partners technical and geographic scope in support to country sustainability work in FY22

Countries	Implementing partner	HSS TA partners (mainstreaming)	Cross-sector TA partner	Potential countries for Supply chain (Mainstreaming)(*)
Benin	FHI 360	Deloitte	FHI 360	N/A
Burkina Faso	Helen Keller	Deloitte	Helen Keller	N/A
Cameroon	Helen Keller	Deloitte	Helen Keller (targeted sustainability interventions)	N/A
Côte d'Ivoire	FHI 360	Deloitte	FHI 360	Implementation Lead (*)
Guinea	Helen Keller	Deloitte	Helen Keller (targeted sustainability interventions)	N/A
Ghana	FHI 360	Deloitte	WV	Implementation Lead (*)
Mali	Helen Keller	Deloitte	WV	N/A
Niger	Helen Keller	Deloitte	WV	N/A
Senegal	FHI 360	Deloitte	WV	Implementation Lead (*)
Sierra Leone	Helen Keller	Deloitte	WV (FY19-FY21) Helen Keller	N/A
Togo	HDI	Deloitte	FHI 360	Implementation Lead (*)

(*) Supply chain mainstreaming TA will prioritize countries that have prioritized supply chain mainstreaming in the SMM domains and have completed a sustainability plan. Country selection and support for SCM mainstreaming will be based on results of bilateral negotiation process.

As a few countries are in Phase 4 of the sustainability process and have started implementing activities in their sustainability plans, Act | West's support will require more consultation and coordination with other members of the consortium. In FY22, the consortium will make a slight shift in TA to emphasize strengthening country capabilities and to fill gaps countries are not able to cover. Specifically, the IR2 team will prioritize enhanced collaboration and coordination with the following Act | West colleagues:

- Act | West MEL team on data security policies and tools to track progress towards sustainability
- Implementation Lead on supply chain mainstreaming to reduce fragmentation and ensure NTDPs are putting in place the needed interventions to strengthen the current system while defining long-term strategy through mainstreaming.
- AIM on policy analysis and Advocacy for inclusion of MMDP services into essential of package of benefits and UHC policies (ACMU/Senegal, NHIS/Ghana, CMU/Côte d'Ivoire)
- Disease Leads and IPs on defining parameters to guide decision on investment case scope
- Communications team on the development and dissemination of technical briefs and other knowledge sharing activities
- Learning Agenda Lead on ongoing learning initiative related to sustainability

Detailed IR2 Activity Descriptions

Act | West will implement the following activities under IR2 to support implementation of country work plans in FY22.

Activity 2.1. Create sustainability plan in partnership with host country governments

The goal in FY22 is to complete and disseminate the Act | West landscape analyses and support the development and validation of nationally-owned sustainability plans in Burkina Faso, Mali, and Niger. In other countries where sustainability plans have already been developed and validated in FY21, NTDPs will focus on implementing and tracking the activities outlined in the plans. This will be the case for Benin, Côte d'Ivoire, Ghana, Senegal, Sierra Leone, and Togo. In FY22, Act | West partners will:

- **Finalize and disseminate the landscape analyses in Benin, Burkina Faso, Mali, and Niger.** The Act | West team will complete the joint landscape analysis drafts (HSS and cross-sector) that were started in FY20 in each country except Burkina Faso. Due to COVID-19 restrictions, the guided self-assessment workshops for these countries were delayed until FY21 Q2 for Benin and Q4 for Burkina Faso, Mali, and Niger. As a result, the guided self-assessment results have not yet been incorporated into the joint landscape analysis document—a crucial piece of the analysis. The joint landscape analysis will provide a snapshot of the sustainability challenges facing the NTD Program in each country and the opportunities to leverage in national systems to mainstream NTDs; it will capture the state of each country's program along the six outcomes outlined in the sustainability framework. This second wave of joint landscape analyses will complete the series Act | West finalized and shared with USAID in FY21 (Côte d'Ivoire, Ghana, Senegal, Togo, Sierra Leone).
- **Complete sustainability planning workshops in Burkina Faso, Mali, and Niger.** Act | West will support these NTDPs to prepare for multisector stakeholder workshops to develop their respective sustainability plans and identify specific interventions and activities for priority areas in the six domains of the sustainability framework. Act | West will facilitate these workshops. Each plan will serve as a roadmap for NTDPs, the health sector, and cross-sector stakeholders to achieve key sustainability milestones. The sustainability plan is a working document that allows stakeholders to align their goals and measure their progress towards sustaining NTD elimination and control targets.

Sustainability plans inform Act | West's TA across domains (policy, coordination, operational capacity, information systems, service delivery, and financing) and provide information as a basis for negotiating bilateral agreements or any other government commitment to complement current investment or increase government ownership of NTDP interventions.

As has been done in other countries, Deloitte, WV, Helen Keller, and FHI 360 will all provide technical support to develop the initial outlines of the sustainability plans, plan the workshop logistics, and co-facilitate the workshops. The workshops themselves serve to engage the national NTDPs and multisector stakeholders to discuss the status of NTD sustainability and capture input and commitments in actionable plans. Each workshop will be held over a four-day period with scheduled breakout discussions on the six domains. Facilitation of workshops in Burkina Faso, Niger, and Mali will be led by HSS team members who will travel from Côte d'Ivoire and Senegal (as was done for workshops in Togo, Benin, and Sierra Leone in FY21). Deloitte and the U.S.-based WV teams will provide remote support leading up to and during the workshops. Following the workshops, Deloitte and WV will continue to provide remote support to gather comments and assist the NTDPs in refining the documents for political validation. Observations and lessons learned from previous workshops have shown that pre-meeting consultations with the leadership of the NTDPs prior to the workshop with the large group are critical success factors for implementation. In FY22, Act | West will organize travel plans so that any partners providing in-person facilitation will arrive a few days early to discuss

the approach and ensure that NTDP staff are comfortable with content and prepared to present and contribute to or lead discussions.

- **Facilitate the political validation and endorsement of sustainability plans in Benin, Burkina Faso, Ghana, Mali, Niger, and Sierra Leone.** Obtaining the political validation ensures the plans are viewed and used as references for all NTDP activities over the next three to five years (depending on the country's chosen timeframe). In FY21, three countries (Côte d'Ivoire, Senegal, and Togo) initiated or completed the political validation and endorsement process. In FY22, Act | West will support Benin, Burkina Faso, Ghana, Mali, Niger, and Sierra Leone to validate their plans. Deloitte WV, Helen Keller, and FHI 360 will provide a combination of in-country and remote support to respective NTDPs to obtain endorsement from MOHs to disseminate the plans to relevant stakeholders during a one-day political validation workshop. Furthermore, Act | West will assist with the creation of advocacy materials aimed at increasing interest and knowledge about each NTDP's sustainability plan, for distribution among MOH staff (as was done in Côte d'Ivoire and Senegal in FY21). Depending on the needs of each country, IR2 partners may support the country teams and the NTDPs to create summary presentations of the key points for cabinet, parliamentarian, or ministerial level audiences or assist in holding senior stakeholder validation events.
- **Support sustainability bilateral negotiation process in Senegal, Côte d'Ivoire, Togo, Benin, Sierra Leone, and Ghana.** In FY21, USAID initiated bilateral negotiations with Senegal. Lessons learned from the Senegal process, which is in its early phase, will inform the design of the Côte d'Ivoire process and other countries completing political validation of their plans in late FY21 and early FY22. The bilateral negotiation process is a key step between Phases 3 and 4 of the sustainability plan process. The main goal is to increase government leadership and investment in national NTD programs, aligning with both USAID's initiative for Self-Reliance and WHO's emphasis on government ownership. Through the process, USAID expects that MOHs will lead activities to achieve sustainability goals, while receiving various forms of technical and financial assistance from Act | West and other partners as needed. Based on negotiations between USAID and the country governments, USAID will support TA/implementation or funding that will link to government-identified sustainability priorities and clear milestones reflecting government investment. Starting with Senegal in FY21 and continuing with Côte d'Ivoire in FY22, USAID will lead the bilateral discussions, drawing on the full relationship of the USG in each country to engage government stakeholders above the NTD Program Manager (where decisions regarding policy, planning, and resource allocation reside). The process will require some dialogue over time to arrive at agreed upon plans that reflect both USAID and government contributions. Act | West has started to work closely with USAID on planning the negotiation processes and sensitizing NTDPs/MOHs on the goals of the bilateral negotiation. In FY22, Act | West will continue to provide support to bilateral negotiations by further analyzing sustainability plan priorities to support USAID's and MOH decision making and sensitizing national stakeholders on the process and the expected outcomes.

- **Support development of sustainability indicators and align with WHO's M&E Framework and USAID high level indicators in Côte d'Ivoire, Ghana, Mali, Senegal, Sierra Leone, and Togo.** In FY22, Act | West will support development of tools to monitor the progress and evaluate the outcomes of the national NTD sustainability plans, linking implementation with overall sustainability outcome indicators from the WHO M&E framework. At the country level, the indicators identified to monitor the sustainability plans will help the MOH and the cross-sector coordination mechanism to measure progress. At program and global level, alignment of the country sustainability indicators with USAID's high level sustainability indicators, the WHO M&E Framework, and the 2030 Roadmap (through country Master Plans) will facilitate benchmarking and reporting of country progress. In FY22, several country work plans have emphasized the need to develop monitoring and evaluation frameworks for sustainability plans. Act | West will work collaboratively with NTDPs to develop the materials and then provide targeted, on-demand TA to apply the tools based on country needs. For example, for implementation of the M&E framework, Act | West could facilitate a working session with the ICCG in Ghana, Multi sector Technical Working Group (GTT) in Côte d'Ivoire, PNF in Sierra Leone, CNO in Togo, and CNLMTN in Senegal to socialize and validate implementation and monitoring plans. This activity will require:
 - **Internal Act | West coordination.** In Q1, the HSS Lead, and MEL Director will organize consultation meetings with technical partners, Deloitte, and WV to review the WHO M&E framework, the USAID high level sustainability indicators, and the list of process indicators countries included in their sustainability plans. During these consultations, the IR2 team will identify the most relevant sustainability priorities to measure. The MEL team will support the development of the M&E framework or matrix of indicators and accompanying documents to help countries identify, prioritize indicators, and put in place a measurements process.
 - **Country engagement.** Act | West will provide tools to the country teams and leverage the capacities of the in-country M&E staff, the experience of the MEL and HSS teams to support the NTDP to develop sustainability indicators aligned with WHO's M&E framework and USAID high level indicators (these indicators are under refinement). This support will involve in-country trips for the FHI 360 and Helen Keller MEL team and regional HSS advisors to facilitate workshop with NTDPs, members of cross-sector coordination mechanisms, and other relevant MOH staff.

Oversight and continuously monitoring implementation of the priority interventions will help national stakeholders to implementation challenges, adjust some processes, and maintain continuous engagement of cross-sector stakeholders around the sustainability plan.

- **Support implementation of sustainability plans in Côte d'Ivoire and Senegal.** Supporting sustainability plan implementation will involve providing targeted TA to NTDPs across domains, including assisting with advocacy efforts, supply chain mainstreaming, data security policy, and so forth. The type of TA will depend on priorities defined in each country's sustainability plan. Activities 2.2 to 2.7 and activities 2.9 to 2.10 have been informed by NTDP sustainability plan priorities and summarize Act | West's plans to support implementation. Although TA in support to 2.2, 2.7, 2.9 and 2.10 will cover all nine priority countries, Act | West support to implementation of sustainability plans in FY22 will prioritize Senegal and Côte d'Ivoire as these countries have already validated their plans and are working with USAID on setting up bilateral negotiation. It is worth noting that Act | West partners will not support each activity listed but will focus on those critical to advance sustainability that require additional TA. Act | West's support for sustainability plan implementation

will align with agreed upon priorities from bilateral negotiation processes between USAID and governments. After the bilateral negotiations, Act | West will provide targeted TA to national MOH/NTDP in Senegal and Côte d'Ivoire to develop indicators of progress to monitor and document implementation of the plan in a very tailored approach. In addition, the multisector coordination mechanism will also support the NTDPs to implement and monitor the sustainability plans in in Cote d'Ivoire and Senegal the mechanism has been validated and launched by the MOH

Activity 2.2. Operationalize the finance strategy for NTD control and elimination interventions

Financial sustainability for NTDPs relies in part on having the right financial management tools and capabilities to make data-driven decisions to identify and address NTDP funding gaps. In FY22, Deloitte will provide TA for country led TIPAC data entry and analysis in Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo. For all countries except Cameroon, Deloitte will provide remote support for collecting the necessary data and updating the TIPAC tool. Deloitte plans to provide in-country support in Cameroon because this will be the first time the Country Coordinating Unit of Cameroon will be facilitating this activity for NTD programs since 2018. Independent data entry will be an opportunity for other countries to take further ownership of the tool and drive future data entry and analysis efforts. As part of TIPAC analysis workshops, the Deloitte Team will provide instruction on advocacy and resource mobilization materials, such as stakeholder mapping and creating targeted messages using financial data. Lastly, based on observations and feedback on TIPAC and data usage challenges, Deloitte will collaborate with partners and NTDPs to improve integration of TIPAC data into planning and decision-making processes for NTDPs, to increase the value of the tool for country programs.

- **Support country-led TIPAC data entry in Benin, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo.** Deloitte will support NTDPs to collect, consolidate, and enter NTD programmatic and funding data and national demographic data into the TIPAC tool over five years. Deloitte will provide TA as appropriate to help countries as they conduct data collection and entry, including guidance on the types of data to collect and how to best prepare for and conduct the data entry. For countries where TIPAC's use is nascent such as Cameroon, Guinea, Mali, and Niger, Deloitte will collaborate with country partners to help facilitate and deliver the workshop to NTDPs to build capacity. The data captured and documented in the TIPAC tool will be utilized during the TIPAC Data Analysis Workshop to identify funding gaps and forecast country funding needs.
- **Conduct or support TIPAC data analysis in Benin, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo.** The TIPAC provides countries with an overview of NTDP funding gaps against the country workplan and illustrates the diversity or lack thereof of their funding sources. After completing the TIPAC data entry activity, a follow-up activity will analyze and forecast country funding gaps. Deloitte will support NTDP staff to perform accurate financial gap analyses. We will review TIPAC-generated multi-year budget projections (over five years). During the workshops, Deloitte will help the NTDPs identify parameters for in-depth analysis based on country-specific needs and challenges. The outputs of the analysis and multi-year budget projections will continue to inform budget resource mobilization and mainstreaming opportunity discussions with MOH and other government entities, to support increased domestic public funding for NTDs. The

Deloitte team will also work with the NTDPs to conduct, review, and/or refine stakeholder mapping (building on activities in previous years) and provide an overview of the national budget processes and key decision makers (see Activity 2.3 for more details) to support advocacy efforts (described in more detail in Activity 2.4).

- **Support increased use of TIPAC data for integrated planning and decision making by NTDPs.**

Financial management and needs analysis are important functions for NTDPs. All Act | West countries that have completed the Guided Self-Assessment, listed the financial needs analysis parameter as medium or high priority, and (all but one country) listed the financial management parameter as medium or high priority. Act | West countries have completed between two and four years of TIPAC, depending on the country, and generally have found that TIPAC provides a valuable annual snapshot for NTDPs into their total program costs, funding, and funding gaps. There are challenges, however, that prevent NTDPs from taking full advantage of the tool. These challenges are technical and functional in nature, such as the tool being slow to load and navigate during data entry and certain fields being out of date or poorly designed to suit NTDP needs. In general, Act | West has observed that TIPAC is typically only used in the context of Act | West-supported workshops and remains isolated from other management tools, processes, and data sets.

Deloitte will work with the Act | West consortium technical experts, country partners, and NTDPs to understand data needs to increase the value of TIPAC data for decision making and planning throughout the year—with an emphasis on connecting financial data generated from TIPAC with programmatic and/or epidemiological data from other sources. Integrated planning challenges and gaps observed to date include the general lack of integration between different types of NTDP data (MDA, epidemiological, financial, operational, M&E), the subsequent need for NTDPs to use multiple tools to obtain a comprehensive view of the program for planning purposes, and difficulty assessing effectiveness of resource allocation because of this lack of integration. Table 6 below provides some initial ideas on potential use cases for TIPAC data based on these observed challenges but are likely difficult for NTDPs to answer. These ideas need to be further socialized, validated, and refined with NTDPs. Deloitte will therefore use the TIPAC Analysis workshops in Sierra Leone, Senegal, and Guinea in FY21 Q4 to collect more user input and discuss potential use cases for TIPAC data beyond the standard funding gap analysis and advocacy work Act | West has historically supported. Deloitte will continue this data gathering process in FY22 using TIPAC Review Session planned with the NTDP in Côte d'Ivoire and TIPAC analyses workshops across countries. Once enough data have been collected, Deloitte will work collaboratively with Act | West partners and NTDPs to design, develop, test, and rollout a dashboard solution, using simple and accessible tools for data analysis and visualization. This approach will be piloted in one to two countries but based on as much comprehensive input as possible from across the Act | West portfolio to meet the most recurring and priority needs. As part of the rollout, Deloitte will also develop accompanying materials and train and equip 'users' in NTDPs to train their colleagues and ultimately adjust the dashboard to reflect their evolving needs.

The output of this activity is an integrated planning dashboard owned, maintained, and used by NTDPs to inform program planning and budgeting. This will be used to inform investment decisions and implementation of new NTD Master Plans. Furthermore, it will incentivize ongoing use of TIPAC as a critical generator of financial data. The ultimate outcome is improved capacity for integrated planning and financial management.

Table 6: Potential use cases for enhancing the value of TIPAC data

NTDP Function	User Questions	Potential Use Case
Monitoring, Evaluation, and Operational Research	Do we see better results in geographic areas where we allocate more funds to help better understand the appropriateness of specific needs and additional results to fill gaps?	Dashboard view of funding and Key performance indicator (KPI) results by district or region
Work Planning & Budgeting	How do existing epidemiological trends impact our financing needs?	Dashboard synthesizing epidemiological burden (and possibly trends) with costs
Financial & Risk Management	What if the funding from one partner is significantly reduced? What if government changes the cost of fuel?	Dashboard with financial and programmatic data/ variables to explore the potential impacts of different financial scenarios and decisions

Activity 2.3. Employ Public Finance Management Capacity Strengthening to mobilize resources for NTDs

A key milestone for NTDPs is mobilizing government funding for sustainable financing of NTD activities. Because NTDPs receive most of their funding from external donors, NTDP leadership and personnel may need support to strategically engage with the national budget process in their country for effective mainstreaming to take place. In order to facilitate NTDPs' journeys to advocate for and mobilize national funding, it is critical that they think about strategic opportunities to engage key stakeholders during the annual budget process.

- Complete budget mapping in Benin, Burkina Faso, Mali, and Niger.** To support priorities identified in sustainability plans, guided self-assessments and other analyses, Deloitte will provide TA to support four country programs in identifying opportunities in the national budget process to advocate for increased funding for NTD activities. As in budget mapping activities completed in previous years, this process will include identifying key stakeholders who are influential in the budget process, developing timelines to advocate for NTD objectives, and creating tailored advocacy messages targeted to these stakeholders. Deloitte will build on the insights gained during TIPAC Data Analysis Workshops and the information gathered during landscape analysis (stakeholder interviews) to refine understanding of the national budget process. If needed, the team will leverage in-country TA and/or conduct remote consultations with MOH's directorate of Finance or NTDP staff members to supplement this research.

As in previous years, the budget mapping exercise will include: 1) developing a snapshot of the national budget (e.g., fiscal year, type of budget, amount of allocation dispersed); 2) identifying potential areas of overlap between MOH and NTDP priorities and assessing where MOH may be able to support NTDP priorities and vice versa; 3) identifying key budget stakeholders, their affiliations, and their relationships to the NTDP; and 4) developing a national budget calendar along with the NTDP budget calendar (including key dates such as the distribution of a budget circular and submission of budget requests to the MOH). This exercise will be relevant as NTD stakeholders move towards country ownership of NTD activities and financing.

- **Revisit findings from completed budget mapping exercises and apply knowledge to engage in the budget process and enhance advocacy activities in Côte d'Ivoire, Ghana, Senegal, Sierra Leone, and Togo.** Deloitte will revisit the key findings from completed budget mapping exercises across Act | West countries to engage in the budget process, advocate to influential MOH stakeholders, and strengthen and inform planned activities related to advocacy and domestic resource mobilization. The budget calendar can be leveraged to plan TIPAC and other upcoming advocacy activities for when they will be most impactful for the fiscal year, given the NTDPs' calendars. Deloitte will also review information about decision makers, timing and sequencing of budget processes, and insights into how key stakeholders engage in these processes to inform advocacy activities aimed at increasing funding for NTD programs. These insights will be helpful during the TIPAC data analyses, when messages are crafted to target key stakeholders (Activity 2.2). Deloitte will then collaborate with NTDPs to create time-bound plans to engage with the respective budget processes, including meeting with MOH leadership, in particular key stakeholders within the Directorates of Finance, to ensure NTD priorities are accounted for. Deloitte will provide support to help NTDPs implement their plans by drafting talking points and advocacy materials, including possible investment cases (more details on advocacy support under Activity 2.4).

Activity 2.4. Implement advocacy plan for the integration of NTDS into national policies, financing decisions, and coordinating mechanisms

Based on information gathered across countries through sustainability plans, guided self-assessments, TIPAC, and/or landscape analyses, advocacy remains a top priority for NTDPs. To support integration of NTDs into national policies, financing decisions, and coordinating mechanisms, Act | West will strengthen NTDP capacity to engage with key stakeholders for effective budget advocacy and resource mobilization using financial data (e.g., TIPAC) and other relevant program and country data (e.g., district-level epidemiological data, Master Plan, key performance indicator data). In this context, advocacy refers to activities that seek to engage stakeholders in group or individual settings to raise awareness and influence decision making around NTDs and NTDP sustainability priorities. Domestic resource mobilization (DRM) is one of the key advocacy activities under Act | West's objectives. DRM activities are targeted towards stakeholders already familiar with NTD sustainability objectives and the sustainability process (i.e., have participated in sensitization meeting and/or another sustainability activity). The aim of DRM activities is to mobilize financial and human resources (and possibly in-kind resources) through collaborative commitments and decision making as well as mainstreaming NTDs into policies, planning, and budgeting processes at the national and operational levels.

The key components of advocacy and resource mobilization activities are to: 1) identify the NTDPs' key stakeholders, including targets for advocacy, what they care about, and how data can address their interests; 2) identify opportunities and momentum to leverage within the national system, 3) translate data into budget advocacy and resource mobilization messages and investment cases tailored for target stakeholders; 4) tailor messages to target audiences (e.g., the MOH, MOF, and other government entities) to mobilize domestic resources in support of NTDs; and 5) increase target stakeholders' understanding of the value of NTD programming and continued engagement.

- **Conduct advocacy and domestic resource mobilization roundtable workshops in Ghana, Sierra Leone, and Senegal.** Effective DRM is based on a comprehensive project or program framework and ongoing discussions with partners and potential resource providers. To tailor advocacy and DRM

properly, it is critical to understand the stakeholders involved. Deloitte will adhere to the framework in Table 7 to help determine how to approach certain stakeholders depending on the activity at hand. When assessing stakeholder characteristics, *interest* refers to the stakeholder's level of engagement with the NTDP and NTD activity. For instance, a stakeholder who has previously participated in sustainability activities (e.g., sensitization meeting, sustainability plan workshop) may have higher interest than one who has not. Similarly, *influence* refers to the level of decision-making power or resources a stakeholder may have over the mainstreaming or investment in NTD interventions. The Ministry of Education, for example, may be perceived as a stakeholder with high influence during MDA planning with less influence in a budget line advocacy activity.

Table 7: Stakeholder categories for advocacy

	Low Interest	High Interest
High Influence	<ul style="list-style-type: none"> Engage using targeted individual advocacy meetings Engage using investment cases 	<ul style="list-style-type: none"> Engage in DRM Roundtable and seek formal commitments Engage in investment case development
Low Influence	Not a priority	<ul style="list-style-type: none"> Engage in DRM Roundtable and seek formal commitments

Deloitte will refine the DRM Roundtable approach (based on experience using a similar methodology in Côte d'Ivoire in FY21) to support the planning and implementation in Ghana, Sierra Leone, and Senegal. In preparation for these activities, Deloitte will collaborate with Helen Keller, WV, FHI 360, and the NTDPs to confirm advocacy and/or resource mobilization objectives (e.g., raising awareness of NTDs in a particular district, mobilizing funds for MDAs, getting official commitment to support NTD activities from key stakeholders). Act I West team will provide technical support in preparation for, during, and following the workshops. The TA will follow the following process:

Pre-roundtable event. Deloitte will work closely with WV and in-country teams to support the NTDPs to identify and confirm key stakeholders to engage for the discussions through a stakeholder mapping exercise, building on any stakeholder mapping completed during TIPAC Analysis workshops or other previous activities. Stakeholders may include chairs and members of multisector coordination platforms (such as the ICCG in Ghana, PNF in Sierra Leone, or CNM in Senegal) and NTD ambassadors to play an influencer role during the event. This exercise will include creating targeted messages to engage stakeholders in the workshop and motivate them to provide resources for NTD activities or integrate NTD activities into their existing plans. Considerations for each stakeholder may include assessing their history, interests, and motivation, their decision-making power related to NTDs, their perception of the NTDP as a potential partner, and identifying their potential long- and short-term commitment to NTDs. Following the stakeholder mapping, Deloitte will support the NTDP to prioritize and highlight funding needs, referring to financial data (e.g., TIPAC) and other programmatic data (e.g., district-level epidemiological data, Master Plan, and key performance indicator data).

During roundtable. During the advocacy/resource mobilization event, the NTDP will ensure that all participants have a common understanding of NTD sustainability objectives as highlighted in Sustainability and Master Plans. With technical support from Deloitte, Participants will review the current state of the six functional sustainability functional areas and identify specific advocacy/resource mobilization challenges and mitigation strategies or solutions for each. For each challenge and solution, participants will identify the most relevant stakeholders to involve in addressing the challenges or

implementing the solution, based on previous stakeholder mapping. Participants will refine the detailed implementation plan (annex to the sustainability plan), which will include prioritized activities, timelines, budgets, resources, challenges, solutions, and key stakeholders. At the end of these discussions, decision makers or their representatives will be invited to provide a formal commitment to implementing key NTD activities, which will include agreed-upon follow-up and accountability actions.

Post-Roundtable. Following the roundtable workshops, Deloitte will assist the NTDP and/or multi-sector platform leaders to follow up with stakeholders to confirm, document, and track formal commitments by providing communication support and tracking tools.

- **Create investment cases to generate new/additional resources for NTD activities or to mainstream NTD activities into national systems in Togo.** Deloitte will work with the Togo NTDP to create tailored investment cases to advocate for the necessary resources. The case will serve as a tool for NTDP to increase resources from government, existing partners or leverage new streams of funding, allowing the NTDP to implement the full scope of NTD activities. Investment cases will also be used to convene and engage stakeholders in resource allocation decision making. Deloitte will collaborate with NTDPs to first identify potential activities that will benefit from an investment case, based on funding gaps identified through the TIPAC analyses as well as priorities outlined in the NTD sustainability plans. Topics will then be prioritized according to their usefulness to the NTDP and suitability for building an investment case. The team will consider the impact of the activity on NTDP priorities and explore whether it will mainstream NTDs into the national health system, mobilize resources for NTD control, reduce the burden of disease, or help achieve other sustainability objectives. The team will also conduct a review of the parameters needed (disease trajectory, critical gaps, opportunities at to size to mainstream NTDs functions) to determine if a particular issue is well-defined for developing the scope of an investment and begin brainstorming potential data sources. The parameters are as follows: the activity to advocate for; the stakeholder(s) to advocate to; the specific resources and timeframe needed to carry out the activity; the counterfactual or baseline scenario against which the impact of the activity will be compared; the anticipated quantifiable output(s) of the activity compared to the counterfactual; the outcomes that will be compelling to the stakeholder(s) and can reasonably be calculated to show the impact of the output(s).

Once an opportunity or need for investment has been prioritized, Deloitte will work with in-country partners and the NTDP to create the investment case. This is a four-step process of: 1) initiate and define the case; 2) identify data and calculation methodology; 3) calculate and analyze; and 4) implement. Deloitte will engage NTDP and other relevant stakeholders in the process throughout and then use the outputs, targeted materials with data points and key messages, to engage with and influence a broader set of decision makers. See Table 8 below for examples of possible types of investment cases. By creating multiple investment cases for a particular NTDP, this approach can also be used to compare and prioritize multiple potential activities when deciding where to put investments.

Table 8: Illustrative examples of types of investment cases

(These examples are for illustrative purposes only and are not based on real advocacy needs or data.)

Purpose	Activity	Counter-factual	Activity Output	Activity Outcomes
Generating new/additional resources for NTD control	SCH MDA in the Zinder region of Niger	0% MDA coverage of the target population in Zinder	80% MDA coverage of the target population in Zinder	<ul style="list-style-type: none"> 20% decrease in regional SCH prevalence Reduction of 15 DALYs per 100,000 people among the target population 5% expected increase in future productivity among SAC in Zinder
Mainstreaming NTD activities into national systems	Integration of Senegal's NTD supply chain with the MOH pharmaceutical supply chain	0% of NTD drugs routed through the MOH system (fully siloed NTD supply chain)	70% of NTD drugs routed through the MOH system rather than a siloed NTD supply chain	<ul style="list-style-type: none"> 25%-time savings for 3 NTDP staff members 50% reduced costs for the NTDP on supply chain activities 3% reduced costs per dose for the MOH supply chain system due to economies of scale
	Full integration of NTD training in national medical curriculum in Ghana	25% of new doctors and nurses trained to recognize and treat PC NTDs	100% of new doctors and nurses trained to recognize and treat PC NTDs	<ul style="list-style-type: none"> 30% more cases of blinding trachoma screened and confirmed in endemic districts 50% increase in LF morbidities currently being cared for 30% reduction in reported stigma associated with NTDs among newly trained health providers.

In FY22 Act | West will also support the NTDPs to advocate for integration of NTDs into national policies, strategic planning documents, and relevant coordinating mechanisms in alignment with identified sustainability priority interventions through a tailored country-led approach.

- Roll out a strategic model for integration of NTD services within the essential minimum package of care in Ghana, Senegal and Cote d'Ivoire.** In FY22, Act | West will provide technical support to the NTDPs and the multisector coordination platforms in Ghana and Senegal (ICCC and CNLMTN, respectively) to leverage the Act| West situational analysis findings to engage the national health insurance scheme authorities and relevant key stakeholders in a series of technical workshops and national engagement sessions to advocate for mainstreaming of NTD services within the essential minimum package of benefits provided by the national health insurance schemes (NHIS) in Ghana and the national Agency of UHC (ANCMU) in Senegal. For NTDs services that are already covered by the schemes, these workshops and meetings will also serve as an opportunity to determine their level of coverage and review the burden associated with large out-of-pocket payments to improve health and care outcomes. WV and FHI360 will provide TA for a series of technical workshops with key decision makers and cross-sector stakeholders to: 1) develop a roadmap and timeline for the integration process, including deeper policy reviews, assessing available costing data in case NTDs are not yet included, disease-specific data, and capacity of health facilities to manage those service (as supported by the MMDP

coverage analysis led by AIM Initiative); 2) design a process for integration of services in the essential minimum package of care supported by an investment case (see section on investment case development) built on contextual findings, historical costs of services, and available disease data; 3) support the review, dissemination, revision, and validation of this integration model with key authorities through technical working sessions, while seeking their engagement and formal commitment to include new services in the essential minimum package of benefits and reduced out-of-pockets costs for already covered services. This activity will be implemented through close technical collaboration among WV, FHI 360, AIM, and Deloitte in order to help the NTDP, NTDs ambassadors, and members of the CNM-MTN make the case to decision makers. The technical work is expected to be completed in FY22. The policy dialogue will start after the technical work; it will be led by national counterpart and will continue in FY23. While Senegal and Ghana will undertake a process that will extend the policy review to policy dialogues through engagement with decision makers in the UHC, national health insurance, Act West will start the policy review in Cote d'Ivoire to help the NTDP understand the structure of the UHC package of benefit and opportunities that exist for NTDs MMDP coverage. To that effect AIM in collaboration with FHI360 will provide TA to assess Health Insurance and MMDP coverage (Activity 1.10). Prior to rolling out the assessment, Act | West will discuss with USAID the methodology and initial contextual factors of UHC in Cote d'Ivoire.

- **High-level advocacy and engagement with local governance authorities and policy makers leveraging the decentralized health systems in Senegal, Ghana, and Niger.** In Senegal, in FY21, Act | West and other partners such as Sightsavers, PATH, Speak Up Africa, Enda Sante, and WHO representatives supported the NTDP to identify two NTD Champions and 10 NTD Friends to raise the profile of the NTD sustainability agenda and advocate for NTD prioritization. In FY22, WV will provide TA to the MSAS/PNLMTN and the two NTD Champions to hold a high-level advocacy meeting to engage key stakeholder groups— including the *Union des Associations d'Elus Locaux* (UAEL), *Association des Présidents de Région* (APR), *l'Association des Maires du Sénégal* (AMS), and *Association Nationale des Conseils Ruraux* (ANCR)—to strengthen mobilization and prioritization of NTD resources in the country. The meeting will seek support from the CNLMTN/Advocacy Commission and will aim to raise NTD visibility and increase buy-in from high-level stakeholders to towards implementation of the NTD sustainability plan at the decentralized level. Engagement with the local government is a key strategic priority to advocate for NTD resources prioritization as well decentralized service delivery integration. This includes generating multisectoral engagement and support for targeted sustainability interventions—such as joint action planning between NTDs and other sectors for NTDs integration into relevant cross-cutting strategies and policies.

In Ghana, in FY22, WV will provide technical support to the NTD Ambassador in collaboration with NTDP and ICC/Advocacy and Communication Subcommittee to hold a series of engagement sessions with relevant key stakeholders at the regional level. The town-hall engagements will convene regional key stakeholders including the Regional Health Management Team (RHMT) to strengthen the visibility of NTD interventions for sustainability at the decentralized level. The sessions will aim to generate the local government's commitment to contribute towards the fight against NTDs with aligned priority interventions. Regional ambassadors will be identified to collaborate with the NTD Ambassador and the NTDP. Together, they will hold a series of regional meetings to expand

sensitization efforts and galvanize stakeholder support at this level. One region will be identified in collaboration with the NTDP to kick-start this engagement.

In Niger, the ongoing decentralization of the governance system provides a unique opportunity to integrate NTD services and priorities at the local level. The local governance bodies play an integral role in the health system roll out of approaches to improve service delivery. Currently, NTDs are not included in the Municipal Development Plans in Niger—which are strategic plans guiding long-term resource mobilization and local development interventions across sectors. The exclusion of NTDs is a missed opportunity to prioritize critical investments. In FY22, WV will provide TA to the MSP/PNLMTN to advocate to the local governance bodies to include NTD priorities in their annual planning and strategies—specifically, their Municipal Development Plan, to further advance NTD sustainability and integration at sub-national levels. This will begin with a pilot phase in the Region of Maradi, in the Department of Guidan Roudji, which was selected by the PNLMTN as an area with continued high NTD prevalence. Securing department-level commitment will be essential for including NTD service integration priorities in the Municipal Development Plan and other local policies as relevant.

In these three countries, the process will follow two tier approaches; first obtaining the buy in from key decision makers and second, based on their initial commitments, commence discussions between technicians to operationalize the commitments. This approach was identified based on Act | West knowledge of the mechanics and decision-making process with decentralized institutions (regional council, municipalities etc.). In Senegal, Ghana and Niger, the local government institutions are led by elected politicians (President of regional council, President of departmental council, mayor etc.). Each council has a health committee, and the members are elected politicians who report to their constituents. At this level, it is important to involve these decisions makers. Once, the decision makers buy in, the technical discussions can easily take place between the planning and budget unit of the municipality or regional councils, the NTDP, the Regional Health management team and/or the district management team. This approach will also optimize the effort and resources to involve on this process as the technical discussions will focus only on municipalities that have shown strongest commitment to support NTDs through their Municipal Development Plan and other local policies. During the planning phase, Act | West TA will focus on helping (i) clearly identify the decision makers and relevant stakeholders who can play an influential role towards decision makers, (ii) identify the opportunities within the local development plans, (iii) be clear on their ask to local governments institutions (iv) work closely with the Regional medical team and/or district management team to play a primary role on this process. Regional and district management teams could be very instrumental in this process as they have a huge influence on decision makers at decentralized levels when it comes to health-related initiatives.

Activity 2.5. Map out the process of integrating NTD indicators into HMIS and support the integration of indicators into the national HMIS

Activity 2.5 is focused on providing support to integrate NTD indicators into the HMIS. In FY22, Act | West will foster the work started in FY21 and provide four types of data-related assistance to NTDPs: 1) continued support for selecting and integrating NTD indicators in the HMIS; 2) support to document the integration process of NTDs indicators in DHIS-2; 3) support to finalize data security policy related to national NTD databases; and 4) support to maintain/improve management of national NTD databases.

These forms of assistance (for categories of data housed in distinct systems) appear in different sections of the FY22 work plan. Table 9 below provides a detailed breakdown of the four types of data-related support. Documentation of integrating NTDs indicators into HMIS and the data security policy assistance are described below. (Act| West support for selecting and integrating NTD indicators into HMIS is described in country workplans. Support to national NTD databases is described in the MEL section of this workplan.)

Table 9: Act | West data-related support

Scope	HMIS Integration	HMIS Integration Documentation	Data Security Policy relating to National NTD Databases	Support to National NTD Databases
System(s)	National HMIS (e.g., DHIS2)	National HMIS (e.g., DHIS2)	National NTDP-managed integrated database (e.g., CIND)	National NTDP-managed integrated database (e.g., CIND)
Description	<ul style="list-style-type: none"> ● Identification, selection and validation of desired indicators to include in HMIS ● Definition of NTDs modules into DHIS2 platform. ● Data entry into DHIS2 platform ● Monitoring the integration/update of NTDs data into DHIS2 ● Support the use of NTDs data for decision making 	<ul style="list-style-type: none"> ● Documenting the structure and progress of integrating NTD indicators into the HMIS at the program and national level, where applicable ● Documenting the process of selecting, integrating data into HMIS, stakeholders involved, and parameters used to select indicators ● Capturing lessons learned, country perspectives in using HMIS (e.g. DHIS2), CIND, or other data base/platforms 	<ul style="list-style-type: none"> ● Reviewing and promoting adherence to MOH and national policies/guidance ● Developing/updating personal Identification information (PII) handling protocols ● Developing/updating data back-up protocols ● Developing/updating access and usage protocols 	<ul style="list-style-type: none"> ● Verifying existence of a national database system ● Verify current state of security practices (back-up, password protection, etc.) ● Verify/ assist with data inputs from prior years (required for WHO dossiers) ● Assessing and recommending sustainable data system security needs (e.g., cloud, laptops, etc.)
Type of Data	Subset of strategic NTD indicators (focused on advocacy vs. daily program management)	Subset of strategic NTD indicators (focused on advocacy vs. daily program management)	Full NTD data sets used for program management by NTDP	Full NTD data sets used for program management by NTDP
Partner(s)	FHI 360 HSS Team FHI 360 MEL Team Country M&E teams AIM	Deloitte	Deloitte	FHI 360 MEL Team Country M&E Teams Deloitte
Work Plan Section	Country work plans based on need	IR2 Activity 2.5	IR2 Activity 2.5	MEL Section

As countries approach elimination and control targets, data security policies and protocols will be critical to ensure NTD data are protected from loss and are easily accessible for the preparation of the countries' elimination dossiers and ongoing programmatic uses. Based on the guided self-assessment using the SMM, Act| West found that in most countries, NTDPs lack established or documented processes, procedures, or written guidelines to ensure NTD data are stored, backed up, accessible, and protected. While national policies and guidance may exist, especially in the context of HMIS software programs, in most cases, NTD data are housed in NTDP-owned databases without standard documented security procedures in line with MOH or national policies and guidelines.

Similarly, NTDPs are at various stages of integrating NTD indicators into national HMIS systems (such as

DHIS2) for more sustainable disease tracking. To ensure an effective and transparent process, multiple factors must be discussed, determined, and documented. These include the specific steps of HMIS integration, the stakeholders who should be involved at each step, and the reasoning behind the choice of indicators to be included. Deloitte will support the HMIS integration process by documenting key decisions regarding steps, stakeholders, and indicator selection in Côte d'Ivoire, Ghana, Senegal, and Sierra Leone. Capturing these will also help illuminate lessons learned for NTDPs as they attempt to integrate NTDs into other national health systems and HMIS platforms.

- **Document and support the HMIS integration process in Côte d'Ivoire, Ghana, and Senegal.** Deloitte will assist the process of integrating NTD indicators into HMIS by supporting decision making and documenting key aspects of the process. This will include document review and stakeholder interviews/surveys to collect information, a series of validation working sessions to collect and confirm insights and lessons learned, and dissemination activities to share the final documented products. Deloitte will lead this activity in collaboration with Act | West partners, NTDP staff, and national HMIS team members. This documentation will allow NTDPs to have a clear, common understanding of the process of NTD integration, the stakeholders, and the rationale, and to share this externally with partners and MOH decision makers. Table 10 below includes a summary of target stakeholder categories and anticipated benefits of this activity for each.

Table 10: HMIS documentation activity benefits to stakeholders

Stakeholder Group	Use Cases of HMIS Integration Documentation
NTDPs, MOH and Country Stakeholders	Transparency of HMIS integration process and level-setting of current state of integration goals, gaps and opportunities to transfer the maintenance to the national health system (DHIS2 regular tasks and deployment plan)
NTDPs, Country Stakeholders, and Act West	Lessons learned to share amongst Act West countries looking to progress in their HMIS NDT indicator integration
Act West Consortium	Cross-country comparison of Act West countries to understand the landscape of HMIS integration; high level report of all countries' integration progress
USAID and other donors	Provide a detailed understanding of HMIS structures in each country and insight into ongoing transformations of health systems across countries; lessons learned in what types of TA have been most effective during this process, inputs for bilateral negotiation process for sustainable and long-term support through MOH's HMIS technical and financial resources

- **Review and strengthen data security policies in Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo.** Building on work done in FY21 to initiate this activity, Deloitte will continue to review national and MOH data policies and guidance, assess current NTDP data policies and documentation, synthesize key findings, and then support the NTDPs to refine their internal data security SOPs and protocols, addressing any gaps to align with national standards. Once the plans and the SOPs are developed, Deloitte will assist as needed to support successful implementation, in coordination with the MEL team and IPs. Deloitte has designed a four-phase approach that involves: 1) desk research and stakeholder interviews; 2) synthesizing the

findings into a gap analysis report on data security policies in the country and short- and long-term recommendations; 3) collaborating with NTDPs to develop strong data security policies and job aids that address any gaps identified; and 4) ensuring the implementation and continued success of the recommended data security policies (with MEL team). Currently, Togo and Benin have both identified stakeholders in the MOH to serve as points of contact and be contacted for interviews regarding the data security landscape in their countries. These two countries are currently in Phase 2 of the methodology and can be expected to complete this by the end of FY21 and move into Phase 3 in FY22. The Deloitte team has initiated the activity and begun Phase 1 with NTDPs in Côte d'Ivoire, Ghana, Senegal, and Sierra Leone, based on FY21 work plans. However, based on data collected by the MEL team and consortium-wide observations of the critical need to secure NTD data now and in the long-term, Deloitte will expand the geographic scope of this activity to all Act | West countries in FY22. Countries have been divided into two groups, outlined in Table 11 below, based on level of risk and urgency assessed by Act | West and level of priority/engagement on the part of the NTDPs. Challenges tracking down the right documents (i.e., M&E and other data management manuals) and connecting with the most knowledgeable points of contact could potentially slow down the process. Establishing a regular call schedule on this topic will help the NTDP and points of contact feel ownership of the process and can mitigate lag in moving through the methodology. While current work on this activity is being done remotely, the plan is to expedite progress in FY22 using STTA and in-person consultations and work sessions, where possible.

Table 11: Data security policy activity country prioritization

Phase	Group 1: Benin, Côte d'Ivoire, Ghana, Mali, Niger, Togo	Group 2: Burkina Faso, Cameroon, Guinea, Senegal, Sierra Leone
Phase 1: Review of current data security policies	Complete by December FY21	Complete by March FY22
Phase 2: Evaluation of gaps and recommendations for remediation (in-person work sessions, where possible)	Complete by March FY22	Complete by June FY22
Phase 3: Establish controls and develop plan to guide implementation	Complete by June FY22	Complete by September FY22
Phase 4: Policy Implementation support	Complete by September FY22, as needed	FY23, as needed

Activity 2.6. Revise job descriptions to fulfil essential NTD activities

No activities are planned in this area for FY22 Identification of human resource challenges, workforce alignment, and mainstreaming opportunities are part of the sustainability plans countries are finalizing in FY21.

Activity 2.7. Improve supply chain through targeted solutions and approaches

Act | West's approach of supporting NTDP supply chains in countries contributes to two interconnected goals: 1) increasing MDA coverage among the population at risk; and 2) ensuring countries leverage the NTD drugs supply through efficient and effective management systems. Act | West supports strengthening countries supply chain operations for MDAs and also aims to mainstream NTD supply chain into the MOH supply chain systems, to mitigate challenges in ensuring timely delivery of MDA drugs

within the broader context of sustainability, as outlined in sustainability plans. Current supply chain management (SCM) challenges across Act | West countries are summarized in Table 12 below.

Table 12: Supply chain management challenges across Act | West countries

Supply Chain Components	Key Challenges	Country Specifics
Forecasting, quantification & procurement	<ul style="list-style-type: none"> Inaccuracies and incomplete or late JAP submission 	<ul style="list-style-type: none"> Sierra Leone (outdated JAP form), Niger (data sources not validated), Mali (sub-district quantification issue), Sénégal, Guinea, and Ghana
Receipt at port & clearance	<ul style="list-style-type: none"> Complex regulations Delays clearing 	<ul style="list-style-type: none"> Cameroon (customs' storage fees high), Benin (sanitation fees), Côte d'Ivoire (high insurance fees)
Storage in national warehouse	<ul style="list-style-type: none"> Limited storage space Limited data management capacity Limited accountability 	<ul style="list-style-type: none"> MOH central medical stores (CMS) not used for warehousing, Sierra Leone, Côte d'Ivoire only for Zithromax Limited accountability: Niger, Guinea, Sierra Leone Suboptimal regional warehouse conditions: Guinea, Niger, and Togo
Staffing and organizational support	<ul style="list-style-type: none"> Varies across countries 	<ul style="list-style-type: none"> No SOP or SOP not adapted to NTD in all
Distribution and Transport	<ul style="list-style-type: none"> Poor allocation or lack of funding: donor supported Separate SC system for medicines: Cost inefficiency Lack of process supervision 	<ul style="list-style-type: none"> Niger, Sierra Leone Niger and Guinea: lack of capacity for re-packaging for dispatching of drugs Senegal (no MOU between NTDP and Pharma Department) Burkina: parallel SC system, with PZQ managed by MOH
Inventory Management	<ul style="list-style-type: none"> Lack of SOPs Limited transparency and reporting No opened bottles management policy Limited mechanism or opportunity for RL & relocation Lack of coordination NTDP and MOH Discrepancy between the reported medicines used during MDA and physical inventory findings in all countries making difficult to always reconcile in country inventory 	<ul style="list-style-type: none"> Weak drug management cycle, inventories, reverse logistics, and compliance with FEFO rules in all 11 countries. Cameroon: no visibility of peripheral level inventories
Reverse Logistics (RL)	<ul style="list-style-type: none"> Limited country funding; completely donor dependent No incentives or SOPs 	<ul style="list-style-type: none"> All 11 countries
Logistics Management Information System (LMIS)	<ul style="list-style-type: none"> No flow from peripheral to regional or central 	<ul style="list-style-type: none"> All 11 countries All paper-based, except Ghana Not integrated into EM system except Ghana, Côte d'Ivoire, Benin

In summary, NTDPs face challenges such as inadequate capacity and lack of proper procedures to maintain cost-effective and sustained drug management and delivery systems. In many country programs, reverse logistic mechanisms need to be improved to avoid drug wastage, drug expiration, and mishandling of unused drugs following MDAs. NTDPs usually maintain parallel supply chain systems with limited memorandum of understandings (MOUs) and SOPs to manage inventory and deliver drugs on time for MDA. The costs of these systems are in most part supported by external partners and donors. In addition, these approaches do not leverage competencies, infrastructures, procedures, and resources within the health systems and rather create siloed processes that contribute to the fragmentation of the health systems and dispersion of resources.

- **Continued support to system strengthening in Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo**

ESPEN is in the process of finalizing supply chain SOP modules in addition to SOP training modules developed by ASCEND for WHO to respond to NTDP needs in countries. When finalized and translated in the main WHO languages (including in French) these SOPs will be made available to countries to adapt to their specific contexts.



Figure 4: Act | West supply chain management process

In FY22, Act | West will continue to promote the adoption of ESPEN SOPs to support capacity in the critical inventory management aspects of the SCM cycle, depicted in Figure 4 above. Specific activities include:

Enhance NTDP supply chain capacities. At the program level, Act | West will continue hosting capacity-building events to enhance NTDP supply chain competencies and create space for cross-country experience sharing. Under the lead of the FHI 360 Supply Chain Specialist, Act | West will implement the following:

- Reinforce monitoring and improving storage conditions and drug packaging, following a webinar on warehouse facility and process assessment SOP in FY21. Includes re-packaging with First Expiring First Out (FEFO) when sending drugs to the field and when returning them

to the regional level; monitoring of expired dates

- Host a webinar to present the Act | West program approach to SCM and discuss country experiences, tools, and strategies; learn about SCM best practices, especially reverse logistics
- Discuss plans for training and capacity building (using ESPEN modules)
- Participate in Supply Chain Forum meetings to exchange best practices and contribute to meeting reports and actions plan

Revamp the management of drug inventory and establish an early warning system to prevent stock-outs and expiry. Act | West will support NTDP teams to introduce an Early Warning System to address stock-out or overstock, drug expiry, compliance with FEFO, and forecasting challenges. This action-oriented approach requires a quality recording and reporting system and a warning system integrated in the regular process to build awareness of the NTDP and trigger appropriate actions. Since FY20, Act | West at the HQ level has implemented bi-monthly meetings on drug inventory through IPs (FHI 360, HDI, Helen Keller), rolled out an Act | West inventory tracker, and incorporated FEFO language into MDA FAAs. In FY22, the SC Lead will drive the development of a country tracker for NTD medicines and ensure that inventories are incorporated into FAAs twice annually.

- **Support NTDPs to mainstream NTD supply chain into the MOH supply chain systems in relationship with validated sustainability plans**

The operational capacity domains of USAID' sustainability framework emphasizes the need for NTDs to leverage existing platforms within the national system to enable mainstreaming of the NTD supply chain into the MOH supply chain system by strengthening NTD supply chain planning and management functions. With the sustainability perspective and planning, it is critical for NTDP to identify long term supply chain mainstreaming approaches and lay out the foundation for sustaining drug distribution for control programs and ensure that countries put in place appropriate systems to leverage the drug donation programs when diseases targeted for elimination will stop treatments. In FY22, Act West will continue to work at country and at program levels to support country design and implement mainstreaming approaches and interventions. Specific activities include:

- **Continue supporting supply chain mainstreaming initiatives in Côte d'Ivoire, Senegal, Ghana, and Togo.** At country level, Act | West will provide strategic support for mainstreaming NTD SCM in national health systems. In Senegal and Togo, Act | West will support the NTDPs to adopt ESPEN's supply chain SOPs and work closely with the agencies in charge of drug management to review the SOPs and their effectiveness, update the protocols used for managing NTD drugs, and ensure delivery of safe drugs to the population. In Senegal and Côte d'Ivoire, Act | West will provide TA to the in-country teams to support development of a framework agreement or MOU between the NTDPs and the national agencies in charge of drug management. Act | West will leverage Deloitte's TA, advocacy materials, and the TIPAC data analysis to help the NTDPs make the case (in Senegal) to the MOH leadership to continue bearing NTD drug storage and transport costs and (in Côte d'Ivoire) to take over the warehousing and transport costs in the medium term. Additionally, Deloitte and FHI360 will support NTDPs to engage with MOH Supply Chain or Logistics Working Groups, which can provide a helpful forum to develop such MOUs.
- **Refine and implement Act | West supply chain strategy to mainstream NTDs into national supply chains based on lessons learned from Senegal, Togo and Cote d'Ivoire.** Finalization of

country sustainability plans will provide Act | West with an overview of NTD supply chain mainstreaming opportunities and priorities in nine countries. Act | West's overall approach will be discussed and agreed on with USAID, based on these plans and an analysis of supply chain mainstreaming 'readiness.' The approach, broken down into the three steps described below, will emphasize the need to strengthen existing systems while anticipating progressive inclusion of selected NTD supply chain functions into the national systems.

- **Review for readiness.** The first step of the supply chain mainstreaming approach aims to deepen our understanding of current processes across Act | West countries through a mainstreaming readiness lens—by reviewing and confirming the status of primary functions in the NTD supply chains. This step will build on work completed in some countries by other consortium partners. The approach leverages a tailored version of the Deloitte Integrated Supply Chain (DISC) framework, which is based on the global standard Supply Chain Operations Reference Model (SCOR). This framework establishes common naming conventions and measures performance and proficiency levels specific to supply chain management, as well as applying leading practices. The DISC maturity framework includes content to assess planning, sourcing and procurement, logistics and distribution, and reverse logistics. The framework looks at how different solutions such as strategy, process, technology, people/organization, performance management, analytics, and third party and in-house tools may be able to strengthen performance. Deloitte will also use stakeholder mapping to identify potential mainstreaming partners within the MOHs share storage, transport, and distribution services that have not already been established for NTD medicines or leveraged by NTDPs. The output will be a summary of key mainstreaming opportunities and readiness factors and high-level recommendations for improvements. These will be further developed for priority countries.
- **Analyze and prioritize.** The goal of the second step will be to prioritize focus countries that are ready or present the most promising opportunities for mainstreaming based on the review. Some of the criteria Act West will consider are: existence of a MOH Supply Chain or Logistics Working Group, existence and engagement with Logistics Management Information System (LMIS), identified potential partners and opportunities for cost-savings in shared storage or transportation, and level of need/priority expressed by NTDP as part of sustainability planning. The key output of this first phase is a 'supply chain mainstreaming readiness score,' based on previous assessments conducted during Phase 2 of the Act | West sustainability process and more recent analysis from the first step in this process.
- **Support mainstreaming.** Once countries have been prioritized, Act West will discuss the prioritization matrix with USAID and agree of the type of TA. Based on the agreed priorities, Deloitte will collaborate with consortium partners and NTDPs to build on the stakeholder identification exercise and recommendations to develop and implement a scope of work (SOW) for targeted mainstreaming support. This TA, provided only to prioritized countries, will include supporting the NTDP to engage potential supply chain partners and working groups, facilitate development of business cases and MOUs for shared services, and support the development or improvement of targeted SOPs and roles and responsibilities (as needed to complement those provided by ESPEN). The SOWs will vary by country, but will all be based on the analysis, recommendations, and country-specific objectives as defined in

sustainability plans, NTD Master plans, and other strategic or policy documents.

Activity 2.8. Provide TA to the MOH on drug applications and drug donations

Act | West will provide support to countries to remove operational bottlenecks and make the case to governments to mainstream NTDs into national supply chains and fill gaps through financial support for storing and logistics. The government will fill the gap in the financial need for storing and logistics.

In Act | West countries, warehousing of NTD medicines is mostly managed by the national pharmacy of the MOH. However (and based on challenges identified in the previous section), the NTDP in Sierra Leone manages the central warehouses for all NTD medicines, and the NTDP in Côte d'Ivoire manages it for PZQ (only). In most cases, the central medical warehouse staff re-package shipments in line with district needs. In Niger and Guinea, Act | West supports that activity. Some NTDPs (Burkina Faso and Sierra Leone) have SCM units that transport medicines to the districts.

In Benin, Guinea, Mali, and Sierra Leone, Act | West has also helped NTDPs put in place strong systems for reverse logistics to reduce loss of drugs. After the MDA campaigns are completed, all remaining drugs are returned to the health posts, which then escalate them up the chain to the district level. At the district level, all remaining drugs are consolidated, counted, and stored properly to be used for the following year. The number of drugs remaining are also used to calculate/verify the number of people who were treated. The following matrix summarizes the key operational challenges highlighted in FY21 and applicable for FY22 work plans.

Table 13: NTDP operational supply chain challenges in Act | West countries

Function	Challenges
Drug quantification, forecasting and Joint Request for Selected PC Medicines (JRSM)	<ul style="list-style-type: none"> ● IPs support the JRSM application in all 11 countries. ● Sub-district SCH treatment quantification strategies are of concern in Mali, Togo, and Guinea. ● Mali NTDP associates with the district pharmacy officer but has no proper coordination with all stakeholders. ● Sierra Leone and Benin NTDP has a population denominator issue so uses CDD registries for rural population.
Port of entry and customs clearance	<ul style="list-style-type: none"> ● Exoneration process is extremely long in Côte d'Ivoire and Cameroon. In Cameroon, particularly, this increases the storage fees, which cannot be supported by the NTDP. Act West will make use of the new USAID Health Office leadership to assist in resolving concerns related to facilitating exoneration process.
Warehouse, inventory management, and transport	<ul style="list-style-type: none"> ● MOH CMS are used for warehousing except in Sierra Leone and Côte d'Ivoire (for Zithromax only). ● Sub-optimal regional store conditions in Togo and Niger. ● Act West supports drug transport from the central level to HDs, except in Cameroon, Côte d'Ivoire, Ghana up to region, Senegal (non-official agreement), Togo. ● In Niger and Guinea due to lack of supervision and proper coordination, there is sub-optimal procedure for distribution/dispatching/re-packaging of the medicines to ensure HDs receive enough medicines and monitor expiration of medicines. ● In Guinea, millions of IVM expired due to lack of FEFO. In Ghana millions of ALB tablets expired due to lack of coordination and communication between the NTDP and the MOH's Pharmacy department ● In Senegal, significant discrepancy between stock in book and the physical stock noted on the return after MDA in FY20. ● In most of the countries, central warehouses do not accept opened bottles; these are thus stored in sub-optimal region stores, especially in Togo, Guinea, and Niger.
Reverse Logistics and Waste Management	<ul style="list-style-type: none"> ● Act West supports reverse logistics in all countries. ● In Cameroon there is a high number of remaining medicines due to difficulties in tracking the remaining medicines on the fields at local level, as medicines inventories are managed without proper stock cards. In Ghana, reverse logistics is sub-optimal, resulting in high medicine loss rates due to weaknesses in the drug management cycle, inventories, reverse logistics, and compliance with FEFO rules. ● In Mali, the NTDP has not yet succeeded in leveraging the MOH platform for NTDs reverse logistic (IP and MOH staff travel for 15 cumulative days to collect remaining drugs to bring to the General Directorate of Health and Public Hygiene in Bamako).
Monitoring and management of adverse events	<ul style="list-style-type: none"> ● Cameroon has good pharmacovigilance, with a dedicated division, due to Loiasis co-endemicity. It is a best practice to be shared. ● No SAE notification has been observed in FY21.

- **In FY22, Act | West will provide technical support to NTDPs in all 11 countries to manage the critical drug application components of the SCM process.** The FHI 360 Supply Chain Specialist will work closely with Act | West supply chain in-country staff to provide this technical support to the countries. Specific activities include:
 - Support workshops and working meetings to quantify NTD medicines forecast including tetracycline eye ointment (TEO) for trachoma prevalence surveys and MDA and ensure coordination and communication with all stakeholders.
 - Continue providing TA to fill out the JRSM and the Joint Application Package (JAP); quantification of filariasis test strips (FTS) needs for LF DSAs, Ov16 ELISA reagents, and supplies.
 - Support adaptation of supply chain SOP developed by WHO ESPEN under the technical support of USAID and the Supply Chain Forum members. Special emphasis will be put on management of expired medicines due to COVID-19 impact on country inventories (as outlined in Activity 2.7).
 - Support institutionalization and implementation of yearly warehouse self-assessments (where NTD medicines are stored at national, regional, and district levels by NTDPs) according to the facility and process assessment SOPs developed by Act | West; share the reports.

Activity 2.9. Establish and institutionalize multi-sectoral mechanisms to coordinate NTD programs

In FY21, Act | West supported establishing, validating, and officially launching three multisector coordination mechanisms: the ICCC in Ghana, the PNF in Sierra Leone, and the CNLMTN in Senegal. In addition, Act | West, leveraging WV expertise, supported the NTDPs in Mali and Niger to complete the technical development process to establish their multi-sector coordination mechanisms and finalize their respective TORs. Ministerial approval is pending to officially authorize the launch of these mechanisms.

In FY22, Act | West will continue to support NTDPs in institutionalizing multi-sector mechanisms to coordinate NTD programming. Act | West (through WV, Helen Keller, and FHI 360 technical resources) will use a multi-prong approach to support operationalizing multi-sectoral platforms to: coordinate mainstreaming of NTDs into national health policies and strategies; advocate for domestic resources for NTDs; provide technical oversight for the integration of NTD activities into existing, relevant government platforms; monitor implementation of the NTD sustainability plans. The coordination mechanisms will bring together relevant stakeholders from the government, research and academia, private sector, religious leaders, and partners.

- **Technical support to operationalize the multisector coordination mechanisms (action plan reviews and implementation monitoring) in Ghana, Senegal, Niger, and Mali.** In FY22, WV will provide technical support to the multisector coordination mechanisms established in Ghana, Senegal, Mali, and Niger. These meetings will facilitate implementation of the mechanisms' mandates and institutionalization of these platforms in the respective countries. The meetings will foster buy-in and ownership from MOH leadership and provide critical oversight for NTD sustainability priorities. WV will continue to provide TA to the NTDPs, ensuring that the multisector coordination mechanisms and

their respective technical commissions are able to monitor the sustainability plans and related interventions. The desired outcome is for each commission to holistically review implementation progress, challenges, and propose recommendations and best practices to ensure adequate cross-sector coordination and collaboration with all sectors relevant to NTD programs.

- **Technical support to the multisector coordination mechanisms and the NTDPs to identify approaches for sustainable resources (financial and technical) in Ghana, Senegal, Niger, and Mali.** In FY22, WV will continue to provide TA to the NTDPs in Ghana, Senegal, and Niger, and Mali (as initiated in FY21 with the ICCC in Ghana) to ensure the coordination mechanisms have the technical and financial resources required to function appropriately. This support will include facilitated discussions of approaches for long-term self-financing strategies beyond donor support. The multisector coordination mechanism will assume overall responsibility and oversight to ensure well-established coordination of NTDs programming among sectors.

Activity 2.10. Identify and implement sustainable NTD delivery platforms

In FY21, Act | West provided context-appropriate TA to the NTDPs to formalize engagement with relevant programs such as School Health, Education, and WASH by starting to develop joint action plans for programmatic implementation. Within health systems, there are several existing functional platforms such as ANC services, nutrition, school-aged screening, and others targeted at at-risk NTD groups; yet there remains limited alignment and integration of NTD critical messaging and services in these platforms. In FY22, Act | West will continue to support NTDPs to identify and implement sustainable NTD delivery platforms across health programs and relevant sectors for the routinization and mainstreaming of NTD service delivery.

- **Service delivery integration for mainstreaming NTD services into existing and functional platforms within health systems and NTD-adjacent sectors in Ghana and Mali.** In Ghana, in FY22, WV will provide TA to the NTDP to engage the Family Health Division (FHD), Institutional Care Division (ICD), and Health Promotion Division (HPD) to identify entry points for integration within the existing health service delivery platforms—such as ANC service delivery and Nutrition programs for SAC. Leveraging these platforms would be beneficial for the NTD sustainability long-term strategy; it could maximize scarce resources and commitment from other health programs to own the NTD response strategy. WV proposes to support the NTDP to: 1) review the integrated routine services of major national health programs to gather approaches and best practices; 2) host technical working sessions among the NTDP, FHD, HPD, ICD, PPME, ICCC, SCH/STH expert committee and others relevant stakeholders to develop and agree on a process for integrating NTDs into the identified platforms; to review these approaches; and identify context-appropriate delivery models for service integration; 3) develop strategies to increase buy-in and institutionalization of deworming as an important component of these services. This will be a critical step to ensure integration of services at the facility-level is also integrated within job aids and other post-training curricula by the GHS/PHC. In Mali, in FY22, WV will support the NTDP to strengthen engagement and collaboration with the WASH, malaria, and education service delivery platforms to mainstream NTD functions. WV will provide context-appropriate TA to the NTDP to formalize this engagement. The goal is to routinize the services and activities and leverage these platforms to provide behavior change communication and deworming services.

- **Technical implementation of an integrated health service delivery model for routinized NTD interventions in two pilot districts in Senegal.** In FY21, in line with interventions for integrated service delivery validated in the sustainability plan, WV provided TA to the MSAS/PNLMTN to develop a technical approach to pilot integration of NTD priorities, including services in existing and functional platforms, in two health districts: Kédougou and Kougheul. These health districts were identified using established criteria—including NTD prevalence, WV’s presence and relationship with the local government, and the presence of viable health and non-health platforms. The technical approach will be validated in FY21 and implemented in a phased approach starting in FY22. WV will provide TA to develop the phased approach to roll it out to the districts at the selected facility-based platforms. A monitoring and evaluation framework will be developed to facilitate the monitoring, documentation, and optimization of the technical process in preparation for scale up of the model in FY23 and beyond.

Activity 2.11. Review and analysis of existing SBCC materials and messages for integration of PC-NTD content into other sectors

No activities are planned in this area for FY22

Activity 2.12. Integrate NTD prevention messages as part of ongoing SBCC interventions

No activities are planned in this area for FY22

Activity 2.13. Incorporate integrated MDAs into policy and planning documents

No activities are planned in this area for FY22

Cross-Cutting Activities: Communications & Learning

In FY21, Act | West and NTDPs achieved important milestones in engaging national stakeholders in the sustainability process through the SMM and sustainability plan workshops. Act | West produced three blog posts highlighting the success of three milestone events: the sensitization meeting in Ghana, political validation of the sustainability plan in Côte d'Ivoire, and community engagement in sustainability planning in Sierra Leone. Additionally, members of the IR2 team served as panelists during NTD webinars hosted by the WHO and NTD NGO Network (NNN), with global audiences. Act | West also developed an inaugural series of three technical briefs, which highlight Act | West's work and insights on key sustainability themes: how to best support country ownership, shift the dynamic of TA, and successfully facilitate multisector engagement.

In FY22, Act | West will continue working with country NTDPs and USAID to enhance communications, knowledge sharing, and learning through various channels.

- **Conference participation.** Act | West will prepare abstracts and workshop proposals for relevant conferences, including the American Society for Tropical Medicine & Hygiene (ASTMH) COR-NTDs, and the NNN. Topics will be determined closer to the date of submission based on conference themes and recent Act | West and NTDP insights and achievements.
- **Technical brief development and dissemination.** Act | West will publish and disseminate the three technical briefs drafted in FY21 once USAID has approved them and the dissemination plan. The briefs were developed as a series and cover the topics of country ownership, dynamic TA, and multi-

sector coordination. Ideas for dissemination include brief summary videos leading up to their release, housing them and other sustainability materials on a web page within the Act | West website and hosting a series of webinars on each topic. Act | West will also begin outlining and drafting one to two additional technical briefs over the next year that reflect the evolution of the program. Topics may include methodologies for NTD supply chain mainstreaming, governance for sustainability plan implementation, or lessons learned on advocacy approaches and tools for domestic resource mobilization.

- **Regional webinars for peer learning.** Act | West will host a series of one to three regional webinars for NTDP staff and other NTD stakeholders in Act | West countries to exchange experiences on specific topics and learn from each other. We will gather input on potential webinar topics (potentially via a survey) and design webinars to promote peer learning across countries that are at different stages of advancing sustainability or that have taken different approaches to achieve similar goals. Topics may include HMIS integration (building on the HMIS documentation activity described under Activity 2.5); sustainability plan governance, implementation, and monitoring; or advocacy and domestic resource mobilization for sustainable financing.
- **Regional and program level workshops on lessons learned from implementing NTD sustainability framework and perspectives:** As a component of the annual regional meeting, Act | West will convene stakeholders from country offices and global teams from FHI 360, Helen Keller, WV, HDI, and Deloitte to hold a cross-country learning session to share experiences developing and implementing NTD sustainability frameworks. This session will take place at a strategic moment, in the fourth year of the Act | West project, when nine countries will have developed sustainability plans that are contextualized and owned by their respective countries. This opportunity will allow for country teams to share successes, challenges, and best practices for country-to-country learning to advance sustainable NTD programs. The lessons learned will be an input for the fifth-year work plans, to enhance country ownership and provide an opportunity to replicate mainstreaming solutions identified through the sustainability frameworks. This meeting will be a precursor to the program level global 'pause and reflect' session that will serve as a learning and adapting (CLA) exercise on the consortium's successes and challenges in assessing and advancing sustainability, to inform implementation of the final phases of the program.

IR3: SUSTAINED MDA COVERAGE AMONG AT-RISK POPULATIONS IN ENDEMIC COUNTRIES

Activity 3.1. Support the creation, review, and/or updating of actionable SCH, STH, and OV transition plans

Five main SCH/STH activities will be conducted in FY22 outside of the MDA: 1) populate the newly developed SCH/STH disease trackers; 2) Establish SCH/STH expert committees; 3) support SCH/STH committee meetings; 4) implement SCH/STH data review meeting; and 5) conduct SCH/STH impact assessment to assist the NTDP (and expert committees if formed) to make treatment decisions.

- **Populate the SCH/STH disease tracker.** Act | West and East developed a SCH/STH disease tracker in FY21. This Excel-based tool collates historical SCH/STH parasitological survey data since the start of the SCH/STH program (baseline mapping, sentinel site, impact assessments, etc.). It has several

objectives: to unite multiple sources of data in a single database; assist NTDPs in monitoring disease trends and changes over time; facilitate communication of results and selection of districts for impact assessments; and enable evidence-based conclusion to tailor SCH/STH control at the implementation unit level. This includes being able to move from district- to sub-district level MDA or track progress towards elimination as a public health problem in certain areas. Benin, Togo, and Burkina Faso were the first Act | West countries to populate the SCH/STH tracker in FY21.

In FY22, the tracker will be populated for Ghana, Sierra Leone, Mali, Guinea, and Senegal. Senegal, Mali, Sierra Leone, and Burkina Faso have opted to conduct subdistrict-level MDAs for SCH, so the SCH/STH tracker will further assist evidence-based decision making for implementation in line with WHO/ESPEN recommendations for focal treatment.

- **Establish SCH/STH expert committees and subsequent meetings.** In FY21, Act | West supported the establishment of SCH/STH expert committees in Togo and Ghana. Key participants in these committees include university/research institutes, ministries and NGOs involved in WASH, maternal and child health, nutrition, ministries of education and finance, and international NGOs and experts involved in NTD control. A diversity of experts in the committee can provide multisectoral technical expertise necessary for sustainable NTD control by coordinating platforms and championing SCH/STH across different organizations. Act | West will support the SCH/STH steering committee meetings, scheduled twice in FY22, to address both policy and technical aspects of the transition in both Ghana and Togo; one will be carried out prior to any survey/MDA and one post-intervention. Results of SCH/STH impact assessment and oversampling surveys conducted FY21/FY22 will be provided to the SCH/STH committee for their review, and the committee will provide guidance as to what the programmatic next steps should be regarding SCH/STH MDA strategies.

In FY22, SCH/STH expert committees will also be launched in Senegal to take stock of the sustainability assessments, sustainability plans, and cross-sector mechanisms developed with Act | West support. Mali and Burkina Faso currently hold annual SCH/STH review meetings previously attended by WHO, GSA and donors. In FY22 Act | West will encourage the ministries to establish formal SCH/STH expert committees.

- **Implement SCH/STH data reviews.** One of the main priorities for FY22 is to help support NTDPs in using available data to make evidence-based decisions regarding MDA and requesting impact assessment surveys. Population of the tracker has brought to light countries that are using baseline mapping, rather than more recent data, to make treatment decisions. There will be a drive this year in helping NTDPs to use more recent data to adapt the program. Prior to the SCH/STH expert committee meetings in Togo and Ghana, Act | West has requested NTDPs to hold SCH/STH data review meetings to review epidemiological data in the tracker to make data-oriented decisions and ensure that treatment is in line with WHO recommendations.

In FY22, Act | West will support Senegal to organize such a three-day technical meeting prior to the establishment of the expert committee. The Act | West technical and MEL teams have started helping Senegal review SCH coverage data, which for the past two years has exceeded 100% in several districts.

In countries that have not established expert committees, Act | West has requested that all NTDPs hold SCH/STH data review meetings. These are so far confirmed in Benin, Burkina Faso, and Mali for FY22. A three-day SCH/STH data review meeting will be conducted post-impact survey in Benin to

elucidate whether the country: 1) has achieved the WHO-defined threshold criteria for control by 2020 and elimination as a public health problem by 2025; and 2) has sufficient data available to move to sub-district MDA (and if not, in what districts there are gaps). In FY20, WHO/ESPEN provided an orientation to the Guinea NTD program on analysis of SCH data by sub-district. This showed that 244 sub-districts lack basic mapping data. Thus, a technical committee composed of the PNLMTN, Helen Keller, and Sightsavers was set up to review existing data and propose effective strategies for treatment at the sub-district level. There is still missing data to be collected at the sub-district level, so the PNLMTN has submitted a request to WHO/ESPEN for financial support to train health agents tasked to collect this. In FY22 Act | West will assist Guinea to populate the SCH/STH tracker, and where necessary, identify gaps and coordinate with WHO/ESPEN. Burkina Faso and Mali have both opted not to treat for STH in FY21. After completion of the trackers, there will be STH data review meetings in both countries.

- **Conduct SCH/STH impact assessments.** After five years of MDA with high coverage, it is important to conduct an evaluation to assess MDA impact on infection levels in treated areas to understand whether the current treatment strategy can be adapted. Adaptation may mean reduction in treatment frequency from annual to biannual, or a move to sub-district MDA treatment. In the absence of a WHO protocol for SCH/STH impact assessments, Act | West developed such a protocol, and it will be implemented in Togo in September 2021. This protocol uses robust sample size calculations to estimate prevalence at the district level and therefore provide some guidance on how to assess the SCH situation in areas that seem to be approaching focal elimination of SCH.

Based on examination of prevalence and treatment coverage data, Act | West requests support from USAID for SCH/STH impact surveys in FY22 in Benin (in 10 HDs), Burkina Faso (15 HDs), Sierra Leone (9 HDs), [and](#) Senegal (8 HDs). Results will be used to adapt or redefine SCH treatment strategy and frequency in these countries. Act | West will assist countries to select sites for the surveys and provide technical support to adapt the survey protocol. Also, Act | West will collaborate with ESPEN to organize and facilitate a webinar to disseminate the new WHO guidelines for SCH mapping, impact surveys, and treatment (if they are finalized in FY22).

- **OV transition plans.** In Act | West-supported countries (specifically Togo, Niger, Senegal, Benin, and Mali) the OV situation is rapidly evolving toward demonstrating interruption of transmission. Niger is the most advanced regarding OV elimination. Act | West will support these advanced countries to develop OV dossiers in FY22 for submission to WHO and start rolling out strategies for maintaining the goals of eliminating OV. Act | West program will take the opportunity of OEC meetings to assist the countries to implement strategic OV plans emphasizing integration of surveillance activities. Act | West will provide support to Cameroon, Guinea, Sierra Leone, and Côte d'Ivoire to improve treatment coverage while finalizing OV national strategic plans. Furthermore, the development of the new OV disease tracker in FY22 that collates epidemiological data will provide an evidence base for progress and identifying any gaps in the OV programs. For example, Côte d'Ivoire, Ghana, Benin, Senegal, Burkina Faso, and Guinea have many districts that are co-endemic for LF/OV; they will require not only proper strategies for continuing OV MDA in districts that have stopped LF MDA but must also incorporate integrated LF/OV surveillance in their elimination plans.

Activity 3.2. Deliver integrated or stand-alone MDAs for SCH and STH in high endemic areas

- In FY22, Act | West will support SCH treatment in Benin (34 HDs), Burkina Faso (16 HDs), Ghana (55 HDs), Guinea (12 HDs, 9 with USAID funding), Mali (44 HDs), Senegal (15 HDs), Sierra Leone (9 HDs), and Togo (39 HDs). In FY22, Act | West will support STH treatment in Benin (38 HDs), Ghana (55 HDs), Guinea (12 HDs), Senegal (5 HDs), Sierra Leone (14 HDs), and Togo (39 HDs).
- Senegal, Mali, Sierra Leone, and Burkina Faso have opted to conduct subdistrict-level MDAs for SCH. The definition of sub-district will vary by country context. WHO's definition of a sub-district is a grouping of at least three villages, which may have a greater/lesser prevalence of infection than the district. In FY22, Act | West will support the countries to revise related training modules that are being used to train the staff.
- Burkina Faso will conduct a data review meeting, and post-MDA coverage surveys will be conducted in areas with persistent prevalence of high-intensity infection to validate the coverages reported and integrate a KAP component.
- Togo's national program has made significant progress towards control of SCH and expanded treatments to treat the adult population. In FY22, Merck will provide additional PZQ to support the Togo program in highly endemic community-wide treatment areas only. During the pre-MDA SCH data review meeting with the NTDP, and using the SCH tracker, Act | West will support identification of SCH high-risk areas where adult treatment would be warranted.
- Mali, Côte d'Ivoire, Ghana, and Togo have all been selected by TFGH to conduct SCH oversampling surveys. These will be carried out in three districts in each country; 40% of communities will be assessed for SCH, providing granular prevalence data that can be extrapolated to create risk-maps. Act | West has supported each country to develop the protocols, equipment lists, and budgets for the surveys and to organize timings so the survey coordinate well with the Act | West schedule. It is important, for example, that the SCH/STH MDA is conducted at least six months prior to the oversampling survey. Likewise, Act | West's involvement in the surveys will ensure that the data are accessible and populated into the SCH/STH trackers.

Activity 3.3. Conduct and/or integrate sustainable surveillance activities

Lack of operational WHO guidance has hindered surveillance activities for trachoma and LF in the countries supported by Act | West. Despite obtaining WHO validation of LF elimination as a public health problem in 2017, Togo is surrounded by countries where LF transmission is still occurring or occurred until recently. It is therefore extremely important to conduct post-validation LF surveillance to ensure its elimination status is maintained and to detect any resurgence of infection quickly and respond adequately. In FY22, Act | West will continue to collaborate with the NTD-SC to help develop a surveillance system for LF in Togo. An informal technical group composed of experts from USAID, FHI 360, BMGF, TFGH, HDI, and Togo researchers was created in FY21 to develop a proposal for LF Post Validation Surveillance (PVS). During the first meeting with the technical group, recommendations were made about targets for these surveys. A subsequent discussion focused on nomadic groups that migrate through Togo and have previously been shown to have high PTS positivity to determine if they represent a risk of LF infection recrudescence. The proposal is currently being updated for submission to

TFGH. Ghana has been validated by the WHO as having eliminated trachoma as a public health problem. The NTDP has trained health personnel to identify and report clinical trachoma; however, it is not clear whether all personnel are reporting or reporting correctly. To this end, an activity to document this is proposed in the Learning section below and the Ghana workplan. . Additionally, districts with “persistent trachoma” (districts that have conducted at least two cycles of MDA and TIS and have not yet demonstrated TF<5%) have been recorded in Niger and Cameroon; this may indicate ongoing transmission within the districts themselves as well as potential risks to neighboring districts that have stopped MDA (see Learning activities in the MEL section for more details).

MONITORING, EVALUATION, AND LEARNING ACTIVITIES

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

Currently, the MEL team consists of seven-plus team members: the MEL Director, the Learning Lead, three M&E staff from FHI 360, and two M&E staff from Helen Keller (including one who devotes 50% LOE to M&E). An additional FHI 360 M&E staff member has been recruited and will join the MEL team at the end of FY21 (position approved by USAID in FY21). This staff member will assist with non-database-related activities, given the critical and continuous support to FY22 database development activities that will be provided by other M&E staff members. Additionally, in late FY21 or early FY22, the new Learning Lead will recruit a statistician/knowledge management specialist to assist in advancing the learning agenda (position approved by USAID in FY18 at the beginning of Act | West).

MEL activities involving direct support to countries

The Act | West MEL team works directly with NTDPs in all 11 countries to strengthen the quality, timeliness, and completeness of both current and historical NTD data—particularly data from MDAs and DSAs. In FY22, the MEL team will continue to offer TA using a broad range of data quality improvement tools, described in more detail below.

Promoting use of WHO’s Supervisor Coverage Tool (SCT) to improve coverage during MDAs

The SCT assesses coverage achieved part way through an ongoing MDA (in relation to predefined thresholds) to help course correct, if necessary. However, the SCT is not meant as a mechanism to provide valid point estimates of coverage. The WHO SCT guidance indicates the tool can be used either in the latter part of the MDA (less costly, since existing staff can be engaged for the activity) or shortly after the MDA ends (more costly and not supported by USAID). It is used at the lowest administrative level, under a supervisor’s purview. Results of the SCT are used to develop action plans to improve an ongoing MDA—and often to extend the current MDA, if necessary to conduct mop-up treatments.

In FY22, Burkina Faso will use SCT during their LF MDA in three hotspot districts. Cameroon will use SCT for the OV MDA in 113 HDs (using current geography; Cameroon is undergoing redistricting, but this will not be reflected in time for work planning). Ghana plans to use the SCT during MDAs for LF/OV/SCH: for LF MDA is in four districts, OV MDA in 70 HDs, and the SCH MDA in 55 HDs. Guinea will use SCT for the LF/OV/SCH/STH MDA in 25 HDs. In FY22, Mali plans to use SCT for the first time for the SCH MDA in 44 HDs, and Niger will use SCT for the trachoma MDA taking place in three HDs. Sierra Leone will implement SCT during MDAs for LF/OV/STH for carryover MDA (budgeted in FY21) in 14 HDs (4 of which are LF hotspots) as well as during the FY22 OV/STH MDA in 14 HDs. Sierra Leone also plans to use SCT for the FY22 SCH MDA in 9 HDs. Finally, Togo will use SCT for the OV/SCH/STH MDAs (called “Rapid Post-MDA CES” in the country work plan, but the methodology described is synonymous with SCT).

In all of these cases, MEL will review SCT protocols prior to field work, if requested. Act | West in-country M&E Officers or Regional M&E Advisors will be available to provide training, if necessary (likely remote). Direct oversight of fieldwork to ensure the tools are executed appropriately will be limited because MEL staff do not tend to oversee the fieldwork for the MDAs where the SCT is executed.

Assisting with Coverage Evaluation Surveys (CES) to evaluate coverage after MDAs

Reported MDA data at times produce unreliable estimates of MDA coverage. A Coverage Evaluation Survey (CES) using WHO’s suggested protocol employs probability-based survey sampling methods and provides data for the MDA target population no later than six months after the MDA. The aim is to produce valid point estimates of coverage to compare with reported MDA values, verify results, identify corrective measures, and improve coverage during future MDAs. A qualitative questionnaire on knowledge, attitudes, and practices (KAP) can be administered as part of a CES alongside collection of quantitative data on treatments. KAP results can shed light on characteristics and behaviors of those participating (and not) in MDAs. Because CES are resource intensive, they are typically not administered for every MDA, but are reserved for an MDA of suspect quality or in areas with suspiciously good coverage. Furthermore, USAID has requested that the CES only be implemented when a (subsequent) MDA is planned, so that it can inform the upcoming MDA. USAID also requests countries avoid conducting CES when the last MDA just prior to an upcoming DSA has already taken place.

In FY22, Burkina Faso and Guinea will be conducting CES in select districts. In **Burkina Faso**, a post-CDTI coverage survey will be conducted for OV in the two HDs (Dano and Diebouougou) in the southwest region, and a post-MDA CES for SCH will be conducted in two HDs. In **Guinea**, an OV/SCH/STH coverage evaluation survey is planned in 3 HDs (Faranah, Kissidougou, Lélouma).

In all countries, Act | West MEL staff will support protocol review and remote training prior to fieldwork. However, assistance in supervision of the CES to ensure the protocol is adhered to during field work will take place if travel restrictions due to COVID-19 are lifted. The possibility of direct fieldwork oversight will be revisited closer to the time of the CES in each case. Up on request, MEL staff will provide TA with the analysis, interpretation, and identification of remedial actions coming from the CES results.

Training in and assisting with data quality assessment (DQA) on MDA indicators as a means of diagnosing and correcting issues with systemic data quality and flow

Collation and transmission of good quality data from the community to the district and national levels are major challenges in a number of Act | West countries. MDA data received at the national level are often

incomplete, not timely, or of questionable accuracy. Systematic assessment of data management and reporting systems are needed to determine if key elements are being implemented at all data retrieval levels and to trace and verify reported data from source documents for selected indicators. The DQA tool was developed as a standard method to verify reported MDA data and assess data management and reporting systems. The DQA tool for NTDs focuses exclusively on 1) verifying the quality of reported MDA data, and 2) assessing the underlying data management and reporting systems for standard program-level output indicators. The DQA includes both quantitative and qualitative measures. Actions include recounting and verifying reported MDA data at selected sites; reviewing the availability, completeness, and timeliness of source documents and reports; and qualitatively assessing the data management and reporting systems at different levels. A DQA is typically conducted every three years.

In FY22, DQAs will be conducted in Ghana and Togo. In Ghana, Act | West will support a DQA after LF MDAs in two regions (MDA taking place in four HDs). In Togo, a DQA is planned for OV/SCH/STH in four districts. For both countries, Act | West regional MEL staff will provide support with protocol reviews prior to fieldwork and will actively participate in DQA training (either remotely or in-person) as well as the actual implementation of the DQA (as allowed by COVID-19 travel restrictions) to ensure the WHO guidelines for implementation of DQAs are adhered to and the assessments provide accurate snapshots of the systems' data flow (highlighting strengths and weaknesses). If requested, MEL will assist with the analysis, interpretation, and identification of remedial actions. In both countries, the MEL team will follow up to ensure remedial measures or recommendations made were integrated into future MDA rounds several months after the DQA.

Promoting the use of electronic data collection (EDC) for DSAs

With the advent of EDC systems, a shift away from paper has been essential to improve data quality. Advantages include the ability to code questionnaire flows, skips, and filters into tablets or smartphones; the ability to directly enter data during fieldwork; mitigation and rectification of obvious coherence and consistency errors in real time or near real time during fieldwork; facilitation of near real time data transmission (depending on Internet availability) to a central office; the assurance of data security using encryption; and the minimization of data loss.

In FY20 and FY21, Act | West investigated the suitability of two EDC platforms for use with DSAs for four of the five NTD diseases.² ESPEN Collect, developed and managed by ESPEN for AFRO region countries, has not been used widely in the Act | West portfolio. It was piloted in three countries in FY20 and FY21 (see Table 4 below). In the same fiscal years, two Helen Keller-supported countries used the Organizational Network Analysis (ONA) platform for EDC surveys (Table 4).

The platform pilots were evaluated based on ability to provide appropriate data security systems and data sharing agreements, as well as ability to provide quality services, such as:

- Installation of and training on the ESPEN Collect application, either remotely or in person, prior to fieldwork

² Note that all surveys for trachoma are typically conducted using EDC with support from Tropical Data.

- Real-time daily remote data upload monitoring, remote troubleshooting with data errors and uploads, and basic data-cleaning support relating to duplicates and/or omission of records during fieldwork
- Secure and continuous access to real-time data, dashboards, and summary results made available to MOHs and ministry-approved partners during fieldwork
- Ability of the platform to be adapted to different survey and country contexts, to respond to a surge in demand for services, and to strengthen country capacity and ministry ownership for all stages of the survey process

Based on the pilots, MEL undertook a comparison of these two systems with respect to program survey requirements. In FY21, the MEL team drafted a document with details on the pilot and outlining the strengths and weaknesses of ESPEN Collect vs. ONA as platforms for EDC. The draft has been vetted by all participating countries and by ESPEN staff.

Table 14: EDC pilot countries and platforms

Platform	Disease	Survey Type	Country	Act West Implementing Partner	Start Date
ESPEN Collect	LF	preTAS	Côte d'Ivoire	FHI 360	24/8/2020 (FY20)
ESPEN Collect	LF	preTAS	Benin	FHI 360	26/9/2020 (FY20/ FY21)
ESPEN Collect	LF	TAS 2	Benin	FHI 360	12/10/2020 (FY21)
ESPEN Collect	LF	preTAS	Senegal	FHI 360	17/09/2020 (FY20/ FY21)
ONA.io	LF	preTAS	Niger	Helen Keller International	12/1/2020 (FY20)
ONA.io	LF	TAS 2	Cameroon	Helen Keller International	2/10/2020 (FY21)

In FY22, results of the pilot will be presented to USAID, and the pilot document will be shared with USAID and with all Act | West countries. The document will serve as an informative guide for countries when choosing platforms. The results of the pilot demonstrated that ESPEN Collect offers a high-quality, free, full-service support for EDC. ONA is more limited in that it is better suited to countries with at least moderate experience with EDC, since field support and daily dashboard monitoring of fieldwork are not offered features (despite the cost associated with its use). Therefore, in FY22, Act | West will actively promote the use of ESPEN Collect as an EDC platform for DSAs but will also support countries who express a desire and comfort level in using ONA instead. In addition, MEL will support countries who choose to use EDC platforms apart from the two included in the pilot study. For instance, Ghana will use

KoboCollect for an OV Stop-MDA Survey in late FY21, and Mali is considering DHIS2 Collect (as part of the DHIS2 database that supports the HMIS) for an upcoming DSA. Most importantly, the MEL staff will encourage all countries that still use paper-based data collection for DSAs to instead adopt one of the two EDC platforms.

Ensuring countries have secure and up-to-date NTD data in a country-owned and managed integrated NTD database (CIND) to permit sound, data-driven NTDP decision making

Act | West's approach to ensuring countries have a secure and up-to-date NTD database is focused on three elements: 1) ensuring the existence and use of a stable platform for NTD data storage and management (Excel sheets, WHO Country Integrated NTD Database [CIND] or otherwise), 2) ensuring the database is up-to-date and includes all current and historical data for all relevant NTD diseases, and 3) ensuring the data are secure, access is password protected, anti-virus software is run regularly, and data are regularly backed up. In July 2019, April 2020, and again in June 2021, the Act | West MEL team conducted information gathering in each country on database platform usage, the status of historical data entry for MDA and DSA data, and practices regarding storage and safeguarding data. A questionnaire was emailed to each country. Table 15 (page 73) shows results of the June 2021 exercise.

Ensure the existence and use of a stable platform for NTD data storage and management. According to results of the information gathering (see Table 15), most Act | West countries use Excel for the day-to-day management of NTD program implementation, and most countries use the CIND only as a backup or not at all. Mali is the only country that uses the CIND for day-to-day management of NTD program implementation. This hesitancy to adopt the CIND is due to the "buggy" nature of the software and lack of support from WHO to solve issues. CIND challenges include lack of shared ownership of a single database file across all diseases (i.e., lack of integration), lack of ability to access the database by multiple users simultaneously in a network-based setting (which would help to eliminate data divergence), paucity of current and historical NTD data uploaded, lack of built-in data security mechanisms, and limited NTDP personnel capacity to update and maintain the database over time. However, countries that opt to use platforms other than CIND (usually Excel-based) face similar challenges. Use of a cloud-based database platform (such as DHIS2, whether the same or separate from that of the HMIS, and assuming a hosting service is in place) would mitigate many of these challenges, although no country has adopted its use wholesale in terms of day-to-day management of NTD data.

Because the CIND is not the preferred database platform in most countries, Act | West will not actively promote it. In FY22, however, Act | West will provide technical assistance in installation and training on the CIND for countries if they request it. Where other solutions are more appropriate and/or already in use, Act | West will work with MOH data teams to ensure these meet the criteria for secure, organized, and functional data storage systems. For instance, some countries use a series of Excel files in lieu of a formal CIND system, and this approach can be acceptable if managed correctly. Some countries employ a hybrid approach, using a series of Excel files with the CIND as a back-up system. In both cases (Excel only or hybrid), Act | West will provide technical support to countries to make sure that the Excel files are integrated across diseases to the extent possible, and that there is coherence between the Excel files and the CIND files. A few countries have been discussing the DHIS2 platform as a long-term strategy, although this consideration is very nascent.

Ensure the database is up-to-date and includes all current and historical data. Up-to-date historical data are essential to the smooth day-to-day operations of the NTD program and for input in the WHO elimination dossier. For countries that favor use of Excel files over CIND, the historical data are already present in Excel files. Many countries are also working to enter the same historical data into the CIND as a “backup.” If countries request assistance, Act | West will support them to update the CIND with current and historical data from MDAs and DSAs – mainly by providing training and technical assistance on how data should be entered. However, since most countries have their historical data already resident in Excel files, it is envisioned that minimal assistance will be required in FY22 to help with historical data entry for Act | West countries. In FY22, Act | West will provide technical support to countries to make all historical data resident in the Excel files are up-to-date, as it is most critical that there be at least one complete and comprehensive home for all historical data.

Ensure the data are secure and regularly backed up. The long-term security and accessibility of all current and historical NTD data is of great importance to the 11 Act | West countries and NTD partners. Data loss would be detrimental to the NTD programs. In FY22 (where needed and as a short-term strategy), Act | West will provide support to acquire necessary external hard drives for backing up data and will provide support for implementing a scheduled, regular backups by MOH staff. Countries such as Mali and Sierra Leone require TA in this regard. The Mali NTDP has only one laptop (vintage 2017) with no antivirus software and a schedule for annual data backup. (This is because they only enter data during a workshop event supported by Act | West once every year.) This situation requires immediate attention. Mali has indicated remedial measures in its FY22 work plan, including purchase of antivirus software and a more comprehensive backup system. In Sierra Leone, three laptops are devoted to NTD data. Two reside at Helen Keller (and are regularly backed up to the cloud), while only one is resident at the NTDP (and is not backed up). While Sierra Leone has made great strides in improving its data security over the last year, the NTDP does not have ownership of the security situation, so conditions are not sustainable and require further attention. In both countries, Act | West will follow up and provide technical support to implement these critical activities. Act | West will also follow up with all other countries to ensure that a regular schedule of back-ups is being instituted.

In general, most countries in the portfolio use external hard drives as a data back-up mechanism. While this is acceptable in the short term, a long-term and more sophisticated strategy for data security is essential because physical hard drives can fail, and back-ups necessitate a regular schedule of manual interventions that place a burden on MOH staff. Cloud-based services are preferable as a long-term strategy due to the automatic nature of the backups, assuming a hosting service is in place. However, many countries are skeptical of cloud-based services; they are not well understood and/or seem to imply a loss of control. For those countries considering DHIS2 as their platform of choice, and assuming a hosting service is in place, security should be part of the administrative services provided. In FY22, Act | West will investigate which countries are planning to use DHIS2 as their platform of choice and assist with any required TA, such as brokering institutional support services. However, this may not come to fruition for any countries until well beyond FY22.

Table 15: Results of June 2021 information gathering on state of NTD data platform choices, historical data capture and data security situation by country

Country	All five diseases included in same database?	Platform used for day-to-day management of NTD Program (Excel, CIND, or HMIS)?	What are the NTDP uses of CIND?	Most recent year of MDA data entered into database?	Most recent year of DSA data entered into database?	How many laptops/desktops have a copy of the database that is used for the day-to-day management of the NTD program (Excel or CIND)?	a) How many of these laptops/desktops are password protected? b) How many have anti-virus software installed and run regularly? c) How many are backed up to a hard drive?	When was the last time these laptops/desktops were backed up? Specify month and year	With what frequency are the NTD data on these laptops/desktops routinely backed up?
Benin	YES	Excel + CIND	Backup + JAP	2020	2020	3	3, 3, 3	May-21	Every month
Burkina Faso	YES	Excel + CIND+ HMIS	Backup	2020	2020	4	4, 4, 4	Aug 2021	Once a year
Cameroon	YES	Excel + HMIS	Not used	FY20 (STH et SCH)	FY17 (LF) More recent data than FY17 exists in Excel but not CIND	2	2, 1, 2	Apr-21	Every 6 months
Cote d'Ivoire	YES	Excel+ CIND+ HMIS	Backup	2020	None	7	7, 7, 7	MAY 2021, DROPBOX	Only after new data available
Ghana	LF+OV+SCH+STH	Excel + HMIS	Not used	2019 (no more recent MDAs exist)	2020	3	3, 3, 3	2021	Every month, only after new data available
Guinea	YES	CIND	Backup	2020	2020	Two laptops. The CIND is stored on a laptop at the PNLMTN with an external hard drive for back up, and Helen Keller M&E staff also has a copy.	2, 2, 1	May-21	Only after new data available

Country	All five diseases included in same database?	Platform used for day-to-day management of NTD Program (Excel, CIND, or HMIS)?	What are the NTDP uses of CIND?	Most recent year of MDA data entered into database?	Most recent year of DSA data entered into database?	How many laptops/ desktops have a copy of the database that is used for the day-to-day management of the NTD program (Excel or CIND)?	a) How many of these laptops/ desktops are password protected? b) How many have anti-virus software installed and run regularly? c) How many are backed up to a hard drive?	When was the last time these laptops/ desktops were backed up? Specify month and year	With what frequency are the NTD data on these laptops/ desktops routinely backed up?
Mali	LF+OV+SCH+STH	Excel + CIND	Day-to-day management , backup, dossier	2019 (more up-to-date data than 2019 exists in Excel but not in the CIND)	2019 (more up-to-date data than 2019 exists in Excel but not in the CIND)	1 (vintage 2017)	1, 0, 1	Feb-20	Once a year
Niger	LF + OV	Excel + CIND+ HMIS	Backup	Dec-19 (This was the most recent LF MDA)	Apr-21	2	2, 2, 2	Jan-21	Every 3 months
Niger	SCH+STH	Excel	Not used	Jul-20	Oct-19 (This was the most recent DSA)	2	2, 2, 2	Jan-21	Every 3 months
Niger	TRA	Excel + CIND+ HMIS	Not used	Oct-20	FY19. These are the most recent DSAs. FY20 DSAs postponed	3 + one hard disk	3, 3, 3	Apr-21	Every month
Senegal	YES	Excel + HMIS	Not used	2021	2021	4	4, 4, 4	This is not standardized practice so no exact date.	Only after new data available
Sierra Leone	LF+OV+SCH+STH	Excel + CIND	Just installed, Not yet used	FY19 MDA for LF-OV and STH, and FY20 for SCH. MDA is available in Excel template but not in CIND.	FY20 preTAS for LF is available in Excel template but not in CIND	3 laptops (two based at Helen Keller) and one based at the NTDP office	3, 3, 2 (backed up on iCloud at Helen Keller but not at NTDP)	Daily	Every month
Togo	OV+ SCH+ STH	Excel	Not used	2020	2020	2	2, 2, 2	Jan-21	Only after new data available

Conducting a MEL coordination and collaboration workshop

The MEL staff of the Act | West program serve functions that benefit country, region, and/or overall program interests. They are located at Act | West HQ in Washington, DC; in the regional hub of Ghana; and in FHI 360, Helen Keller, and HDI country offices. Additionally, there are M&E staff situated in MOH offices in Act | West countries who work in direct support of the NTDPs. The interactions among MEL staff at all these levels and locations can be fragmented at times, and the respective roles, functions, and added value of MEL staff at each location and level may not be well understood.

Act | West is planning to convene a four-day MEL Coordination and Collaboration Workshop in FY22 to instill a culture of collaboration, learning, and sharing of best practices across the MEL staff. MEL/M&E staff from HQ, regional offices, country offices, and MOH offices in all 11 Act | West countries will be invited. The workshop will allow staff from all locations to present an overview of their respective roles and functions within the program and will offer a view of how they might assist other participants with MEL-related activities in support of the NTDPs. The workshop will permit sharing of experiences and best practices for MEL across countries and will permit building a strong network of relationships within and across MEL teams and help solidify relationships between Act | West MEL staff and MOH MEL staff. Ultimately, it will promote “south-south” capacity building and the creation of a community of practice that recognizes that HQ MEL is not the only source of expertise. The content of the workshop will focus on an overview of and country experiences with key MEL tools—SCT, CES, DQAs, EDC, CIND, sub-district-level coverage analysis, GIS and map-making, LF/trachoma DSA survey trackers, and Blueprint for Elimination for Lymphatic Filariasis (BELF)/ Blueprint for Elimination for Trachoma (BETR)—so countries will be better equipped to utilize these MEL tools during program implementation.

This workshop was initially planned in both FY20 and FY21, to be held in Accra, Ghana, but was postponed due to COVID-19. It will be rescheduled for FY22, travel permitting.

MEL cross-cutting activities

In addition to providing direct assistance to countries within the Act | West portfolio, the MEL team works on a number of cross-cutting activities that strengthen and promote improved data access, storage, quality, analysis, and utilization—and that benefit the program directly, as well as all stakeholders within the NTD ecosystem. The FY22 activities in this realm are described in detail below.

Cooperating with TFGH/PHII BAO Systems as part of the USAID NTD information system (NIS) development team

The NIS development team is composed of all the stakeholders working to develop the new USAID NIS and includes Act | West, Act | East, BAO Systems, TFGH, PHII, and USAID. Since FY20, Act | West MEL staff have been key contributors to the task force. After defining the future state and strategy for building a minimally viable product (MVP), the team led development of the database technical development packages—a nine-piece collection of documents that prescribe the data elements, the functional and system requirements, and the specifications for how the system will look and operate and how users will interact with the database. More recently, the Act | West MEL team contributed to the software/vendor analysis, onboarding the chosen developers (BAO Systems), and delivering updated technical development packages specific to the chosen software platform—DHIS2.

It is critical that the future system be developed drawing on experience gained under previous USAID NTD projects and be built on the strengths of the current system—while rectifying some of its “pain points.” The future data system will need to facilitate integration with existing systems and limit the burden of duplicative data entry. The NIS development team will work to ensure successful transition to the future system, expected to go live in September 2022. The agreed-upon transition plan and timeline must minimize disruption in the flow of program data and ensure there are no gaps in collecting or accessing critical information or meeting USAID reporting requirements in the next year. To ensure this in FY22, the Act | West MEL team will simultaneously work as part of the NIS development team to collaborate in planning, communicating, and implementing the transition to the future data system and continue strengthening the existing input and output products and processes and build new tools. Until the NIS can meet USAID reporting requirements, the Act | West MEL team will also need to actively engage with Act | East and potentially develop new programs to ensure data are available to all stakeholders.

Act | West members will remain involved in developing technical specifications for the NIS, migrating legacy data, and engaging in frequent (minimum weekly) video conferences and email communications and potentially making trips and attending meetings in Atlanta and DC to work out nuanced details with TFGH/PHII. The most significant level of effort expected of the Act | West database development team, and broader Act | West team, will revolve around testing and training staff on the new system.

Testing is projected to commence in September 2021 and continue throughout the fiscal year. Each priority-bucket development group is expected to require some 90+ hours of LOE from the Act | West team and will include up to two rounds of review to check data entry, data quality, analytics dashboards, analytics custom reports, and redistricting. The database development team will also be responsible for coordinating and guiding testing from other relevant users (including DSFPs, HQ MELFPs, and in-country staff).

A training of trainers (TOT) approach will be used to cascade training of the NIS. BAO Systems will be primary trainers and will conduct virtual trainings throughout FY22 (starting in January 2022 through September 2022), including fundamentals training, system administrator training, and training prior to testing each priority bucket. Act | West, Act | East, USAID, and TFGH members of the database development team will then lead a series of trainings for the USAID and IPs’ HQ leadership and technical teams, which will eventually include in-country MEL and program managers. Most trainings will be held virtually, but a DC-based training and two regional workshops are proposed if travel is permitted.

Continue strengthening existing USAID NTD data input and data output products to support reporting to USAID, monitor program implementation, and transition to the new database

During this transition year, while TFGH/ PHII is developing a future USAID NTD database and a set of associated tools, Act | West will work to maintain the existing tools for reporting to USAID and for monitoring program implementation—understanding that in subsequent years, the database and tools are likely to be replaced with the new systems developed by BAO Systems/TFGH/ PHII. Act | West will also develop a minimum set of essential new tools in FY22, with a view to ensuring their interoperability with the new database. These are described below.

Disease and program workbooks. The Act | West MEL team will continue to support the data collection and quality review of program data through the Excel-based disease workbooks (focused on MDA data) and program workbooks (focused on DSA data). These workbooks serve as the essential data input sources for the USAID NTD database and are the drivers of many NTD data output products. During FY22, the MEL team will work closely with the countries and program partners to obtain, review, and finalize the disease and program workbooks from FY21 (final workbooks) and FY22 (interim workbooks) for all 11 Act | West countries. Disease and program workbooks for current and past years will be redistricted as necessary in alignment with national changes in administrative geography.

Because of the delays in many MDA activities due to COVID-19 in FY21, Act | West will work to modify the FY22 disease workbooks to capture potential double rounds of MDA for all five diseases. The current workbook structure does not easily accommodate double rounds for LF, trachoma, or SCH. Both the disease and program workbooks for FY22 will be modified to capture MDAs and DSAs that were delayed from FY21 and rolled over to Q1 FY22 and will distinguish these from newly planned FY22 MDAs and DSAs; this distinction will help with future data queries and analyses. Finally, in FY21, Act | West worked with Act | East and USAID to develop and finalize SCH/STH survey trackers, and in FY22 will develop an OV survey tracker—to capture the full complement of DSA data for all five PC-NTDs (alongside the existing LF and trachoma survey trackers). Once these three new trackers are operational, both Act programs and USAID have agreed to retire the program workbooks (since this essentially duplicate information in the trackers and provide a more limited picture of DSA data).

DSA survey trackers. In FY22, the current survey trackers will continue to fulfill their roles for both data inputs and outputs. However, improvements to the newly created OV, SCH, and STH trackers will be made in FY22 to fill gaps and improve the process. Steps will include:

To fill gaps—

- Populate OV, SCH, and STH survey trackers that were created in FY21 (SCH/STH) and FY22 (OV).
- Reconcile data from other sources (such as the program workbooks) to ensure the OV, SCH, and STH trackers are complete and are the single, best sources of data for transfer into the new database.

To improve processes—

- Develop an efficient new automated system to quality check (QC), clean, and provide aggregated data for the OV, SCH, and STH trackers, reducing LOE and minimizing manual errors.
- Transition from collecting duplicative and less informative survey data in the program workbooks to relying on the survey trackers as the sole sources of DSA data (thus also reducing duplicative reporting and LOE). This will include the transition to producing standard reporting tables and other related outputs using the trackers as the input source of DSA data.

Details of the specific trackers and proposed activities in FY22 are provided below.

LF and trachoma survey trackers. The LF and trachoma survey trackers are important data input tools that collect information not captured through the current disease and program workbooks; they provide essential crosswalks between implementation units/districts and EUs not found in other data sources. The trackers provide a snapshot of all current and past DSAs for both LF and trachoma, along with a multitude of other information on each of the surveys (such as year of survey, type of LF or trachoma survey, sample size, diagnostic test used, results of survey, etc.)—information that is essential for

program planning and decision making.

Over the past three years, Act | West has transformed these trackers and the processes to update them with the most recent data available to submit to USAID monthly. In the last year, a pre-TAS tracker was also developed, LF summary tables were added, historical data and missing data were added, and data were reconciled across multiple data sources to create a set of trackers that serve as the clean sole source of DSA data ready for migration into the NIS. Since FY21 SAR1, the Act | West MEL team fully transitioned from using the program workbooks to the trackers for collecting LF and trachoma DSA data, which included developing programs to produce the SAR appendix tables that were impacted by this change. In addition, the process to collect and compile monthly updates was transformed from mostly manual to an automated MEL system using SAS programs, reducing the LOE expended by in-country staff, disease focal points, and the MEL team, while also minimizing the risk of manual errors.

In FY21, the MEL team developed and finalized a new dashboard for the LF survey tracker to improve visualization of results; this is meant to serve as a prototype for the LF survey dashboard that will be developed in NIS (after going live in January 2022)—given that a custom dashboard will not be built for Act | West and Act | East by BAO Systems. In FY22, a similar dashboard that will serve as a prototype within the new NIS system for the trachoma survey tracker will also be built. In FY22, the MEL team will conduct maintenance and minimal development work to continue the established processes to distribute, receive, combine, and QC individual country inputs into the trackers submitted monthly by the LF and trachoma disease focal points. The Act | West MEL team will continue coordinating with USAID and Act | East to review and modify the LF and trachoma survey trackers so they align with the database specifications and NIS transition plans—ensuring a smooth transition of both programs' historical data into the new system.

OV and SCH/STH survey trackers. In FY19, Act | West started tracking OV data across the country portfolio with a view to building an OV survey tracker. In FY20 and FY21, Act | West collaborated with USAID and Act | East to develop an initial version of an OV survey tracker. In FY22, the Act | West MEL team will work with the Act | East MEL team and the OV focal points from both portfolios to finalize the structure of the OV survey tracker and will begin populating the tracker with existing OV data available through the program workbooks (and other sources). Developing the basic structure of the OV tracker is required as a critical input to the NIS database development early in FY22.

In FY21, Act | West collaborated with USAID and Act | East to finalize development of initial versions of the site- (village) and survey-(IU) level SCH/STH survey trackers. Act | West's SCH/STH Focal Point worked with in-country staff in Togo, Ghana (ongoing), Benin, Mali (ongoing), and Burkina Faso MELFPs to populate the first draft of the SCH/STH tracker. In FY22, the MEL team (mainly in-country MEL staff) will work with the SCH/STH Focal Point to QC and clean historical data, incorporate data from newly conducted surveys, and explore options for creating new outputs.

In FY21, the MEL team started to develop a new dashboard for the SCH/STH survey tracker to improve visualization of results; this will be finalized in FY22, and a similar dashboard will be built for the OV survey tracker. In addition, in FY22, the MEL team will investigate opportunities to automate some of the QC, data cleaning, and aggregation of site/village-level data into survey-level data in both trackers. Finally, by the end of FY22, Act | West will have completely transitioned from collecting duplicative (and less informative) survey data in the program workbooks to relying on the survey trackers as the sole

sources of DSA data. The team will also develop the programs to produce SAR and workplan appendix tables and other outputs using the trackers as the only source of input data.

BELF/ BETR. The Blueprint for Elimination for LF (BELF) and the Blueprint for Elimination for Trachoma (BETR) are two data output products that provide retrospective and prospective information (from roughly 2007–2030) by district and for the whole country on the yearly status of these two diseases (i.e., MDA, stop-MDA, surveillance). These tools permit critical forward planning based on current and historical information, and they are shared with countries at critical times of year (e.g., prior to work planning).

In FY21, the Act | West MEL team completed development of the code to build and update both country-specific and master BELFs and BETRs. Improvements were made to the original tools developed by RTI; the tools became pure output tools, and a wider “Act | West” view, database, and dashboard analytics tabs were added. These tools are used to inform program planning—e.g., projecting the year that elimination will be achieved using an optimistic business model; planning for upcoming DSAs; and projecting future demand for diagnostic tools, such as FTS, and drugs procured by the program, such as TEO. As a result of using the tools, both USAID and country teams have specified some improvements and features they would like to see in future versions; in FY22, the MEL team will incorporate some of these new features and will update the tools with the most recent data available. The new and improved Act | West versions of the BELF and BETR will be shared with USAID and BAO/TFGH/PHII to help inform development of similar outputs in the new database.

USAID LF and trachoma dossier trackers. The USAID LF and trachoma dossier trackers are essential data input tools that collect and organize basic historical information (on mapping, MDAs, DSAs, and MMDP) that countries must submit to WHO as part of dossiers when applying for elimination status (although a separate WHO dossier tracker is used for that submission). The USAID dossier trackers contain metadata on dossier preparation, submission, and review status. The trackers permit both USAID and Act | West to keep track of the progress of each country in the portfolio as it approaches dossier submission to establish dossier readiness and to identify gaps in information or inaccurate information that could hamper successful adjudication of the submission (so that countries can be encouraged to close these information gaps and inaccuracies while relevant information is still available). In FY22, Act | West disease focal points will work with the MEL team to update the USAID LF and trachoma dossier trackers and submit them to USAID on an annual basis (due June of every year).

Semi-annual report appendices and country work planning tables/maps. During this transition year when the USAID NTD database and data system continue to be managed by Act | East, the MEL teams of both programs will work through a coordinated schedule of workbook reviews and uploads (including MANDE error checking runs). This facilitates the production of essential products for reporting to USAID—such as SAR1 and SAR2 appendices. In March 2022, the Act | West MEL team will hold its annual internal data day, during which Act | West Disease Focal Points and Program Managers will review draft SAR1 appendix tables for all 11 countries to identify inconsistencies and errors to be rectified in the disease and program workbooks. Other data output products for reporting to USAID will be produced by the Act | West MEL team in collaboration with countries, program partners, and the FHI 360 in-house GIS team. These include country work planning tables and maps (on endemicity, geographic coverage, and progress towards disease elimination, based on workbook information). Act | West will actively participate in the country work planning submission process—performing quality assurance checks to

ensure the workplan narratives, tables, and associated workbooks contain consistent and coherent data and indicators.

Developing, refining, and operationalizing indicators to track and monitor IR2 activities

The IR1 and IR3 components of the Act | West program have well-established sets of monitoring and impact indicators that are reported semi-annually to USAID through the SAR appendix tables. However, because the IR2 component of the program (which focuses on sustainability) is new, no such indicators exist or have been carried over from the legacy END in Africa/ ENVISION programs. In FY19, FY20, and FY21, the Act | West MEL team worked with USAID, the Act | West HSS team, Deloitte, WV, and the Act | East MEL and HSS teams to develop high-level IR2 indicators to correspond to the six high-level outcomes for this IR (relating to governance, policies, resources, indicators, services, and funding). The process was informed by a white paper drafted by USAID and both NTD programs; it outlines the framework and strategy for the promotion of sustainability and defines the six strategic high-level outcomes to be achieved. Currently USAID has taken the lead in finalizing these high-level IR2 indicators. In FY22, once the entire set of indicators is finalized with inputs from Act | West and Act | East, an associated set of Performance Indicator Reference Sheets (PIRS) will be developed by the MEL and HSS teams for all indicators—offering clear definitions, specific instructions on how the indicators should be computed, and mechanisms and sources through which the data can be collected. Act | West will also work with a subset of countries where sustainability efforts are underway to decide which subset of IR2 indicators to operationalize in those countries. In FY22 these countries will include Mali, Senegal, Sierra Leone, Ghana, Côte d’Ivoire, and Togo. The program will help to further refine the indicator definitions to fit each country’s context. Data collection mechanisms in support of the IR2 indicators will be identified and operationalized in FY22 and beyond.

Harnessing GIS as a means of data visualization and interpretation

Given the complexity and volume of NTD data across 11 countries, five diseases, and multiple time points, there is broad recognition that GIS technology can play a special role in data analysis. In particular, map-making and related geospatial analyses can improve visualization and analytical functionalities of MEL data outputs. In FY22, the in-house GIS team at FHI 360 will continue to offer map-making support to the Act | West program. Activities will include the following.

- **A five-day training of Act | West M&E program country staff and MOH staff (M&E Officers) on ArcGIS.**³ A workshop is planned for five countries in FY22: Benin, Ghana, Côte d’Ivoire, Senegal, and Togo. Two participants will attend from each country: the in-country FHI 360/ HDI M&E Officer and the in-country MOH M&E Officer. The FHI 360 GIS team (Caleb Parker and Vance Harris, expert trainers in ArcGIS and map-making) will help countries set up the appropriate software and licenses; Act | West will support the cost.⁴ The training will help participants acquire entry-level skills to

³ Comment from USAID: On hold, Please discuss with Joe and Violetta

Act | West response: Joe, we are happy to discuss this with you and Violetta. But we understand that Violetta is not back from AL until Oct 1 - after we submit the revision to the HQ WP on Sept 28. So perhaps we can schedule a short meeting after her return? Until then, I will leave this language in as is

⁴ In the past, ESRI has donated ArcGIS licenses to some countries; this option will be explored for Act | West countries. Regardless, these licenses would be renewable for the duration of the Act | West program. Given the low cost of these licenses

produce basic maps to facilitate data visualization and program decision making. The FHI 360 GIS team will provide remote follow-up technical support (monthly or quarterly check-ins with participants, as needed and requested). This workshop was initially planned for 2020 and then again in 2021 in Accra, Ghana, but was postponed due to COVID-19 and will be rescheduled for FY22, as feasible. It is highly unlikely that a remote version of this workshop can take place, given the requisite hands-on nature of the training.

- **The production of standard, static maps** for inclusion in each of the 11 country-specific work plans and SARs two to three times per year, depending on reporting requirements from USAID. Maps on endemicity, geographic coverage, and progress towards elimination are typically included in these deliverables.
- **The creation of custom maps** to support ad hoc requests from USAID, Act | West technical staff, and other stakeholders. For example, in FY19, FY20, and FY21, the in-house FHI 360 GIS team produced a series of “cross-border coordination” maps for groups of countries in the portfolio that have LF and OV endemic districts along shared borders. The maps will facilitate future cross-border coordination meetings and enable bilateral discussions on coordinated MDAs. Additionally, in FY19, FY20, and FY21, the team produced a set of maps for all relevant countries showing LF and trachoma hotspots (as defined by pre-TAS and TAS1 failures for LF, and by TIS and TSS failures for trachoma). Such custom maps are likely to be requested again in FY22; these will be shared with countries to provide them with a visual snapshot of where areas of persistent transmission are situated.

Defining and implementing a Learning Agenda for Act | West

A learning agenda includes a set of questions addressing the critical knowledge gaps that impede informed design and implementation decisions. It also includes the planning of learning activities to help answer those questions.

In FY21, with the recruitment of the new Learning Lead for Act | West, the development of a Learning Agenda for Act | West commenced in earnest. A framework for a Learning Agenda was mapped out through consultations with members of the Act | West technical team. The framework includes the following—some elements of which were launched in FY21, with others proposed for FY22, as discussed in the following.

1. Establish and operationalize a Learning Agenda Task Force
 2. Create a learning matrix and subsequent process to advance learning activities
 3. Implement the specific learning activities planned for FY22
- **Establish and operationalize a Learning Agenda Task Force.** A central component of the Learning Agenda will be operationalization of the Learning Agenda Task Force. It will include members from the Act | West technical team (from FHI 360, Helen Keller, and HDI), MEL team, program management team, and in-country teams. Through quarterly meetings, the task force will oversee Learning Agenda activities and progress by:
 - Reviewing proposed learning activities and providing technical feedback

(about USD 150 per country per year), such support is sustainable; countries can be expected to bear the annual cost in the years following Act | West program completion.

- Identifying knowledge gaps and potential new topics for consideration as learning activities
- Reviewing program successes, challenges, and topics of interest or concern related to the achievement of the expected results of the Act | West program
- Assist here to enter text.assist in disseminating lessons learned through development and promotion of publications in partnership with country teams. Such manuscripts will advocate and build capacity for evidence-based decision making within NTDPs.
- Contributing to the development of job aids, training materials, technical briefs, webinars, and other tools and creating a repository of these materials. Supporting the development of such resources and discussions will promote a learning culture by institutionalizing a technical evidence base for activity planning
- Facilitating intellectual exchanges
- Developing and promoting publications and scholarly contributions to the field of NTDs
- **Create a learning matrix and process to advance learning activities.** The learning matrix was developed in collaboration with the Act | West disease focal points and MEL team members, and it outlines the learning questions to be tackled in FY22 (Please see Annex 2 on page 104).
- **Implement the specific learning activities planned for FY22.** Highlights of learning activities planned for FY22 (either newly proposed for FY22 or a continuation of activities from FY21) include the following:
 - **Investigate factors that led to TIS and TSS with TF \geq 5% in Niger and Cameroon.** In FY21, USAID, Act | West, and Act | East Trachoma Focal Points led a two-day trachoma deep dive to better understand settings in both portfolios where TIS and TSS showed that TF prevalence continues to remain at \geq 5%. The purpose of the meeting was to understand whether these results were due to program delivery issues (e.g., MDA coverage issues) or external issues (statistical issues, recrudescence, etc.). Presentations were given on implementation in the districts; existing tools were examined (including the Trachoma DSA Failure checklist); and the different challenges experienced across the Act | West and East portfolio were reviewed in detail. In FY22, Act | West will put together a data analysis plan to review the available data further (e.g., epidemiological, implementation) in both Cameroon and Niger. Follow-up deep-dive meetings will be planned to discuss findings in each country.
 - **Document post-validation surveillance practices for trachoma.** At present there is no WHO guidance on post-validation surveillance (PVS). Understanding the landscape of current practices (if any) could therefore help Act | West-supported countries think about future plans as they near elimination. A desk review of dossiers and publications is underway, and a review will be drafted for publication in FY22. Additionally, a survey (via SurveyMonkey or an analogous platform) is planned among National Trachoma Program Managers within the Act | West portfolio to assess surveillance plans under development, opportunities or barriers to progress, and plans for financing surveillance. Finally, Act | West will work with the Ghana Health Service to document strengths, weaknesses, and opportunities associated with its current surveillance system. This system, which relies on nearly 2,000 frontline health workers trained with USAID support to identify and refer suspected trachoma cases, was developed as part of pre-validation surveillance. The findings from these three activities will help provide additional nuance to the

PVS framework developed by USAID in collaboration with Act | West and Act | East and may also be shared at multi-stakeholder technical meetings that discuss trachoma surveillance.⁵

- **Finalize the Act | East/West STH/SCH tracker.** A disease tracker that collates historical mapping and evaluation data for STH/SCH was co-developed by Act | West and Act | East, finalized at end of April 2021, and vetted through USAID. The tracker consists of two tabs: 1) a site-level form for individual community data, and 2) a survey-level form where site-level data are aggregated at the implementation level (which may be the district or sub-district depending on the country). In FY21, four countries (Benin, Togo, Burkina Faso, and Mali) populated the STH/SCH tracker with historical data. The tracker was then used to identify areas in Benin and Burkina Faso that would benefit from an impact evaluation in FY22 to guide subdistrict MDA in FY22/FY23 following the impact evaluation. The MEL team have drafted a dashboard for data visualization based on data from the populated tracker. In FY22, the STH/SCH tracker will be populated for the remainder of Act | West countries, the survey form will be automated, and the dashboard finalized.
- **Implement and adapt a protocol for SCH/STH impact assessment.** To better assess the impact of multiple rounds of MDA, Act | West in FY21 have modified the current WHO SCH mapping guidance to conduct a SCH/STH impact assessment. This protocol is a more granular evaluation (at the sub-district level) than the WHO mapping survey, but less detailed than the Oversampling survey, with the purpose of informing the MDA strategy going forward. This will be implemented in Togo in September (FY21) and adapted for other Act | West countries in FY22. The results of the impact assessment surveys will be conducted in different sub-districts and therefore complement the TFGH Oversampling survey (see below) findings to provide a highly detailed SCH/STH risk map for the country.
- **Support of the TFGH SCH Oversampling OR study.** This initiative by WHO/TFGH aims to optimize sampling strategies to inform sub-district treatment decisions. Countries selected by TFGH for the Oversampling initiative are all part of the Act | West portfolio include Togo, Ghana, Cote D'Ivoire, and Mali. The results of these surveys should enable the WHO to have a wider evidence base to finalize a SCH/STH Impact Assessment protocol. Data collection will commence in FY22 with technical support from FHI 360, to ensure that the study complements current SCH activities in these countries, including the Act | West SCH/STH Impact Assessments. The data from both surveys will be populated into the SCH/STH tracker to provide an evidence-based feedback loop for NTDP activities funded by Act | West.
- **Develop a systematic approach to review and analyze OV data to make informed decisions for OV elimination.** There is a missing link between OV programs and OECs: both OV programs and other partners or institutions in countries possess important data, but OV programs either do not have the capacity or the expertise to analyze and present data completely. This compromises the ability to make fully informed recommendations to their respective NTDPs. Act | West will provide direct TA to NTDPs to analyze and present their OV data through the lens of the latest WHO guidance. In FY21, Act | West conducted an in-depth review of historical OV historical data, using a basic tracker to capture data in the country since the inception of the OV program. The tracker is a spreadsheet with OV information, including granular data per transmission zone,

⁵ Comment from USAID: TFGH is the lead for PVS landscaping analyses. Act West (and East) can contribute LOE to facilitate this work.

district, and village in terms of entomology (breeding sites, microscopic analysis), epidemiology, skin snip microfilaria, serology, PCR in black flies, vector control, and treatment history. In FY22, Act | West will improve the input documentation and output spreadsheet in consultation with other OECs (Benin, Senegal, and Ghana). An OV dashboard will be developed for data visualization based on both the OV tracker and additional OV data analysis.

- **Analyze repeated pre-TAS failure.** An analysis of existing LF data in multiple countries will be conducted, including a literature review in collaboration with TFGH, to better understand and address pre-TAS failure Ghana, Burkina Faso, Sierra Leone, and Niger. In FY21, Act | West collaborated with Act | East to finalize a data collection template that is being used to collate information on prevalence mapping and pre-TAS data and MDA coverage and validate these data through CES results. Act | West and Act | East will jointly analyze the data to synthesize lessons to inform activities towards overcoming repeated pre-TAS failures. In FY21 USAID-directed deep-dive data reviews of LF data in Sierra Leone and Burkina Faso. Act | West will initiate similar LF data deep dives in Ghana and Niger in FY22. The results will be presented to WHO for guidance on the next steps for these two countries.
- **Investigate SCH/STH coverage as a function of treatment platforms in light of disappearing LF platforms.** As countries increasingly achieve stop-MDA for LF, available platforms for SCH and STH will likely change. There is a need to evaluate the effectiveness of different treatment platforms considering disappearing LF platforms. In this study, a comparison will be made of MDA treatment coverage of SCH and STH among the following platforms: 1) school-based, 2) community-based, 3) fixed point, 4) any combination of the above. In FY21, SCH/STH MDA platform data were collected for almost all countries and years spanning ENVISION, END in Africa, Act | West, and Act | East projects to make the analysis as robust as possible. The platform data for SCH/STH MDA in countries were collected by Act | West and Act | East across FY12–FY20 using a tailor-made Excel tool. The intention is to combine these platform data with routinely collected treatment data (e.g., coverage, time of year for MDA, integration of MDA with other diseases) found in the USAID disease workbooks. This initiative is a collaborative publication effort between Act | West and Act | East.
- **Analyze characteristics of untreated populations among select NTD MDA campaigns—results from five CES.** Building on work done to clean, analyze, and present CES data for the Systematic Noncompliance Meetings hosted by TFGH in December 2020 and January 2021, Act | West will continue to examine the characteristics of survey respondents who were untreated during the MDA, using data from five (or more) CES surveys. This analysis, to be continued in FY22, will not focus on systematic noncompliers as the original initiative did (since data do not exist on this group), but instead will incorporate the latest CES data from LF, OV, and trachoma MDAs to provide descriptive statistics, charts, and maps comparing untreated and treated populations. Results will be disaggregated based on demographic data (age, sex, and ethnicity) as well as the reasons respondents provided for not receiving drugs. The investigation will also include a discussion of how potentially to improve CES questionnaires going forward by adding additional questions on the MDA untreated population.
- **Participate in Systematic Noncompliance (SNC)/ Untreated Populations Working Group.** At the request of USAID, the MEL Director participated in three multi-organization Systematic Noncompliance Meetings hosted by the TFGH in December 2020–February 2021. The MEL

Director presented an analysis of CES data for Ghana, Niger, and Sierra Leone at the second meeting on January 14, 2021. As a follow-up to the three meetings, an SNC/ Untreated Populations Working Group has been formed, consisting of members from TFGH, Act | West, Act | East, USAID, Sightsavers, CDC, PAHO, academia, etc. The goals are to: 1) finalize new terminology for SNC/untreated population; 2) review/develop an indicator on SNC/ untreated populations; 3) develop protocols for modified SCT, pre-TAS, and CES to collect data on new indicator(s); and 4) analyze current data and new data on SNC according to a standardized analysis plan. The ultimate aim is to investigate characteristics of untreated populations in NTD MDAs and unearth whether they substantially contribute to ongoing pockets of transmission.

- **Focus on sustainability and the importance of undertaking timely SCH/STH impact surveys.** TIPAC data will be used to analyze cost outputs of subdistrict versus district-level MDAs in Togo and costs of impact assessment surveys. The purpose will be to calculate incremental financial costs to the national program in conducting SCH/STH impact assessments and investigate whether such surveys save the NTDP program money in the long run, relative to the cost of continued MDAs.
- **Lessons from MMDP situational analyses:** Act | West will organize a virtual meeting with USAID, AIM Initiative and Helen Keller International to discuss lessons learned and findings from the situational analyses conducted by AIM and HKI and recommended next steps and activities. In addition, participants will review and discuss available MMDP tools and their utility for patient estimation, health facility readiness assessments, and quality of services. The meeting will have the central objective of supporting all Act | West countries to refocus on MMDP activities, addressing gaps in data availability, reporting to WHO using the EPIRF, and ensuring MMDP services readiness towards LF validation dossier submission.

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COMMUNICATION AND KNOWLEDGE MANAGEMENT

In FY22, Act | West will continue to implement the program communication strategy by maintaining and facilitating knowledge sharing and communication linkages among countries and between countries and HQs. Led by the communication team, the program will also continue to administer the Act | West branding and marking policy to enhance the Act | West profile and celebrate the achievements of the USAID-supported West African NTD programs. The management and staffing structure will facilitate learning and information sharing among country programs and strengthen linkages between global- or Washington-based and country-based activities and among Act | West staff. This will help institutionalize innovations and best practices to benefit USAID programs in multiple countries.

The communication function of the Act | West structure comes under the purview of FHI 360 HQ. Under the leadership of the Program Director, the Communication and Knowledge Management Manager and the Communication Specialist collaborate and coordinate with USAID to implement the program's communication strategy. Website content, information dissemination, and social media management are coordinated with USAID to support a common agenda. Periodic formal and informal interactions between the Act | West and USAID communication teams exploit synergies and synchronize messages. In FY22, Act | West will continue to apprise USAID regarding acceptance of papers, symposia, posters, and presentations to key peer-reviewed journals and conferences such as ASTMH and COR-NTD, among

others. Highlights of activities proposed, and early end-of-project close out (national-level close outs and global close-outs) plans will be strategized for FY22 follow.

Content creation

- Work with Act | West staff, partners, sub-grantees, and NTDPs to document program successes, best practices, lessons learned, and results through feature articles, blog posts, and other communications products (stories, social media content, videos, etc.). The communication team will then promote these products on the website, social media, the Act | West newsletter, the USAID NTD website and communication channels, FHI 360 corporate communication channels, and NTD community or other relevant venues, as appropriate.
- Plan and coordinate interview/photo/video trips to three or four Act | West countries to interview local NTD stakeholders (e.g., program beneficiaries, CDDs, health workers) and capture high-quality photos and videos of program activities in the field. (Travel will be as allowed under COVID-19 restrictions.) These photos will be used in Act | West communications collateral, on the program website, in social media posts, on third party websites (such as medium.com), and in videos and publications. Selected photos will be shared with USAID and NTD partners and posted on the program's external photo database. All raw and high-resolution photos as well as other content (quotes, raw videos, etc) will be shared with USAID
 - A member of the Act | West HQ communication team will travel to an Act | West country for one trip in Q2 to interview local NTD stakeholders and develop storylines, including several, abbreviated stories for social media, newsletter blurbs or articles, and/or videos based on interviews that are conducted with the local NTD stakeholders:
 - A day in the working life of a community health worker (CHW) working on NTDs. In addition to the communication team member, who will act as a communication coach and cameraperson, head-mounted cameras will be needed for the CHW and local CDD to provide visuals for the video. There will be a voiceover from the CHW and CDD with translation. Portions of the interview (or filmed story) can be re-purposed for written communications.
 - Power of partnerships video or blog that showcases some of the partnerships that are necessary for sustainability, disease elimination, and/or country ownership—focusing on one “big” partner such as a pharmaceutical company and one “small” partner, such as a local CDD.
 - The basics of an MDA: Where do the drugs come from? How do you inform people about the MDA? How is this locally led? Who are the CHWs? In addition to the communication team member, who will act as a communication coach and cameraperson, head-mounted cameras will be needed for the CHW and local CDD to provide visuals for the video. There will be a voiceover from the CHW and CDD with translation.
 - The national, regional, and local health staff of USAID's Act to End NTDs | West program have gone to extraordinary lengths, sometimes in harrowing conditions, to survey and provide treatment to people who need it. Act | West in collaboration with country programs will produce video which will include interviews and graphical elements showcasing the lengths our local programs go to, to provide coverage to their communities, including how many modes of transportation drugs take before arriving at

the local participants' community. It will also showcase the broad, global coordination that takes place across the program.

- The Communication team will endeavor to use local photojournalists or hire a local photography service for the remaining trips in FY22, when possible, for cost efficiencies.
- Produce and disseminate social media content for important NTD-related international observance days such as World NTD Day and World Health Workers Week. When warranted, produce social media toolkits to use during these important dates to engage partners and the NTD community and disseminate Act | West publications, reports, and knowledge and communication products.
- Launch a weekly (Did You Know) #DYK series on Twitter. The series will consist of 52 informative posts, one for every Friday next year. The campaign will focus on disease information and facts from the program. It will serve as a weekly reminder of the Act | West technical capacity and programmatic knowledge.
- Continue to maintain, expand, and improve the Act | West website by developing and adding new resources, content, and sections such as NTD sustainability.
- Launch a two-year country showcase initiative, focusing on a different country every two months, covering six countries in FY22 and the remaining five in FY23. The highlighted country will be featured prominently on the Act | West website and on Act | West social media channels through a variety of content (which will vary by country). Examples of content may include a blog, a video, #DYK tweets, an interview with the Act | West program manager in the country, and so on. The communication team will work with our countries to pick time periods that are politically relevant in the countries, whenever possible. This will give us a framework to work with our 11 countries to promote their accomplishments more directly with our audience.
- Update and produce programmatic communications collateral such as Act | West fact sheets for use at work planning sessions, sensitization meetings, conferences, events, and other venues in the implementing countries and globally.
- In coordination with country backstops and partner organizations, the HQ Comms team will draft a series of prompts to share with individual Act | West program country directors. The directors will respond to the prompts and submit their responses to the HQ Comms team, who will compile them into a news piece. For example, a sustainability prompt for the directors whose countries have politically validated sustainability plans could be “What were the keys to getting the plan validated? What was the most challenging part of the plan, and how did you overcome it?”

Audience and partner engagement

- Participate in regular meetings with the USAID NTD Communications Advisor and with USAID's NTD Communications Working Group.
- Produce and disseminate the program's quarterly Act | West Round Up newsletter to promote the program's results and impact—highlighting selected blog posts, videos, publications, and other resources.
- Plan and implement several activities to celebrate World NTD Day on and around January 30, 2022, such as:
 - *Country events:* Support Act | West countries in developing World NTD Day-related events, as needed, and promote their activities on the global stage using social media, the Act | West website, broadcasts on global NTD listservs, and so on. Every Act | West country has included plans to celebrate World NTD Day in their country work plans.

- *Social media:* Develop and disseminate World NTD Day content on social media and work with countries and partners to celebrate World NTD Day on a global level while promoting Act | West videos, blogs, and publications on social media channels.
- *FHI 360 corporate:* Collaborate with FHI 360's Corporate Communications team to celebrate World NTD Day using FHI 360's corporate communications channels. For example, this may involve an FHI 360 Instagram takeover, where an Act | West in-country employee would "take over" the FHI 360 Instagram page and post content to increase direct cross coordination with brands on World NTD Day as a social issue. The content posts could be Instagram stories that last 24 hours but can be compiled as a collection that last until deleted; a series of stagnant posts on the FHI 360 Instagram that would be a carousel of several photos; or a mixture of the two. The Instagram posts could describe NTDs and reasons for doing MDA, for example. They may include a few interviews with staff. This would allow Act | West to share our work and celebrate World NTD Day with a younger and broader audience and would be done in concert with FHI 360 corporate comms.
- Cultivate opportunities to collaborate with NTD partners on op/eds to raise awareness about topics such as NTD sustainability, gender issues, or youth engagement.
- Participate regularly in, share Act | West content with, and actively support the communication efforts of key NTD communication collaboration organizations such as the Uniting to Combat NTDs Communication Working Group, the WHO NTD communications group (and various subgroups), and the NNN communications task team. This involves supporting the development of and contributing to interactive events such as Twitter chats, webinars, and social media campaigns and assisting with the production of reports and publications to raise awareness of NTDs.
- Host or support webinars on topics such as sustainability, quality improvement, and SCM, including developing and providing relevant social media content in advance of these activities, coordinating participation by Act | West countries and partners, and participating in real-time social media activities to promote engagement and amplify message dissemination.
- Attend key conferences such as NNN, COR-NTD, and ASTMH and promote Act | West's presence/participation to improve awareness of USAID's thought leadership in the NTD space; promote Act | West's Learning Agenda; and extend the reach of program resources and communications.
- Update, maintain, and administer an external Act | West photo database containing a selection of the program's best photos and videos—with proper USAID tagging, credits, and captions—to share program assets with the American people and improve public awareness of the program and USAID's efforts toward NTD elimination and control.

Program support and knowledge sharing

- **Technical brief video:** This video will open the technical brief series on the Act | West website. The text-based or animated video will highlight the large takeaways and important findings of the technical briefs, ending with an encouragement to the viewer to share the video and download the briefs for themselves. The video will explain NTD sustainability, the brief topics, audiences, and why they would benefit from reading the briefs.
- Provide remote support to country offices and the IR2 team to plan and implement communication activities to promote national sustainability plan launches—including assisting country offices to

create and disseminate communication products (blog post, story or article and social media content) using inputs gathered at the launch event (interviews, photos, video).

- Work with the IR1, IR2, and IR3 teams to support communication activities and document and disseminate work and progress toward NTD elimination, control, and sustainability. This includes providing communication TA and coordinating the editing, formatting, publication, and dissemination of various programmatic reports, technical briefs, peer-reviewed articles, presentations, conference materials, and other publications.
- Support the technical team in communication and dissemination activities relating to program-sponsored webinars and events carried out in FY22. This may include reviewing and editing presentations; developing and disseminating event materials, web pages, and other content; and supporting documentation and dissemination of outcomes, among other activities.
- Support the Togo NTDP to plan and implement communication and knowledge sharing activities relating to the celebration of LF and trachoma elimination (following trachoma elimination verification by WHO). Work with the Togo NTDP and HDI/the Togo country office to identify activities to support the celebration(s). Depending on the COVID-19 situation, this may include identifying several program beneficiaries and supporting their travel to the event site(s) to share their stories and hiring a photographer/videographer to record the event(s); hiring a local group of actors to develop and act out kit on NTDs; and/or interviewing several NTDP experts and/or health workers to capture their personal stories of how NTDs have touched their lives.
- Support country offices with activities aimed at generating communication content such as photos, interviews, and stories. This may include supporting the selection of interview subjects, developing and framing interview questions, and helping draft TORs to hire photographers, videographers, and reporters/interviewers, as needed.
- Work with our country offices to explore the possibility of organizing VIP site visits to the field to raise the profile of the NTD program and support NTD advocacy and sustainability.
- Support the development of public service announcements and/or news items on NTDs for in-country use and/or the develop and implement NTD events during important local advocacy days, such as Maternal Child Health Week.
- Attend the USAID Annual NTD Partners meeting and the Act | West Partners meeting for information gathering to develop various communication products and discuss communication team support for IR1, IR2, and IR3 activities.

Leadership and management

- Coordinate and lead regular meetings of the program's communication working group to help ensure proper branding and marking; convey programmatic guidance to country offices and partner staff tasked with branding and communications activities; collaborate in producing regular, high-quality online and print communication materials and content and capturing high-quality photos and success stories; and coordinate dissemination efforts.
- Provide training, TA, ad hoc guidance, and enforcement of the program's Branding and Marking Plan and USAID Guidance for Engaging VIPs globally and in Act | West countries.
- Produce new and update existing templates as needed for programmatic communication collateral, training materials, events, and other materials to promote proper branding and marking in implementing countries and globally.

- Regularly monitor and report on the results/effectiveness of online program communication via the SAR and monthly reports and quantify the reach of various social media efforts for learning and improved efficiency.

MAINSTREAMING THE GENDER ANALYSIS STUDY AND STRATEGIC PLAN INTO PROGRAM IMPLEMENTATION

During FY19 and FY20, an NTD Gender Analysis Study and Strategic Plan were managed and overseen by the MEL Director and led by two FHI 360 in-house gender experts. The Gender Analysis Study included two phases. Phase I entailed a literature review of gender issues with respect to NTDs, focusing on findings relevant to the 11 countries in the program portfolio and using research from published and grey sources. Phase II of the Gender Analysis Study involved fieldwork in three countries (Ghana, Côte d'Ivoire, and Sierra Leone) to explore and better understand the gaps and barriers in relation to NTDs as they pertain to females and males. A final document was submitted by the two FHI 360 in-house gender experts comprising two components: the gender analysis and the gender strategy. The gender analysis synthesized the results of the literature review, the results of the qualitative fieldwork, and some limited results of a quantitative analysis. The gender strategy suggested areas where program implementation could be modified to consider and rectify gender gaps and barriers specific to Ghana, Côte d'Ivoire, and Sierra Leone.

In FY21, Phase 3, operationalization of the Gender Equity and Social Inclusion (GESI) recommendations in the three countries commenced; management of this phase was transitioned to the MEL Data Analyst and Technical Lead. The Act | West HQ GESI team submitted final general recommendations to USAID and led a series of meetings to discuss the study findings and assist operationalizing program modifications with Act | West program managers; country teams; and Ghana, Sierra Leone, and Côte d'Ivoire NTDPs. Country-specific GESI Implementation Plans were submitted and presented to USAID for all three countries in Q3–Q4 of FY21 for inclusion in the FY22 work plans. Most of the GESI activities proposed in the FY22 country work plans involve technical support from the HQ GESI team members; therefore, in FY22, the two FHI 360 gender experts, MEL director, and MEL Data Analyst and Technical Lead will focus on supporting implementation of the approved country-specific interventions (see Ghana, Côte d'Ivoire, and Sierra Leone country work plans for more details).

In addition, the following activities are proposed at HQ level for FY22:

1. The FHI 360 GESI experts will begin to prepare a manuscript to disseminate the results of the GESI analysis conducted by the Act | West program.
2. The GESI experts will work with DSFPs to support LF and trachoma failure investigations to ensure the analysis incorporates a GESI perspective.
3. In Q3–Q4 of FY22, the HQ GESI team will hold a webinar to share results from the GESI analysis and lessons learned during implementation of the GESI strategies in Ghana, Côte d'Ivoire, and Sierra Leone. The presentation will include Act | West HQ staff, USAID, and country program managers across the portfolio to sensitize the wider team on GESI.

INTERNATIONAL TRAVEL PLAN⁶

International travel has changed considerably since mid-FY20 due to global efforts to prevent the transmission of COVID-19. The volume of proposed and anticipated FY22 international travel has been scaled back accordingly to include only essential travel; it assumes that many COVID-era travel restrictions will be lifted by the beginning of 2022.

- The Act | West FY22 HQ work plan includes proposed international travel for HQ and regional-based staff for FHI 360 Act | West core team, Helen Keller global team, and the three TA partners (AIM Initiative, Deloitte, and WV). All partner travel was vetted by Act | West and will be reviewed again closer to the proposed travel timeline to ensure the travel is still possible and relevant for the execution and achievement of the program objectives. Trips will be combined for cost saving when feasible, based on schedule of travelers and the respective country programs.
- Act | West uses a 'TBD' designation for "to be determined" unconfirmed travelers and unidentified destinations or travel month. When unnamed travelers are identified, or where the traveler is substituted with another named person after the annual work plan has been approved, FHI 360 will seek AOR re-approval of the trip and traveler at least two weeks in advance, as stipulated in the Act | West award clause A.4.4(A).

See Annex 1 for the list of proposed FY22 Act | West Program international travel plans.

⁶ USAID comment: Provisionally approved pending COVID-19 situation each month. Continue with routine monthly travel approvals to AOR

Annexes

Annex 1: International travel

FHI 360

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Bolivar Pou, Senior Program Director	Monitoring visit/FY23 work planning	USA/Cote d'Ivoire	1	TBD	7 days
Bolivar Pou, Senior Program Director; Achille Kabore, Technical Director & OV Advisor; Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	Regional & program level workshop on lessons learned from implementing NTD sustainability framework and perspectives	USA/Ghana	3	TBD	7 days
Achille Kabore, Technical Director & OV Advisor	Technical Meeting: OV Technical Subgroup	USA/Switzerland	1	TBD	7 days
Achille Kabore, Technical Director & OV Advisor	Meeting: OV Expert Committee (OEC)	USA/Togo	1	TBD	5 days
Achille Kabore, Technical Director & OV Advisor	FY23 Work planning	USA/Ghana	1	TBD	7 days
Achille Kabore, Technical Director & OV Advisor	Meeting: Sierra Leone OEC	USA/Sierra Leone	1	TBD	5 days
Achille Kabore, Technical Director & OV Advisor	Meeting: Guinea OEC	USA/Guinea	1	TBD	5 days
Achille Kabore, Technical Director & OV Advisor	Meeting: Niger OEC	USA/Niger	1	TBD	5 days
Achille Kabore, Technical Director & OV Advisor	Meeting: Benin OEC	USA/Benin	1	TBD	5 days
Achille Kabore, Technical Director & OV Advisor	FY23 Work planning	USA/Mali	1	TBD	7 days
Achille Kabore, Technical Director & OV Advisor	Meeting: Senegal OEC	USA/Senegal	1	TBD	5 days
Achille Kabore, Technical Director & OV Advisor; Kisito Ogooussan, Implementation & SCM Lead	ESPEN Annual Program Managers' Meeting	USA/Congo	2	TBD	6 days
Achille Kabore, Technical Director & OV Advisor	Assist in re-establishing the OEC, help with data review, and attend OEC meeting	USA/Cote d'Ivoire	1	TBD	7 days
Stephanie Palmer, Trachoma Technical Advisor	Technical Meetings: TSIW, ICTC and GET 2020	USA/Switzerland (proxy)	1	TBD	7 days
Stephanie Palmer, Trachoma Technical Advisor	Participate in planning meeting to plan the documentation of the post-validation surveillance strategy in the Ghana workplan. This is also part of the Act West Learning Agenda and important for program learning.	USA/Ghana	1	TBD	7 days

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Stephanie Palmer, Trachoma Technical Advisor	Participate in planned 'persistent trachoma' workshop following the investigations into reasons districts remain with TF \geq 5% despite multiple rounds of MDA-TIS-MDA and provide technical assistance on next steps. This topic is also part of the Act West	USA/Niger	1	TBD	7 days
Stephanie Palmer, Trachoma Technical Advisor	FY23 work planning	USA/Niger	1	TBD	5 days
Stephanie Palmer, Trachoma Technical Advisor	Assist in trachoma elimination dossier workshop/lead discussions on future baseline trachoma mapping needs and priorities	USA/Cote d'Ivoire	1	TBD	7 days
Stephanie Palmer, Trachoma Technical Advisor	To participate in planned 'persistent trachoma' workshop following the investigations into reasons districts remain with TF \geq 5% despite multiple rounds of MDA-TIS-MDA and provide technical assistance into next steps. This topic is also part of the Act West	USA/Cameroon	1	TBD	7 days
Stephanie Palmer, Trachoma Technical Advisor	FY23 Work planning	USA/Cameroon	1	TBD	5 days
Diana Stukel, MEL Director; Maureen Headland, Lead M&E Technical Advisor; Kaustubh Wagh, M&E Advisor; Dillon Tindall, M&E Advisor	Conduct and attend MEL Workshop	USA/Ghana	4	TBD	7 days
Caleb Parker, Research Associate and ArcGIS expert; Vance Harris, Research Associate and ArcGIS expert	Conduct ArcGIS Workshop	USA/Ghana	2	TBD	7 days
Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	FY23 Work planning	USA/Benin	1	TBD	7 days
Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	FY23 Work planning	USA/Togo	1	TBD	7 days
Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	Participate in the SCH/STH data review meeting	USA/Benin	1	TBD	7 days
Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	Participate in the SCH/STH impact assessment survey	USA/Senegal	1	TBD	5 days
Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	Participate in the SCH/STH impact assessment survey	USA/Togo	1	TBD	7 days

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	Participate in the SCH/STH data review meeting	USA/Togo	1	TBD	5 days
Anna Phillips, Epidemiologist & SCH/STH Advisor & Learning Lead	Participate in the SCH Oversampling survey	USA/Togo	1	TBD	7 days
Kisito Ogooussan, Implementation & SCM Lead	Quality Improvement Plan TA + SCM	USA/Sierra Leone	1	TBD	7 days
Kisito Ogooussan, Implementation & SCM Lead	QI TA + FY21 Annual Program Review + SCM	USA/Benin	1	TBD	7 days
Kisito Ogooussan, Implementation & SCM Lead	NTD Drug management and Quality Improvement Plan Workshop	USA/Cameroon	1	TBD	6 days
Kisito Ogooussan, Implementation & SCM Lead	Quality Improvement Plan TA + SCM (if mainstreaming)	USA/Cote d'Ivoire	1	TBD	7 days
Kisito Ogooussan, Implementation & SCM Lead	Supply Chain Management (SCM) TA	USA/Togo	1	TBD	5 days
Kisito Ogooussan, Implementation & SCM Lead	FY23 Work planning, SCM & QI activities	USA/Guinea	1	TBD	5 days
Kisito Ogooussan, Implementation & SCM Lead	FY23 Work planning, SCM & QI activities	USA/Senegal	1	TBD	5 days
Kisito Ogooussan, Implementation & SCM Lead; TBD, Senior Knowledge Manager	Technical Meeting: NNN 2022	USA/Nepal	2	SEP	6 days
Faiza Mansouri, Associate Director, Finance	Programmatic/Finance/Operations Support	USA/Benin or Senegal	1	TBD	7 days
Daniel Tesfaye, Associate Director, Programs	Programmatic/Finance/Operations Support	USA/Cote d'Ivoire	1	TBD	7 days
Yudaya Mawanda, Associate Director, Operations	Programmatic/Finance/Operations Support	USA/Ghana	1	TBD	7 days
Bolivar Pou, Senior Program Director; Erica Dickinson, Program Officer	Finalize preparations for and attend the Act West Annual Partners' Meeting	USA/Senegal	2	APR	7 days
Achille Kabore, Technical Director & OV Advisor; Stephanie Palmer, Trachoma Technical Advisor; Diana Stukel, MEL Director; Anna Phillips, Epidemiologist & SCH/STH Advisor; Kisito Ogooussan, Implementation & SCM Lead	Act West Annual Partners' Meeting	USA/Senegal	5	APR	6 days
TBD, Senior Knowledge Manager	Photo and interview trip	USA/Guinea or Togo	1	TBD	7 days
TBD, Consultant	Facilitate Training of Trainers (ToT) for the pilot WHO microplanning guide in 2 HDs	USA/Benin	1	TBD	7 days
TBD, Consultant	Facilitate Training of Trainers (ToT) for the pilot WHO microplanning guide in 2 HDs	USA/Sierra Leone	1	TBD	7 days
Ernest Mensah, LF Technical Advisor	TAS Training and monitoring field implementation	Ghana/Benin	1	TBD	10 days
Ernest Mensah, LF Technical Advisor	TAS/MDA training and monitoring	Ghana/Burkina Faso	1	TBD	6 days

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Ernest Mensah, LF Technical Advisor	Pre-TAS/TAS training and monitoring field implementation	Ghana/Cote d'Ivoire	1	TBD	10 days
Ernest Mensah, LF Technical Advisor	Pre-TAS/MDA training and monitoring field implementation	Ghana/Guinea	1	TBD	10 days
Ernest Mensah, LF Technical Advisor	Conduct LF Dossier Preparation Training	Ghana/Guinea	1	TBD	7 days
Ernest Mensah, LF Technical Advisor	TAS training and monitoring	Ghana/Mali	1	TBD	6 days
Ernest Mensah, LF Technical Advisor	Pre-TAS/TAS/MDA training and monitoring field implementation	Ghana/Senegal	1	TBD	10 days
Ernest Mensah, LF Technical Advisor; Justin Tine, Health System Strengthening Lead	Act West Annual Partners' Meeting	Ghana/Senegal	2	TBD	5 days
Ernest Mensah, LF Technical Advisor	Pre-TAS/TAS/MDA training and monitoring field implementation	Ghana/Sierra Leone	1	TBD	10 days
Ernest Mensah, LF Technical Advisor	FY23 Work planning	Ghana/Sierra Leone	1	TBD	5 days
Ernest Mensah, LF Technical Advisor; Justin Tine, Health System Strengthening Lead	Technical Meeting: NNN 2022	Ghana/Nepal	2	SEP	6 days
Justin Tine, Health System Strengthening Lead	USAID NTD Annual Partners' Meeting + Act West internal coordination meetings	Ghana/USA	1	TBD	7 days
Justin Tine, Health System Strengthening Lead; Ernest Mensah, LF Technical Advisor	FY23 Work planning	Ghana/Burkina Faso	2	TBD	4 days
Justin Tine, Health System Strengthening Lead	Consultation and planning for bilateral negotiation process	Ghana/Cote d'Ivoire	1	TBD	5 days
Justin Tine, Health System Strengthening Lead	FY23 Work planning	Ghana/Senegal	1	TBD	5 days
Justin Tine, Health System Strengthening Lead	Technical Assistance with WV for policy review and workshop for inclusion of NTDs services into UHC/health insurance package	Ghana/Senegal	1	TBD	6 days
David Moho Glohi, HSS Regional Advisor	Workshop to develop a National Implementation Guidelines for NTD Activities	Cote d'Ivoire/Benin	1	TBD	7 days
David Moho Glohi, HSS Regional Advisor	FY23 Work planning	Cote d'Ivoire/Benin	1	TBD	4 days
David Moho Glohi, HSS Regional Advisor	TIPAC Data Analysis, medium term financial forecast	Cote d'Ivoire/Benin	1	TBD	5 days
David Moho Glohi, HSS Regional Advisor	Consultation and planning for bilateral negotiation process	Cote d'Ivoire/Benin	1	TBD	3 days

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
David Moho Glohi, HSS Regional Advisor	TIPAC Analysis Workshop to identify the NTDP's financial gaps with the MOH	Cote d'Ivoire/Togo	1	TBD	5 days
David Moho Glohi, HSS Regional Advisor	Workshop with DSME and Nutrition Division for integrating NTD interventions in their platforms	Cote d'Ivoire/Togo	1	TBD	5 days
David Moho Glohi, HSS Regional Advisor	Consultation and planning for bilateral negotiation process and implementation	Cote d'Ivoire/Togo	1	TBD	6 days
David Moho Glohi, HSS Regional Advisor	Support TIPAC Data Analysis Workshop	Cote d'Ivoire/Senegal	1	TBD	5 days
David Moho Glohi, HSS Regional Advisor; Denise Ndabian-Bogro, Cross-sector Advisor	Regional and program level workshop on lessons learned from implementing NTD sustainability framework and perspectives	Cote d'Ivoire/Ghana	2	TBD	5 days
David Moho Glohi, HSS Regional Advisor	FY23 Work planning	Cote d'Ivoire/Mali	1	TBD	4 days
Denise Ndabian-Bogro, Cross-sector Advisor	Workshop on multi-sectoral coordination of NTDs	Cote d'Ivoire/ Burkina Faso	1	TBD	5 days
Denise Ndabian-Bogro, Cross-sector Advisor	Workshop to establish a framework for NTD service integration in existing education, malaria, and WASH campaigns in Mali	Cote d'Ivoire/Mali	1	TBD	6 days
Denise Ndabian-Bogro, Cross-sector Advisor	Sustainability Plan development Workshop	Cote d'Ivoire/Niger	1	TBD	6 days
Denise Ndabian-Bogro, Cross-sector Advisor	Workshop with DSME and Nutrition Division for integrating NTD interventions in their platforms	Cote d'Ivoire/Togo	1	TBD	5 days
Denise Ndabian-Bogro, Cross-sector Advisor	FY23 Work planning	Cote d'Ivoire/Togo	1	TBD	4 days
Denise Ndabian-Bogro, Cross-sector Advisor	Technical Meeting: NNN 2022	Cote d'Ivoire/Nepal	1	SEP	6 days

Helen Keller

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Yaobi Zhang, Sr. Scientific Advisor	Technical Support	UK/Cameroon	1	TBD	5 days
Yaobi Zhang, Sr. Scientific Advisor	Technical Support	UK/Sierra Leone	1	TBD	5 days
Yaobi Zhang, Sr. Scientific Advisor	Technical Support	UK/Guinea	1	TBD	5 days
Yaobi Zhang, Sr. Scientific Advisor	WHO SCH TWG meeting	UK/TBD	1	TBD	5 days
Yaobi Zhang, Sr. Scientific Advisor	WHO/AFRO/NTD PM meeting	UK/TBD	1	TBD	5 days

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Benoit Dembele, Quality Implementation Lead	Program Support	Senegal/Cameroon	1	TBD	5 days
Benoit Dembele, Quality Implementation Lead, Aimee Desrochers, HSS Advisor	Program Support	Senegal/Burkina Faso	2	TBD	5 days
Benoit Dembele, Quality Implementation Lead	Program Support	Senegal/Guinea	1	TBD	5 days
Benoit Dembele, Quality Implementation Lead; Aimee Desrochers, HSS Advisor	Program Support	Senegal/Mali	2	TBD	5 days
Benoit Dembele, Quality Implementation Lead, Aimee Desrochers, HSS Advisor	Program Support	Senegal/Niger	3	TBD	5 days
Benoit Dembele, Quality Implementation Lead, Aimee Desrochers, HSS Advisor	Program Support	Senegal/Sierra Leone	2	TBD	5 days
Benoit Dembele, Quality Implementation Lead	NNN 2022 Meeting	Senegal/Nepal	1	SEP	6 days
Aimee Descrochers, STTA	Guided Sustainability Self-Assessment	Senegal/Burkina Faso	1	NOV	7 days
Angela Weaver, NTD VP, Steven Reid, Assoc. Director, Patricia Houck, Sr. Program Manager, Gilda Panlilio, Finance Manager, Angel Weng, Program Associate	Programmatic/Finance/Operations Support	USA/Cameroon	4	TBD	5 days
Fatou Gueye, Program Manager	Programmatic/Finance/Operations Support	USA/Burkina Faso	1	TBD	5 days
Angela Weaver, NTD VP, Steven Reid, Assoc. Director, Fatou Gueye, Program Manager, Gilda Panlilio, Finance Manager, Brian Fuller, Sr Manager MEL	Programmatic/Finance/Operations Support	USA/Guinea	4	TBD	5 days
Elisabeth Chop, M&E Associate, Gilda Panlilio, Finance Manager	Programmatic/Finance/Operations Support	USA/Mali	2	TBD	5 days
Angela Weaver, NTD VP, Steven Reid, Assoc. Director; Cleo Stern, Program Associate, Gail Liebowitz, Finance Manager; Elisabeth Chop, M&E Associate	Programmatic/Finance/Operations Support	USA/Niger	4	TBD	5 days
Angela Weaver, NTD VP; Patricia Houck, Sr Program Manager; Gail Liebowitz, Finance Manager	Programmatic/Finance/Operations Support	USA/Sierra Leone	3	TBD	5 days
Angela Weaver, NTD VP; Steven Reid, Assoc. Director	NNN 2022 Meeting	USA/Nepal	1	SEP	6 days
Angela Weaver, NTD Vice President	GAELF Meeting	USA/Togo	1	APR	5 days
Brian Fuller, Sr Manager MEL, Elisabeth Chop, M&E Associate, Angel Weng, Program Associate	MEL workshop	USA/Ghana	3	TBD	6 days

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Angela Weaver, NTD VP; Steven Reid, Assoc. Director; Nadya Marusina, Sr Program Finance Manager	Annual Partners meeting	USA/Senegal	3	TBD	4 days

Deloitte

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Marie Sy, Country Lead; Berthine Njiemoun, Country Lead	TIPAC Data Entry Workshop	USA/Cameroon	2	OCT-DEC	1 week
Marie Sy, Country Lead; Berthine Njiemoun, Country Lead	TIPAC Data Analysis Workshop	USA/Cameroon	2	JAN-MAR	1 week
Marie Sy, Country Lead; Berthine Njiemoun, Country Lead	Data security policy meetings	USA/Cameroon	2	APR-JUN	1 week
Marie Sy, Country Lead; Bibi Lichauco, Country Support	TIPAC Data Analysis Workshop	USA/Guinea	2	JAN-MAR	1 week
Marie Sy, Country Lead; Bibi Lichauco, Country Support	Data security policy meetings	USA/Guinea	2	APR-JUN	1 week
Parker Griffin, Country Lead; <i>TBD</i>	TIPAC Data Analysis Workshop	USA/Togo	2	OCT-DEC	1 week
Parker Griffin, Country Lead; <i>TBD</i>	Investment Case development work sessions	USA/Togo	2	JAN-MAR	1 week
Parker Griffin, Country Lead; <i>TBD</i>	Data security policy meetings	USA/Togo	2	JAN-MAR	1 week
Berthine Njiemoun, Country Lead; Bibi Lichauco, Country Support	TIPAC Data Analysis Workshop	USA/Sierra Leone	2	OCT-DEC	1 week
Berthine Njiemoun, Country Lead; Bibi Lichauco, Country Support	Data security policy meetings	USA/Sierra Leone	2	JAN-MAR	1 week
Berthine Njiemoun, Country Lead; Courtney Johnson, Senior Manager	Resource Mobilization Workshop	USA/Ghana	2	APR-JUN	1 week
Berthine Njiemoun, Country Lead; Courtney Johnson, Senior Manager	Data security policy meetings	USA/Ghana	2	APR-JUN	1 week
Berthine Njiemoun, Country Lead; Courtney Johnson, Senior Manager	Regional workshop on lessons learned from implementing NTD sustainability framework and perspective	USA/Ghana	2	APR-JUN	5 days
Parker Griffin, Country Lead; <i>TBD</i>	Data security policy meetings	USA/Benin	2	OCT-DEC	1 week
Parker Griffin, Country Lead; <i>TBD</i>	TIPAC Data Analysis Workshop	USA/Benin	2	JAN-MAR	1 week

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Bethine Njiemoun, Country Lead; Bibi Lichauco, Country Support	TIPAC Review Workshop	USA/Cote d'Ivoire	2	JAN-MAR	1 week
Bethine Njiemoun, Country Lead; Bibi Lichauco, Country Support	Data security policy meetings	USA/Cote d'Ivoire	2	JAN-MAR	1 week
Bethine Njiemoun, Country Lead; Bibi Lichauco, Country Support	TIPAC Data Analysis Workshop	USA/Cote d'Ivoire	2	APR-JUN	1 week
Marie Sy, Country Lead; <i>TBD</i>	TIPAC Data Analysis Workshop	USA/Senegal	2	JAN-MAR	1 week
Marie Sy, Country Lead; <i>TBD</i>	Resource Mobilization Workshop	USA/Senegal	2	JAN-MAR	1 week
Marie Sy, Country Lead; <i>TBD</i>	Data security policy meetings	USA/Senegal	2	APR-JUN	1 week
Courtney Johnson, Senior Manager	Act West Annual Partner Meeting	USA/Senegal	1	APR-JUN	4 days
Courtney Johnson, Senior Manager; Vera Zlidar, Subject Matter Expert (GH); Berthine Njiemoun, Country Lead	NNN Conference 2022	USA/ <i>TBD</i>	2	SEP	1 week

World Vision

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	1) Support the ICCC to hold a national engagement session with the National Health Insurance Authority (NHIA) on the review of threshold for routine NTDs services within the National Health Insurance Scheme (NHIS). 2) Hold dialogue sessions to review of the minimum package of care for PHC, UHC, and CHPS in collaboration with the PPME unit to include NTDs	USA/Ghana	2	<i>TBD</i>	1 week
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	Facilitate high-level policy dialogue on integrating NTDs services into functional routine delivery platforms: school-aged screening program, Nutrition, and ANC	USA/Ghana	2	<i>TBD</i>	1 week
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	Regional workshop on lessons learned from implementing NTD sustainability framework and perspective	USA/Ghana	2	<i>TBD</i>	1 week

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	Support the PNLMTN to hold a series of advocacy meetings with ANACMU (Agence Nationale de Couverture Maladie Universelle) to roll out a strategic model for integration of NTD services within the essential minimum package of care	USA/Senegal	2	TBD	1 week
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	Provide TA to the cross-sector coordination mechanism (Coalition Intersectorielle de Lutte contre les MTN (NTD Intersectoral Coalition) to develop and socialize matrix to monitor implementation of commission actions plans and cross-sector stakeholder engagement in Niger	USA/Niger	2	TBD	1 week
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	Support the NTDP to hold advocacy sessions with the municipalities of Guidan Roudji, Mayahi, and Madarounfa (Maradi) for NTD control activities inclusion in their Municipal Development Plans	USA/Niger	2	TBD	1 week
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	Commission action plan development workshop for the cross-sector coordination in Mali	USA/Mali	2	TBD	1 week
Stephen Omonyidde, Technical Project Director; Arielle Dolegui, Technical Advisor	NNN Conference 2022	USA/TBD	2	SEP	1 week

ALM, Inc. (AIM Initiative)

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Saida Kashindi, Program Manager, Francophone Region	Attend MMDP curriculum integration planning meeting	Ghana/Benin	1	JAN-MAR	5 days
Saida Kashindi, Program Manager, Francophone Region	Attend inception and planning meeting for package of care availability assessment (DIP)	Ghana/Senegal	1	JAN-MAR	5 days
Saida Kashindi, Program Manager, Francophone Region	Hire consultant, attend planning meeting for MMDP curriculum integration	Ghana/Senegal	1	OCT-DEC	5 days

Traveler (name and title)	Purpose of Trip	Origin/Destination	# of Trips	Dates of Travel	Duration
Saida Kashindi, Program Manager, Francophone Region	Support minimum package of care assessment survey implementation and analysis (DIP)	Ghana/Senegal	1	APR-JUN	5 days
Saida Kashindi, Program Manager, Francophone Region	Attend MMDP curriculum review meetings and attend MDA planning meeting	Ghana/Cote d'Ivoire	1	JAN-MAR	5 days
Saida Kashindi, Program Manager, Francophone Region	Attend inception and planning meeting for package of care availability assessment (DIP) and CDD training; monitoring of in-country staff	Ghana/Cote d'Ivoire	1	APR-JUN	5 days
Melissa Edmiston, Director of Data and Analytics	Support minimum package of care assessment survey implementation and analysis (DIP)	Ghana/Senegal	1	APR-JUN	5 days
Deborah Mensah, AIM Program Director	Attend health insurance MMDP coverage assessment validation and review meeting and curriculum integration planning meeting	Ghana/Cote d'Ivoire	1	JAN-MAR	5 days
Deborah Mensah, AIM Program Director	FY23 Work planning	Ghana/Senegal/ Benin	1	APR-JUN	5 days
Stefanie Weiland, Executive VP of Program	FY23 Work planning	USA/Ghana/Benin	1	APR-JUN	6 days
Rachel Pullan, Associate Professor of Epidemiology, Deputy Director of the London Centre for NTD Research; Hope Simpson, Research Assistant GIS and Epidemiology, LSHTM	Provide technical assistance to validate existing MMDP data with a cluster randomized survey in 2 evaluation units. This may include support for developing and finalizing methodology, selection of locations, rollout of training, and field implementation.	UK/Ghana	2	TBD	7 days
Hope Simpson, Research Assistant GIS and Epidemiology, LSHTM	1) <i>Ghana</i> : Discuss findings from the MMDP validation survey with the NTDP and develop recommendations; and 2) <i>Cote d'Ivoire</i> : Provide technical assistance to the assessment of the availability of the LF recommended minimum package of care	UK/Ghana/Cote d'Ivoire	1	TBD	1 week (each country)

Annex 2: FY22 learning agenda

Learning question	Timing (When would you like to carry out this activity?)	Key decision points (How will you apply learning at design or implementation?)	Learning activities (What activities needs to be implemented to answer this question?)	Resources (What resources are needed – data, budgets etc.?)	Who will be responsible?	Countries	Output
Investigate factors that led to TIS and TSS with TF \geq 5% in Niger and Cameroon	Trachoma deep-dive complete in FY21 Data analysis plan in September 2021	Understanding what led to these survey results can help prevent future “failures”	An investigation into DSA failure	Information on MDA, DSA, and situation analysis (e.g., population migration).	Stephanie Palmer MEL staff Helen Keller staff	Niger, Cameroon	Peer-reviewed Publication
Document post-validation surveillance practices for trachoma	Ongoing	Understanding landscape of current practices of post-validation surveillance	Desk review of dossiers and publications; online survey; documentation of Ghana PVS system	Ghana documentation. Dependent on the scope and ability to travel	Stephanie Palmer, Anna Phillips, Ghana team	Ghana	Peer-reviewed Publication
Act East / West STH/SCH tracker	Completed in FY21 for Togo, Benin, Burkina Faso in FY21.	Collation of historical STH/SCH data	To assist future MDA decisions and impact surveys	Country epidemiological data	Anna Phillips, in-country MEL staff, Act West & East MEL & Act East SCH/STH FPs	Ghana (ongoing), Senegal, Guinea, Mali (ongoing), Sierra Leone in FY22	Populated tracker across all Act West countries
Develop a protocol, implement, and publish the	Protocol completed in FY21. Data collection will	Impact assessment will be used to develop Togo’s MDA strategy.	Data collection in Togo in September 2021. Publication of results in FY22.	Approved in FY21 USAID budget	Anna Phillips, Diana Stukel, Monique Dorkenoo	Togo	Act West SCH/STH Impact Assessment Protocol &

Learning question	Timing (When would you like to carry out this activity?)	Key decision points (How will you apply learning at design or implementation?)	Learning activities (What activities needs to be implemented to answer this question?)	Resources (What resources are needed – data, budgets etc.?)	Who will be responsible?	Countries	Output
SCH/STH impact assessment	be complete in FY21.						Peer-reviewed Publications
SCH Oversampling Initiative	Ghana data collection September 2021; Togo Feb 2022; Mali Feb 2022	Initiative by Task Force for Global Health to optimise the SCH sampling strategies to inform sub district treatment decisions	Data will be incorporated in a model-based geostatistical framework to generate predictive infection models used as a basis for simulations testing alternative programmatic impact survey protocols	Funding from TFGH	Anna Phillips , country teams, TFGH, Monique Dorkenoo	Togo, Ghana, Mali	Finalized WHO SCH/STH Impact Assessment Protocol & Peer-reviewed Publication
How can we describe, analyze, and present the OV data to assist the OEC to make informed decisions and recommendations for OV elimination?	Ongoing	Enable OEC recommendations toward reaching OV elimination goals.	In-depth review of OV historical data. Develop an OV elimination matrix, tracker, and data visualization	Act West TA through OV focal point	Kisito Ogooussan Achille Kabore	Benin, Senegal, Ghana	OV elimination matrix, tracker, & dashboard
Repeated pre-TAS failure	Ongoing	Understanding factors responsible for and how to break	Analyze existing data in multiple countries and review related literature, collaborate	Mapping, MDA, pre-TAS, coverage	Ernest Mensah , Diana Stukel, Act East, WHO LF Focal point,	Ghana, Burkina Faso, Sierra Leone, Niger	Peer reviewed publication

Learning question	Timing <i>(When would you like to carry out this activity?)</i>	Key decision points <i>(How will you apply learning at design or implementation?)</i>	Learning activities <i>(What activities needs to be implemented to answer this question?)</i>	Resources <i>(What resources are needed – data, budgets etc.?)</i>	Who will be responsible?	Countries	Output
		the cycle of repeated pre-TAS failure	with others on OR to better understand and address; special collection of pre-TAS failure data required using joint data collection template	evaluation data etc.; literature review, potential collaboration with TFGH	support of USAID LF Advisor		
Investigate SCH/STH coverage as a function of treatment platforms (school/ community/ blended) to see which platforms will be best for SCH/STH after platforms for LF start disappearing	Ongoing	Coverage mapped as a function of the various SCH-STH MDA platforms, using data spanning 2012–2020, across all East and West countries, with a focus on SAC treatment only, and with the ultimate aim of seeing which platforms provide higher coverage.	Data collection template on platforms established by Act East. Data collection for Act West countries completed in FY21. Resulting data analysis to use existing auxiliary workbook data on coverage, rounds of MDA, etc.	LOE	Diana Stukel , Anna Phillips, Achille Kabor working with Act East DFP and Act West and Act East MEL; countries will be invited to be co-authors	Most countries in Act East and all countries in Act West except CIV	Peer reviewed publication
Characteristics of untreated populations among select NTD MDA campaigns: results from five CES	Ongoing	The initiative uses existing coverage evaluation survey data from several West African countries, collected shortly after MDA, to describe the characteristics of	Compilation of existing data sets, data cleaning and creation of data dictionaries in relation to raw coverage evaluation survey data from several countries – and creating a	LOE	Diana Stukel , MEL, Caleb Parker, Helen Keller staff; countries will be invited to be co-authors	Ghana, Sierra Leone, Niger, and Senegal	Peer reviewed publication

Learning question	Timing <i>(When would you like to carry out this activity?)</i>	Key decision points <i>(How will you apply learning at design or implementation?)</i>	Learning activities <i>(What activities needs to be implemented to answer this question?)</i>	Resources <i>(What resources are needed – data, budgets etc.?)</i>	Who will be responsible?	Countries	Output
		those who do not participate in MDAs (the untreated) – a concern as these non-participants may be a source of pockets of ongoing infection or transmission.	harmonized set of variables across countries to analyze. The analysis will involve simple descriptive statistics, some statistical testing, and map-making using GPS coordinates.				
Systematic Noncompliance (SNC) / Untreated Populations Working Group	Ongoing	Work with multi-organization group (TFGH, Act West, Act East, USAID, Sightsavers, CDC, PAHO, academia, etc.) to develop indicators and collect data on SNC/ untreated populations and pilot the new indicators across a variety of tools (CES, SCT, DQA, preTAS) – to understand their characteristics and determine if they are contributors to ongoing pockets of	Small group work across several organizations	LOE	Diana Stukel, Ernest Mensah	All	Piloting of new indicators & Peer reviewed publication

Learning question	Timing <i>(When would you like to carry out this activity?)</i>	Key decision points <i>(How will you apply learning at design or implementation?)</i>	Learning activities <i>(What activities needs to be implemented to answer this question?)</i>	Resources <i>(What resources are needed – data, budgets etc.?)</i>	Who will be responsible?	Countries	Output
		transmission for NTDs.					
Sustainability and the importance of doing SCH/STH impact surveys	FY22	Using the TIPAC data to give cost outputs on sub-district MDA (e.g., for Togo) as well as impact assessment surveys, to calculate incremental financial costs to the national program of impact assessments relative to continuing to conduct MDAs.	Cost per person treated at district vs. sub-district level	Historical data on SCH/STH impact assessments and sub-district MDA as well as TIPAC cost data to be collated	Justin Tine, Diana Stukel, Anna Phillips	Togo	Peer reviewed publication
Lessons from MMDP situational analyses	FY22	Using MMDP situational analyses findings and lessons learnt participating countries will develop recommended next steps and activities. This will include a matrix of needs to reach MMDP requirements for elimination and opportunities/activiti	MMDP situational analysis	LOE	Ernest Mensah Stephanie Palmer	All	Peer reviewed publication & matrix development

Learning question	Timing <i>(When would you like to carry out this activity?)</i>	Key decision points <i>(How will you apply learning at design or implementation?)</i>	Learning activities <i>(What activities needs to be implemented to answer this question?)</i>	Resources <i>(What resources are needed – data, budgets etc.?)</i>	Who will be responsible?	Countries	Output
		es to discuss with NTDPs by country.					

Annex 3: Budget

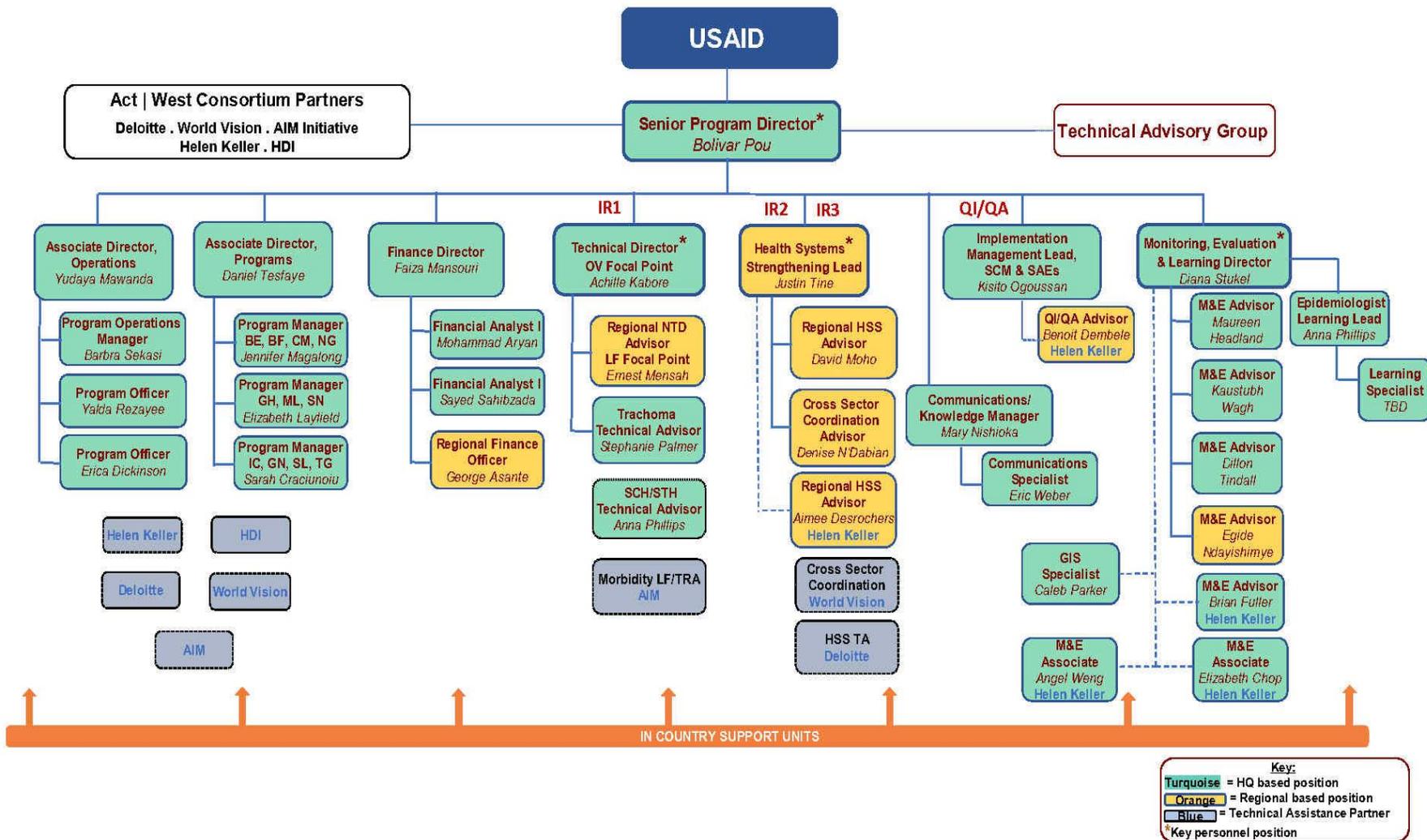
FY22 Summary Budget

Title of Project:	Act to End NTDs West Program
Funder Name:	USAID
Award Number:	7200AA18CA00011
Period of Performance:	October 1, 2021 – September 30, 2022

No.	Budget category	FY22: 10/01/21- 09/30/2022	Percentage of total FY 22 budget
		US\$	
1	Salaries	4,534,350	9.56%
2	Fringe benefit	1,470,124	3.10%
3	Travel, transportation and per diem	619,173	1.31%
4	Equipment		0%
5	Supplies	9,520	0.02%
6	Other Direct Costs	3,335,646	7.04%
7	Contractual/program activities	32,289,293	68.11%
8	Indirect cost	5,152,376	10.87%
Total Project Cost		47,410,481	

Annex 4: Act | West Core team staffing chart

Act | West Core Team



Annex 5: Timeline

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
IR1. Increased MDA Coverage Among At-Risk Populations in Endemic Countries												
Activity 1.1. Strengthen and link to national plans with quality data												
Provide TA support to countries for annual planning								X	X	X	X	X
Provide technical guidance to countries on MDA implementation, refine protocols for DSAs	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical guidance to countries on define NTD MDA and DSA review meeting objectives/ outputs, and participate into the review meetings	X	X	X	X	X	X	X	X	X	X	X	X
Investigate factors that led to pre-Transmission Assessment Surveys (TAS) failure through LF data analysis in Ghana, Burkina Faso, Sierra Leone, and Niger	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2. Complete trachoma mapping for remaining Act West countries												
Provide technical assistance to countries to finalize their desk reviews (Benin, Cameroon, and Senegal) or as countries start desk review (Guinea)		X	X	X	X	X	X					
Disseminate best practices and lessons learned from countries conducting pre-mapping desk reviews through webinars, manuscripts, technical briefs	X	X	X	X	X	X	X	X	X	X	X	X
“Pause and reflect” session with Côte d’Ivoire to review mapping data prior to conducting further baseline trachoma mapping			X									
Activity 1.3. Strengthen Onchocerciasis Expert Committees (OECs) and accelerate implementation of OEC guidance												
Co-develop OV survey tracker with Act East to facilitate Onchocerciasis Elimination Meetings (OEMs) in Togo, Ghana, Niger, Burkina Faso, Benin, and Senegal.	X	x	X	x	x	x	x	x	x	x		

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Provide TA support in technical review of data before and during OEC meeting						X	X	X	X	X	X	
Organize webinar to discuss the critical issue of OV diagnostics						X						
Provide TA to Cote D'Ivoire, Niger, Senegal, Cameroon and Ghana in the development, review, and finalization of OV elimination strategic plan and OV dossier (Niger)				X	x	x	x	x	x	x	x	
Activity 1.4 and 1.5. Deliver MDA in endemic areas and ensure that hotspots, conflict areas, and hard-to-reach populations have adequate coverage												
Support for MDA planning and execution in newly supported HDs				X	X	X	X	X	X	X	X	X
Develop plans to address “persistent trachoma” in Niger and Cameroon, including follow-up “deep dive” sessions with the national programs and USAID	X	X	X	X	X	X						
Pilot WHO microplanning manual in at least two HDs		X	X	X	X	X						
Activity 1.6. Support disease-specific assessments (DSAs) for program monitoring												
Provide TA to plan and execute LF, trachoma and OV and DSAs	X	X	X	X	X	X	X	X	X	X	X	X
Review all pre-TAS, TAS, TIS, TSS and OV DSAs protocols to ensure conformity with USAID technical expectation and WHO guideline	X	X	X	X	X	X	X	X	X	X	X	X
Employ and update the TIS/TAS tracker, LF and trachoma pathway to dossier trackers, to monitor countries’ progress	X	X	X	X	X	X	X	X	X	X	X	X
Support countries in analysis of DSA data and/or interpretation of results to make the right decisions	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.7. Improve the quality of NTD interventions through QA/QI												
Support Benin QI team to implement QI plans developed in FY 21	X	X	X	X	X	X	X	X	X	X	X	X
Support Niger, Guinea, Sierra Leone, Cote d'Ivoire, and Cameroon to finalize the development of QI action plans	X	X	X	X	X	X	X	X	X	X	X	X

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Support Ghana to finalizing the analysis of the 3 years data and findings to draw best practices to apply to additional LF hotspots districts	X	X	X	X								
Support all disease technical leads to develop and hold workshops and webinars to promote the new disease-specific guidelines and best practices	X	X	X	X	X	X	X	X	X	X	X	X
Support countries to utilize the MDA readiness checklist	X	X	X	X	X	X	X	X	X	X	X	X
Employ Serious Adverse Events (SAEs) tracker to follow number and severity of SAEs	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.8. Improve cross-border collaboration, focusing on specific districts with high prevalence and shared borders												
Support cross-border meetings between Togo and Benin, Togo and Ghana, Ghana and Cote d'Ivoire and Burkina Faso and Ghana				X	X	X						
Activity 1.9. Ensure use of the integrated database for data management, tracking of trends, drug applications, and data archiving (See MEL section)												
Activity 1.10. Support countries to prepare dossiers on LF, trachoma and onchocerciasis												
Provide TA to NTDPs to ensure 1) understand requirements to document their achievements towards elimination of LF, trachoma, and OV; 2) collect and collate all required data for dossier preparation and, 3) establish in-country dossier committees	X	X	X	X	X	X	X	X	X	X	X	X
Trachoma: 1) provide technical assistance to Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, Niger and Senegal, to dossier development workshops in FY22 2) organize virtual discussions with NTDPs and IPs to understand dossier status, challenges, and needs 3) deep dives on specific countries may be conducted to highlight progress towards elimination					X	X	X	X	X	X	X	X

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Trachoma: Conduct a mixed methods landscape analysis to inform trachoma surveillance needs	X	X	X	X	X	X	X	X	X	X	X	X
LF: Provide financial and/or technical support to the NTDPs of Benin, Cameroon, Sierra Leone and Mali to hold country Dossier Committee meetings to write first draft of dossier or update drafts					X	X	X	X	X	X	X	X
LF: Provide TA for dossier training of NTDPs of Guinea, Niger, Senegal, Ghana and Cote d'Ivoire					X	X	X	X	X	X	X	X
OV: Support Niger to include dossier development in the OEC meeting agenda including compilation of information related to exclusion mapping and evidence to support the absence of OV transmission				X	X	X	X	X	X	X	X	
MMDP: Provide technical support to Benin, Cote D'Ivoire, Ghana, Senegal to:												
<ul style="list-style-type: none"> Integrate trachoma and LF MMDP modules in training curriculum of nursing school (Benin, Cote d'Ivoire, Senegal) 	X	X	X	X	X	X	X	X	X	X	X	X
<ul style="list-style-type: none"> Assessment of availability of minimum package of care (Cote d'Ivoire, Senegal) 				X	X	X	X	X	X			
<ul style="list-style-type: none"> Cost-effective ways to include case search during MDA (Cote d'Ivoire) 					X	X						
<ul style="list-style-type: none"> Health Insurance and MMDP coverage assessment (Cote d'Ivoire, Ghana) 	X		X	X	X	X	X					
<ul style="list-style-type: none"> Evaluation plan for MMDP Strategic Plan (Ghana) 	X										X	
<ul style="list-style-type: none"> Validate existing LF MMDP data with cluster randomized survey in 2 evaluation units (Ghana) 		X	X	X	X	X						
IR2: Strengthen Country Environment for Implementation and Management of NTDPs												
Activity 2.1. Create sustainability plan in partnership with host country governments												
Finalize and disseminate the landscape analyses in Benin, Burkina Faso, Mali, and Niger				X	X	X	X					

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Complete sustainability planning workshops in Burkina Faso, Mali, and Niger		X	X		X							
Facilitate the political validation and endorsement of sustainability plans in Benin, Burkina Faso, Ghana, Mali, Niger, and Sierra Leone				X		X	X	X				
Support sustainability bilateral negotiation process in Senegal and Cote d'Ivoire	x	x	x	x								
Support development of sustainability indicators and align with WHO's M&E Framework and USAID high level indicators in Cote d'Ivoire, Ghana, Mali, Senegal, Sierra Leone, and Togo				x	x	x	x	x	x	x	x	x
Support implementation of sustainability plans in Cote d'Ivoire and Senegal	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2. Operationalize the finance strategy for NTD control and elimination interventions												
Support country led TIPAC Data Entry in Benin, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo			X	X	X	X	X					
Conduct or support TIPAC Data Analysis in Benin, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, Sierra Leone and Togo				X	X	X	X	X				
Support increased use of TIPAC data for integrated planning and decision making by NTDPs	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.3. Employ Public Finance Management Capacity Strengthening to mobilize resources for NTDs												
Complete budget mapping in Benin, Burkina Faso, Mali, and Niger		X										
Revisit findings from completed budget mapping exercises and apply knowledge to engage in the budget process and enhance advocacy activities in Cote d'Ivoire, Ghana, Senegal, Sierra Leone, and Togo			X	X	X	X	X	X				
Activity 2.4. Implement advocacy plan for the integration of NTDS into national policies, financing decisions, and coordinating mechanisms												

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Conduct advocacy and domestic resource mobilization roundtable workshops in Ghana, Sierra Leone, and Senegal		x	x	x						X	X	X
High-level advocacy and engagement with local governance authorities and policy makers leveraging the decentralized health systems in Senegal, Ghana, and Niger.		X	X	X	X	X	X	X	X	X	X	X
Activity 2.5. Map out the process of integrating e NTD indicators into HMIS and support the integration of recommended indicators into the national HMIS												
Document and support the HMIS integration process in Côte d’Ivoire, Ghana, and Senegal							X	X	X			
Review and strengthen data security policies in Benin, Burkina Faso, Cameroon, Côte d’Ivoire, Ghana, Guinea, Mali, Niger, Senegal, Sierra Leone, and Togo	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.6. Revise job descriptions to fulfil essential NTD activities												
No activities are planned in FY22												
Activity 2.7. Improve supply chain through targeted solutions and approaches												
Enhance NTDP supply chain capacities	X	X	X	X	X	X	X	X	X	X	X	X
Revamping the management of drug inventory and establishing an early warning system to prevent stock-outs and expiry	X	X	X	X								
Continue supporting supply chain mainstreaming initiatives in Côte d’Ivoire, Senegal, Ghana, and Togo	X	X	X	X	X	X						
Refine and implement Act West supply chain strategy to mainstream NTDs into national supply chains	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.8. Provide TA to the MOH on drug applications and drug donations												
Provide technical support in quantifying needs for donated medicine, filling out JRSM and JAP				X	X	X	X	X	X	X	X	X
Support the finalization of and adaptation of supply chain SOP developed by WHO ESPEN				X	X	X	X					

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Support countries to institutionalization of yearly self-assessments of warehousing according to the facility and process assessment SOPs developed by Act West	X	X	X	X	X	X						
Activity 2.9. Establish and institutionalize multi-sectoral mechanisms to coordinate NTD programs												
Technical support to the operationalization of the multi-sector coordination mechanisms (action plans review and implementation monitoring) in Ghana, Senegal, Niger, and Mali.	x	x	x	x	x	x	x	x	x	x	x	x
Technical support to the multi-sector coordination mechanisms and the NTDP to identify approaches for sustainable resources (financial and technical) in Ghana, Senegal, Niger, and Mali.	x	x	x	x	x	x						
Activity 2.10. Identify and implement sustainable NTD delivery platforms												
Service delivery integration for the mainstreaming of NTD services into existing and functional platforms within health systems and NTD-adjacent sectors in Ghana and Mali.	X	X	X	X	X	X	X	X	X			
Technical implementation of an integrated health service delivery model for routinized NTD interventions in two pilot districts in Senegal	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.11. Review and analysis of existing SBCC materials and messages for integration of PC-NTD content into other sectors												
No activities are planned in FY22												
Activity 2.12. Integrate NTD prevention messages as part of ongoing SBCC interventions												
No activities are planned in FY22												
Activity 2.13. Incorporate integrated MDAs into policy and planning documents												
No activities are planned in FY22												

Activities	Timeline											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
IR3: Sustained MDA Coverage among at-risk Populations in Endemic Countries												
Activity 3.1. Support the creation, review, and/or updating of actionable SCH, STH, and OV transition plans												
Support the population of the SCH/STH disease data tracker for Ghana, Sierra Leone, Mali, Guinea, and Senegal to facilitate evidence-based decision making in Act West supported countries	X	X	X	X	X	X	X	X	X	X	X	X
Support SCH/STH steering committee meetings, scheduled twice in FY22, in Ghana and Togo		X					X					
Support establishment of SCH/STH expert committees and subsequent meetings in Senegal, Burkina Faso, and Mali	X	X	X	X	X	X	X	X	X	X	X	X
Support SCH/STH data review meetings prior to expert committee meetings in Togo, Ghana, Senegal, Burkina Faso and Mali and post-SCH/STH impact assessment in Benin	X						X	X				
Support SCH/STH impact assessment in Benin, Burkina Faso, Sierra Leone, Senegal, Ghana and Mali			X	X								
Activity 3.2. Deliver integrated or stand-alone MDAs for SCH and STH in high endemic areas												
Support countries to implement SCH treatment (MDA) including at district and sub district (Togo, Senegal, Mali, Sierra Leone, and Burkina Faso) level	X	X	X	X	X	X	X	X	X	X	X	X
Support Togo to identify high SCH risk areas where adult treatment would be warranted using the SCH tracker during the pre-MDA SCH data review meeting with the NTDP.					X	X						
Support countries in the implementation of SCH oversampling survey (Mali, Cote d'Ivoire, Ghana and Togo)	X	X			X	X						
Activity 3.3. Conduct and/or integrate sustainable surveillance activities												
Collaborate with the NTDS to support the development of surveillance system for LF in Togo to track any resurgence of LF			X	X	X	X	X	X	X			