



# Act to End Neglected Tropical Diseases | West FY 2022 Workplan–Benin

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## CONTENTS

ACRONYM LIST	2
NARRATIVE	5
1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT	5
2. IR1 PLANNED ACTIVITIES: LF, TRA, OV	8
3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES	18
i. DATA SECURITY AND MANAGEMENT	18
ii. DRUG MANAGEMENT	20
• 4. IR3 PLANNED ACTIVITIES: SCH, STH	28
APPENDICES	34
Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country (including non-USAID-supported partners)	34
Appendix 2: Strategic Planning Support	34
Appendix 3: NTD Secretariat Support	36
Appendix 4. Building Advocacy for a Sustainable National NTD Program	36
Appendix 5. Social Mobilization to Enable NTD Program Activities	38
Appendix 6. Training	39
Appendix 7. Short Term Technical Assistance	42
Appendix 8. Fixed Amount Awards	43
Appendix 9. Timeline of Activities	44
Appendix 10. Maps	44
Appendix 11. Country Staffing (Prime + Subs as applicable)	44
Appendix 12. Additional tables/annexes (optional)	44
Appendix 13. FY21 activities delayed/rescheduled to FY22 due to COVID-19	46
Appendix 14. Budget (confidential)	46
Appendix 15. Budget Narrative (confidential)	46

## ACRONYM LIST

Accelerate	Accelerate Trachoma Elimination
ABRP	Benin Agency of Pharmaceutical Regulation (Agence Béninoise de Régulation Pharmaceutique)
AE	Adverse Event
AFRO	Regional Office for Africa (WHO)
ALB	Albendazole
BMGF	Bill & Melinda Gates Foundation
CAME	Centrale d'Achat des Médicaments Essentiels (Center for Procurement of Essential Medicines)
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
Co-RUP	Co-Responsable d'Unité Pédagogique (Pedagogical Unit Deputy Chief)
CIND	Country Integrated NTD Database
CP	Conseiller Pédagogique (Pedagogical Advisor)
C/DESS	Head of Epidemiology and Sanitary Surveillance Division (Chef de la Division Epidémiologie et Surveillance Sanitaire)
C/SDSP	Head of Departmental Public Health Service (Chef Service Départemental de la Santé Publique)
C/RAMS	Chargé de Recherche et d'Appui à la Mobilisation Sociale
CRP	Chef de Région Pédagogique (Head of School District)
CY	Calendar year
DDEMP	Direction Départementale de l'Enseignement Maternelle et Primaire (Departmental Directorate of Pre-school and Primary Education)
DDS	Directeur Départemental de la Santé (Departmental Health Director)
DFID	UK Department for International Development
DHIS2	District Health Information Software 2
DNPS	Direction Nationale de la Santé Publique (National Public Health Directorate) (MOH)
DPP	Direction de la Programmation et de la Prospective (Planning and Forecasting Directorate)
DPS	Direction de la Promotion de la Scolarisation (Schooling Promotion Directorate)
DSA	Disease-Specific Assessment
EDC	Electronic data capture
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO AFRO)
EU	Evaluation Unit
FTS	Filariasis Test Strip
FY	Fiscal Year
GOB	Government of Benin
GTMP	Global Trachoma Mapping Project
HAT	Human African Trypanosomiasis
HdZ	Hôpital de Zone (Health Zone Referral Hospital)
ICT	Immunochromatographic Test
IEC	Information, Education, and Communication
ITI	International Trachoma Initiative
IVM	Ivermectin

JAP	Joint Application Package (WHO)
JRSM	Joint Request for Selected PC Medicines (WHO)
LF	Lymphatic Filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
MCC	District Medical Officers (Médecin Chef de Commune)
MCZS	Médecin Coordonnateur de Zone Sanitaire (Health Zone Head Doctor)
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
MEMP	Ministère de l'Enseignement Maternelle et Primaire (Ministry of Pre-school and Primary Education)
Mf	Microfilaraemia
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
NGO	Nongovernmental Organization
NTD	Neglected Tropical Disease
OCP	Onchocerciasis Control Program
OV	Onchocerciasis
PC	Preventive Chemotherapy
PNLLUB	Programme National de Lutte contre la Lèpre et l'Ulcère de Buruli (National Leprosy and Buruli Ulcer Control Program)
PNLMT	Programme National de Lutte contre les Maladies Transmissibles (National Program for Control of Communicable Diseases)
PNLP	Programme National de Lutte contre le Paludisme (National Malaria Control Program)
PZQ	Praziquantel
QI	Quality Improvement
RUP	Responsable d'Unité Pédagogique (Pedagogical Unit Chief)
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvement
SCH	Schistosomiasis
SCM	Supply Chain Management
SMM	Sustainability Maturity Model
SOP	Standard Operating Procedures
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TAS	Transmission Assessment Survey
TD	Tropical Data
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
TSO	Technicien supérieur en ophtalmologie (Senior Ophthalmological Officer)
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
TV	Television
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZS	Zone Sanitaire (Health Zone)
ZTH	Zithromax®

## NARRATIVE

### 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Benin's administrative and financial capital is Cotonou. The country is divided into 12 departments: Alibori, Atacora, Atlantique, Borgou, Collines, Couffo, Donga, Littoral, Mono, Ouémé, Plateau, and Zou, hereafter referred to as regions. Regions are further subdivided into 77 communes (hereafter referred to as districts), which are composed of 546 arrondissements (hereafter referred to as sub-districts) and 5,295 villages. The population size of a village can vary from 500 to 2,000 people.

The Ministry of Health (MOH) is responsible for the initiation, planning, implementation, coordination, and monitoring and evaluation (M&E) of the country's health programs, with plans laid out in its National Health Development Plan, the current version of which covers the period 2017–2021.

At the intermediate level of the health pyramid, the country's reorganization into 12 regions became effective in February 2017 with the appointment of a Departmental Director of Health (Directeur Départemental de la Santé [DDS]) for each region. The DDS is assisted in his/her functions by a Head of Departmental Public Health Service (Chef Service Départemental de la Santé Publique [C/SDSP]) and a Head of Epidemiology and Sanitary Surveillance Division (Chef de la Division Epidémiologie et Surveillance Sanitaire [C/DESS]).

Each region is subdivided into zones sanitaires (ZS – health zones). Each region is comprised of between two and four ZS with a total 34 ZS across Benin. Each ZS is made up of one or more districts. A ZS is supervised by a health zone head doctor (Médecin Coordonnateur de zone sanitaire [MCZS]) and consists of a network of first-line health facilities (village health units, stand-alone maternity wards, clinics, sub-district health centers), and private health facilities, all of which are supported by a health zone referral hospital (Hôpital de Zone [HdZ]). As of mid-July 2018, each of the 34 ZS has been allocated a focal point for Neglected Tropical Diseases (NTD), who are designated nurses based in one of the districts that make up their ZS. At the ZS level, the MOH also has designated nurses to serve as “Chargés de la Recherche et d'Appui à la Mobilisation Sociale” (C/RAMS) who oversee social mobilization activities. The districts are the implementation units for public health activities. District Medical Officers (Médecins Chef de Commune [MCC]) oversee the activities implemented at this level and also supervise nurses, who oversee the sub-districts affiliated to that district.

The MOH has set up a National Health Information and Management System (Système National d'Information et de Gestion Sanitaire, fed by data from all public health facilities, as well as many private health facilities. As of June 30, 2021, partial NTD-related indicators are entered in this system, making it possible to discuss NTD-related issues at a high level (government meetings on health indicators and actions that must be taken). In fact, for fiscal year 2020 (FY20), the NTD program requested financial and technical assistance from Act | West to include NTD indicators in the central health system through the District Health Information Software (DHIS2) platform (see status of that activity in IR2 section). The DHIS2 platform collects health information that can be disaggregated at the village level if the NTD program enters that much detail.

In Benin, control and elimination of Preventive Chemotherapy (PC) NTDs are the responsibility of the Programme National de Lutte contre les Maladies Transmissibles (PNLMT) and the National Leprosy and Buruli Ulcer Control Program (Programme National de Lutte contre la Lèpre et l'Ulçère de Buruli [PNLLUB]). The MOH's National Public Health Directorate (Direction Nationale de la Santé Publique [DNSP]) oversees those two programs. The PNLMT is responsible for lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminths (STH), and trachoma, as well as

HAT (Human African Trypanosomiasis), Guinea worm disease (dracunculiasis), and loiasis. The PNLUB is responsible for Buruli ulcer, leprosy, and yaws.

The MOH strategy for NTD control and elimination is laid out in its National Master Plan for NTD Control 2016–2020, which was approved by MOH leadership in February 2017 and launched in September 2017. The current document addresses LF, OV, SCH, STH, and trachoma, along with Buruli ulcer, Guinea worm, HAT, leprosy, and loiasis. The plan had an aim to eliminate LF, OV, and trachoma, as well as HAT and leprosy by 2020; control of SCH/STH (both by 2020) and Buruli ulcer; and maintenance of the certification of eradication of Guinea worm (certified since 2010). However, the elimination timeline for LF, OV, and trachoma has been pushed to at least 2025, and submission of the trachoma elimination dossier in 2022. The NTD program had planned to start the process of writing the next master plan in calendar year 2020 (CY20), but due to the COVID-19 pandemic the new master plan writing, and validation process has not been completed as of end June 2021. Furthermore, there is a need to catch-up with strategic NTD activities such as impact assessment surveys.

Baseline mapping is complete for all five PC NTDs. However, to ensure Benin has fully addressed any areas that need intervention and to allow time for intervention if any other districts require it, in FY20, the PNLMT conducted a trachoma pre-confirmatory mapping desk review in six districts initially not suspected of trachoma due to a shared border with an endemic district. The results of this desk review are described below in the trachoma section.

The PNLMT uses two strategies to reach targeted populations with PC: 1) community-based mass drug administration (MDA) or community-directed treatment, involving community drug distributors (CDDs); and 2) school-based MDA for school-aged children (SAC, 5–14 years of age), involving teachers as drug distributors assisted by CDDs. Typically, the first approach is used for OV and LF (including STH, where appropriate) and trachoma, and the second approach is used for SCH and STH. In 2017, the PNLMT piloted a community-based MDA for SCH and/or STH in selected districts to address poor recurrent coverage. In 2018 and 2019, this approach continued to be used in all districts with recurrent low coverage and/or where lack of collaboration from the teachers and headteachers has been reported. Since FY19, all SCH/STH treatment has been conducted in school settings to ensure sustainability of the MDA campaign. In districts where two or more NTDs are co-endemic, and based on disease prevalence and the treatment cycle, the PNLMT conducts integrated MDA in the following combinations: OV+LF, OV+LF+STH, LF+STH, and STH+SCH. In line with the standard practice in most countries, trachoma MDA is conducted separately.

The PNLMT has 12 staff. It is led by a medical doctor who specializes in project management and NTDs, with the assistance of a senior public health specialist. The additional staff are divided into six units: 1) M&E; 2) MDA; 3) Biological and Entomological Activities; 4) Prevention and Social Mobilization; 5) Financial Management; 6) Equipment and Logistics; and 7) Secretary.

The PNLMT Coordinator serves as the national OV-LF Focal Point, and another PNLMT staff person (a medical doctor) serves as the SCH/STH and Venom-related issues' focal point. For trachoma, the PNLMT has designated a specialist who is responsible for trachomatous trichiasis (TT) surgeries at the Borgou Departmental Hospital Center as Focal Point.

In addition to technical support provided by partners (see below), the PNLMT has drawn on the expertise of institutions such as the National Institute of Statistics and Economic Analysis (Institut National de la Statistique et de l'Analyse Économique), the International Institute for Tropical Agriculture, the Benin Clinical Research Institute (Institut de Recherche Clinique du Bénin), the Beninese Society of Parasitology and Mycology (Société Béninoise de Parasitologie et de Mycologie), and the University of Abomey-Calavi to conduct its PC NTD-related activities.

In the context of school-based MDA for PC NTDs, the PNLMT collaborates closely with the Ministry of Pre-school and Primary Education (Ministère de l'Enseignement Maternelle et Primaire [MEMP]), under the Ministry of Education (MOE). The structure of the MEMP is similar to that of the MOH, including a technical department called the Schooling Promotion Directorate (Direction de Promotion de la Scolarisation – DPS). A Departmental Directorate of Pre-school and Primary Education (Direction Départementale de l'Enseignement Maternelle et Primaire [DDEMP]) has been in place in each of the country's 12 regions since 2017. The DDEMPs oversee a total of 85 school districts, which are further subdivided into teaching units, jointly managed by the Pedagogical Unit Chiefs (Responsable d'Unité Pédagogique [RUP]) and Pedagogical Unit Deputy Chiefs (Co-Responsable d'Unité Pédagogique [Co-RUP]). By FY19, each DDEMP had nominated one NTD focal point who assists the PNLMT in the implementation of school-based activities in their respective departments. This list has been updated in FY20 and FY21 as some of the previously appointed retired. The MEMP is responsible for all 10,015 private and public schools in the country.

The Government of Benin (GOB) contributes to PC-NTD activities by providing logistics including office space, vehicles and fuel for supervision and drug transportation, meeting space, fuel, and supervision in the community during MDA and selected PC-NTD activities.

In FY22, Act | West team will continue to support a wide range of activities in Benin across the three Intermediary Results. This workplan narrative outlines Act | West partner responsibilities for program activities in FY22. Considering the COVID-19 pandemic, the PNLMT and Act | West Benin team jointly developed several standard operation procedures (SOP) for the implementation of different NTD activities to protect survey teams, and field actors involved as well as communities being served through MDA and impact survey studies. These include the following measures, which will continue to be implemented in FY22:

- Training presentations include sections addressing COVID-19, including information on transmission, prevention, symptoms, specific actions to take when symptoms eventually appear, and specific procedures on self-protection as well as protections of others who are involved in all NTD program's activities. The presentations also address potential ways of responding to rumors and who can be involved to resolve them anytime a situation comes up.
- Training and meeting venues must be big enough to ensure a distance of two meters between participants is respected by participants. The venues must also have necessary equipment to keep hands clean and avoid any disease transmission.
- During data collection and supervision, and all activities requiring both PNLMT and FHI 360 personnel travel, vehicles will not carry more than four people. In communities, surveyors will reduce their contacts with participants when completing questionnaires, conducting eye examination, or taking a blood sample; wear masks; and follow required preventive measures. Health agents, paramedical trained staff, and all actors involved in survey follow preventive measures to curb the transmission of COVID-19 including wearing masks, social distancing and using hand sanitizers and/or washing hands.
- In FY21, Act | West supported a field visit to engage with communities and better understand how to conduct social mobilization to ensure participation in NTD activities, in particular MDA, during the COVID-19 pandemic. This activity was essential to renegotiate with the communities, regain their confidence, and adapt the social mobilization strategy to COVID-19. Three teams composed of PNLMT staff members, socio anthropologist, and the local senior social work specialist conducted focus groups with communities, bringing together different targets groups

of the community.<sup>1</sup> The teams visited 11 districts in 11 regions. The districts were from among those which had a history of resistance to MDA. The main recommendations to the teams were as follow: 1) inform communities about the MDA in advance, 2) include all the social mobilization actors (consider all health pyramid levels), and 3) ensure that broadcasted messages especially through the town criers make clear the difference between the NTD activities (that they know and are used to) and any COVID-19 related action such as vaccination.

- Development of appropriate messages which will allay confusion or concerns among community members about the purpose of MDA. The messages also addressed COVID-19 prevention and clarified the purpose of the MDA. During both SCH/STH and OV MDA, drug distributors (teachers, nurses and CDDs) adopted the strategies presented in the SOPs to avoid crowd gathering.

Please see **Appendix 1** for a list of all relevant government departments, partners, and other stakeholders supporting NTDs in-country.

## **2. IR1 PLANNED ACTIVITIES: LF, TRA, OV**

### **i. Lymphatic Filariasis**

The PNLMT's goal, as stated in the National Master Plan for NTD Control 2016–2020, is to eliminate LF in the country by 2025. The elimination dossier will be submitted once the PNLMT has addressed all aspects as indicated by WHO guidelines (MDA, disease specific assessment [DSA], and morbidity management).

LF is endemic in 48 out of 77 districts in the country. By mid-June 2019, 44 districts had passed the first Transmission Assessment Survey (TAS1) and stopped MDA, 21 districts had passed TAS2, and 23 districts had passed TAS3. The remaining four districts (Quinhi, Zagnanado, Za-Kpota and Covè), constituted into one evaluation unit (EU), failed TAS1 in FY18. After the required two rounds of MDA in 2019 and 2020, the four districts passed re-pre-TAS in September 2020 and re-TAS1 in May 2021. The 9 districts that passed TAS1 in FY18 also passed TAS2 in October 2020. In May 2021, a TAS2 survey was conducted in the 12 districts (06 EUs) that passed TAS1 in FY19. All six EUs passed with no positive cases recorded.

In summary, as of June 2021, all 48 districts have stopped MDA after a successful TAS1 survey. Twenty-three districts have passed TAS3 (2017/2018), 21 districts have passed TAS2 (9 in 2020 and 12 in 2021), and four districts passed re-TAS1 in 2021.

The PNLMT does not have an estimate of the LF morbidity burden, but LF MDA treatment registers designed in FY16 are helping to estimate the number of people living with LF-related morbidity. In FY20, the number of hydrocele cases reported by CDDs during the OV/LF MDA campaign ranged from one (in Zè, Sinendé and Nikki districts) to 224 cases (in Djakotomey district). For patients living with lymphoedema, numbers per districts reported ranged from one (Toucountouna, Sinendé) to 124 (Glazoué district). In FY19 and FY20, Anesvad provided financial and technical support for LF morbidity management and case finding. This enabled the MOH to conduct patient estimates in three regions (Mono, Couffo, and Atlantique) and start offering services. Surgeons and surgeons' assistants of the Centre de dépistage et de Traitement de l'Ulcer de Buruli (Buruli ulcer diagnosis and treatment center) were trained on hydrocele surgery, while the MCC, sub-district nurses, and CDDs were trained on lymphoedema care. As of June 2021, 71 of the 72 confirmed cases of hydrocele have successfully received surgery and one refused care, and 241 patients living with lymphoedema have been trained on selfcare after receiving kits that will be used during the care session (soap, water container, towel, etc.).

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<sup>1</sup> Local leaders/leaders of opinion, district and sub-district level politico-administrative authorities, and members of school parents' association.

Since CY19, the ASCEND project has also assisted the PNLMT with LF morbidity management. This includes training of three master trainers in Guinea (Conakry) in December 2019, conception of MMDP care training modules, training on LF-related morbidity cases diagnosis and care provision process (February 2021), training of HdZ's surgeons on hydrocele surgery care (February 2021), hydrocele surgery campaigns (March & April 2021). ASCEND has also planned to support the expansion of the LF-related morbidity care campaigns to the remaining regions not covered by Anesvad (9 departments in total). This will help the country meet its morbidity-related elimination goals in the coming years. As of June 2021, the 305 confirmed hydrocele cases during ASCEND campaigns, have successfully received surgery.

In FY20, Act | West, via AIM Initiative, assisted the country to conduct a situation analysis of LF and trachoma morbidity management and available data. It started mid-July 2020 and the first draft report was completed in mid-FY21. The document made a thorough analysis of the country MMDP situation up to December 2020 and revealed gaps to meet dossier requirements. The findings indicate the following: 1) need to assess the readiness and quality of services for lymphedema and hydrocele management in MMDP-designated facilities, 2) need to assess the availability of the LF recommended essential package of care, and 3) integrate the LF MMDP modules into the training curriculum of nursing school. As the first two activities have already been considered by the ASCEND project, the country has requested Act | West's technical and financial assistance to implement the last one.

Please see attached [TABLES 2a-b: LF \(USAID supported LF coverage and DSAs for FY2-FY22\)](#).

### **FY22 planned activities**

No LF MDA or DSA will be conducted in FY22.

*Status of LF elimination dossier:* The PNLMT expects to submit its LF elimination dossier by 2027. The final TAS3 is planned for 2026. MDA, DSA, and MMDP data are securely archived and backed up in computers and in the Country Integrated NTD Database (CIND) tool. Historical data is complete. The preparation of a preliminary draft of the elimination dossier is ongoing and should be completed before the end of FY21. When it comes to support for activities required for validation, no gaps have been identified in MDA and impact survey implementation. As of June 2020, seven of the 12 regions are included in the MMDP program, and training and care are already being provided. Anesvad has already provided support for MMDP in three regions and ASCEND is offering technical and financial support for MMDP in four regions (Ouémé, Plateau, Zou, and Collines). This support will eventually be extended in FY22 to the remaining districts of the country, through Sightsavers' funding, covering gaps left by FCDO withdrawal.

Integration of LF MMDP modules into the training curriculum of nursing school (AIM Initiative)-to be confirmed: Detailed below in IR2, Governance activities.

PNLMT Technical Meeting to update LF dossier: Benin has started working on its LF elimination dossier in FY20. Act | West has recruited a local consultant to assist the PNLMT to develop draft narrative section (per the approved FY20 workplan). The consultant has started his work during the second quarter of FY21 and is expected to submit the complete draft of the elimination plan by the end of the fourth quarter. The PNLMT will organize annual workshops to update the dossier's content and prepare it for submission. During these 2-day meetings in Cotonou, PNLMT staff will be updating the content of the dossier with the assistance of FHI 360 Benin team. The FY21 meeting planned for September 2021 has been canceled and rescheduled for FY22, as the draft that will be submitted by the consultant will include all FY21 available data.

#### **i. Trachoma**

The PNLMT's original goal was to eliminate trachoma as a public health problem by 2020; however, the PNLMT now plans to submit its trachoma elimination dossier in 2022.

The PNLMT conducted baseline mapping in 2014–2015 in 26 districts (11 EUs) out of the 77, via the Global Trachoma Mapping Project (GTMP) with support from ENVISION and Sightsavers. Eight districts (four EUs) were found to have trachomatous inflammation – follicular (TF)  $\geq 5\%$ . Among these, four warranted one round of MDA (TF between 5-9.9%) and four warranted three rounds (TF between 10-29.9%).

The PNLMT initiated MDA for trachoma with Zithromax (ZTH) and tetracycline eye ointment (TEO) in 2016 and stopped MDA in all endemic districts based on results of the two trachoma impact surveys (TIS) implemented in FY18 and FY19. Trachoma Surveillance Surveys (TSS) in four of the eight health districts (Kalalé, Nikki, Pèrèrè and Tchaourou) were planned in FY20 but conducted in FY21 (see below). The four remaining districts are planned for TSS in FY21 (during the fourth quarter).

During FY20, the PNLMT conducted a desk review for confirmatory mapping (a preliminary step to understand if confirmatory mapping is needed) in six districts of the Collines' department. The objective of this desk review was to ensure the country has reviewed the epidemiological situation of previously non-mapped districts to determine whether confirmatory mapping and intervention may be needed and to meet dossier requirements to describe the epidemiological situation of the entire country. Reasons for targeting those districts are as follows: 1) they are in a region that shares a border with one known endemic district, and 2) populations in this area are very mobile with frequent movements in the four northern regions where trachoma is endemic, increasing the possibility of disease transmission. In June 2020, a situation analysis was conducted, followed by a field visit to these districts. The trachoma focal point, assisted by a Technicien supérieur en ophtalmologie (Senior Ophthalmological Officer or TSO), collected data through interviews with health agents and community resource persons and reviewed clinical registers. A report submitted by the trachoma focal point indicates that trachoma is not suspected as being endemic in these districts. A meeting with the PNLMT and partners was held on July 16, 2020. During the meeting, participants also discussed whether additional trachoma pre-confirmatory mapping desk reviews should be conducted in the remaining 44 districts that have not been mapped; the PNLMT determined it was not required.

In FY21, the NTD program completed a trachoma surveillance survey (TSS) in the four districts that implemented their impact survey in FY18. This survey, initially planned for FY20, was postponed to FY21 due to COVID-19 related delays. The survey was conducted in February 2021, under strict conditions as indicated by the TSS SOP. In accordance with the Tropical Data validation protocol, two teams composed of one TSO and one recorder surveyed community members to ascertain whether both TT and trichiasis were present in these communities. Results are not yet available, as the PNLMT is working with Tropical Data (TD) to clean up survey data. During a meeting held in June 2021, the PNLMT staff presented the corrections requested by TD. In August, TD came up with additional questions that have still not been dealt with because of recent changes in PNLMT staff. However, the NTD program with the assistance of the Trachoma Focal Point is working towards the complete resolution of this situation. In July 2021, TSS surveys have also been successfully conducted in the four districts that implemented their impact survey in FY19 (Banikoara, Natitingou (rural), Boukoumbé, and Toucountouna). Preliminary results indicate TF and TT prevalence below the elimination thresholds: TF  $< 5\%$  and TT  $< 0.2\%$ . TF prevalence ranged from 0% in two districts (Natitingou rural and Toucountouna) to 0.5% in Boukoumbé. TT prevalence ranged from 0% in Boukoumbé to 0.1% in Banikoara.

Since April 2019, the Accelerate project has technically and financially supported the NTD program to provide TT surgery. Through June 2021, 454 out of 524 confirmed TT cases received TT surgery care in Banikoara, Bembèrèkè, Kalalé, Karimama, Kouandé, Kérou, Malanville, N'Dali, Nikki, Péhunco, Pèrèrè, Sinendé, and Tchaourou. A total of 67 cases refused TT surgery on a specific eye but agreed to epilation. Two cases requiring surgery were postponed due to several co-existing health conditions, and the NTD program is still following 15 patients who have not yet been operated on.

Please see attached TABLES 3a-b: TR (USAID supported TR coverage and DSAs for FY20-FY22).

## **FY22 planned activities**

Training of TSOs and recorders for trachoma confirmatory mapping in two districts: See **Appendix 6 (Budgeted under FAA#2)**.

Trachoma confirmatory mapping in two districts: The FY20 desk review for confirmatory mapping indicated that none of the six districts of the Collines department are suspected of being endemic for trachoma. However, because the desk reviews for confirmatory mapping cannot measure prevalence, the PNLMT judges it useful to confirm the evidence from the desk reviews by conducting confirmatory mapping in two districts. This also aligns with a suggestion from the WHO Geneva during a phone call following presentation of Benin's desk reviews during the Trachoma Scientific Informal Workshop in November 2020. The suggestion was to conduct confirmatory mapping in a couple of districts to determine whether the results corroborate the findings of the desk reviews to provide weight to the desk review process and findings that will be presented in the dossier. Furthermore, this will also confirm the fact that confirmatory mapping is not needed in the remaining 44 districts (which were not suspected or mapped in 2013 with GTMP). Therefore, to provide this evidence, the country is planning to conduct a confirmatory mapping of two of the six districts previously considered for this activity. With the technical and financial support of Act | West, the PNLMT will use the Tropical Data approved protocol, previously used in 2014 and 2015, to conduct confirmatory mapping in the two districts that will be selected. The updated version of this protocol will be shared with FHI 360 HQ and Tropical Data before implementation. The district selection criteria will, among others, include district's location (proximity with the trachoma endemic district of Tchaourou), desk review data (e.g., number of cases investigated or who received surgery care), and data that can be gathered on access to water, sanitation, and health care. The study is planned for Q2 FY22 **(Budgeted under FAA#2.)**

Supervision of trachoma confirmatory mapping in two districts: PNLMT central level staff, FHI 360 staff, and two senior ophthalmologists will supervise four teams of two persons each (one TSO and one recorder) during the implementation of this activity. The two senior ophthalmologists act as supportive supervisors especially for the validation of TF and/or TT cases but also confirmation of randomly selected participants classified as negative to those two conditions. **(Budgeted under FAA#2.)**

Trachoma desk review in the remaining 44 districts (19 ZS): To ensure the country is prepared to justify the trachoma epidemiological situation countrywide as well as decisions made for SAFE implementation when the country submits its trachoma elimination dossier in FY22, the PNLMT intends to conduct a desk review similar to those desk reviews conducted in FY20 in the remaining 44 districts that were not suspected and do not share any border with districts classified as endemic after 2014/2015 trachoma mapping survey. The protocol from FY20 will be slightly modified to visit departmental ophthalmological centers in addition to those in the zonal hospitals to collect clinical data and interview staff. Additionally, other resource persons identified during the interviews with designated health centers' staff will be interviewed. Prior to the data collection, the individuals who will collect the data (nine TSOs under the supervision of three ophthalmologists), a one-day training will be held, as more TSOs will be needed for the 44 communes (as opposed to 6 communes in FY20). The NTDP trachoma focal point who led the desk reviews in FY20 will lead the training. Each TSO will be assisted by the ZS-level NTD focal point. During the zonal level site visits, the NTD focal point will facilitate access to hospital registers and assist in reviewing health care information. Each supervisor will oversee the work of three TSOs. **(Budgeted under g. Mapping)**

*Status of trachoma elimination dossier:* In FY20, the PNLMT decided that Sightsavers would financially support the trachoma dossier process; Act | West will provide technical input only. The PNLMT expects to submit its trachoma elimination dossier in 2022. All MDA, DSA, and trichiasis data are securely archived and backed up in computers, and in the CIND. Regarding the dossier documents themselves, historical data entry is complete and writing of the narrative is ongoing. In June 2020, the WASH sector identified gaps in WASH situation and needs by district in the country nor the support specific to implementation of facial cleaning and environmental improvement activities. The Sightsavers-supported WASH situational analysis report will be validated in June 2021. Following that validation workshop, a list of actions will be proposed with the specific objectives to meet the F&E requirements for trachoma elimination. **(LOE only.)**

## ii. Onchocerciasis

The PNLMT's goal is to eliminate OV in the country by 2025. Presently, the strategy to reach this goal is MDA for people aged  $\geq 5$  years (until 2002, under the Onchocerciasis Control Program in West Africa [OCP], larviciding of black fly breeding sites were also part of the country's strategy), with monitoring via entomological and epidemiological assessments with skin snip microscopy replaced by OV16 rapid diagnostic tests from FY17 to FY20.

Baseline assessments conducted in the 1970s showed 51 districts to be hyper- or meso-endemic for OV (Microfilaraemia [Mf] prevalence of  $\geq 60\%$  and  $40\% - <60\%$ , respectively). The total number of hypo-endemic districts is not known because the other 26 districts were considered either hypo- (Mf prevalence of  $<40\%$ ) or non-endemic.

Treatment with IVM started in 1988, distributed by mobile teams from OCP. In 1997, this was replaced by community-directed treatment with IVM (CDTI), and then annual community-based MDA, integrated with LF and/or STH as appropriate since 2013, both led by the MOH.

The PNLMT has periodically conducted epidemiological and entomological surveys across the 51 districts with support from Sightsavers. In June-July 2017, the PNLMT conducted impact surveys in 60 villages of six endemic districts (Dassa-Zoumè, Savè, Kalalé, Pèrèrè, Kandi, and Ségbana) to identify districts where transmission is still occurring. Villages were chosen from among those that are located along the river basin. The epidemiological assessment tested 2,780 children ages 5–9 ( $\geq 300$  per village) with OV16 rapid tests, showing prevalence of  $<0.1\%$  in 27 villages, 1–4.9% in four villages, 5–10% in 13 villages, and  $>10\%$  in 16 villages. Entomological assessments were conducted in four sites: Okpa in Savè District (Collines region), Agbogbomè in Dassa-Zoumè District (Collines region), Bensekou and Sota Banite both in Kandi District (Alibori region), collecting a total of 46,830 flies sent to the Multi-Disease Surveillance Center in Burkina Faso for analysis. Two of the sites (Bensekou and Sota Banite in Kandi) had three and seven positive pools respectively. Sota had the only infection level above the WHO threshold level of 0.05% both at the basic infectivity rate and the 95% confidence interval (0.082%, 95% confidence level [0.3–1.73%]). At the Bensekou collection point, the basic infectivity rate was 0.003% (95% confidence level was [0.057–0.86%], slightly above the WHO threshold). In conclusion, while there is ongoing transmission at Sota Banite, transmission is almost interrupted at Bensekou and interrupted at Okpa Savè (0.00%, 95% confidence level [0.00–0.188%]) and Agbogbomè Dassa-Zoumè (0.00%, 95% confidence level [0.00–0.168%]).

Benin's Technical Expert Committee for Elimination of OV and LF, which is tasked with developing a national guide and roadmap for elimination of both diseases, met for the first time in August 2017. The meeting report included the following recommendations, which can be taken as a roadmap: updating the map of breeding sites, sentinel villages, and transmission zones; conducting nationwide epidemiological and entomological surveys; developing a national OV elimination plan; increasing intra- and inter-sectoral

collaboration in the country and with neighboring countries; requesting missing data from WHO; and developing written operating procedures. In FY17, a meeting of national members recommended that Benin should strengthen OV cross-border collaboration with Nigeria; collect entomological data generated by OCP, from its original location in Parakou, and ensure that all available data are stored securely; ensure village-disaggregated data are available at district level; and ensure that community leaders are more involved in MDA.

In FY18, no epidemiological or entomological assessment was conducted as the country wants to comply with the OV expert meeting recommendations. In 2018 the PNLMT remapped the breeding sites, per the recommendation of the first meeting of the country's Technical Committee of Experts for Elimination of OV and LF, with technical support from WHO AFRO's ESPEN and financial support from Sightsavers. The results of this survey were presented at the first FY19 OV/LF expert committee meeting. More than 200 breeding sites have been visited, 112 were classified as confirmed, 64 as potential, and 37 as non-breeding sites. The blackfly breeding sites are dispatched in three transmission zones: 1) the Niger and Volta River basin 2) the Ouémé river basin up to Savè, and c) the Mono, Couffo and the southern part of the Ouémé river basins. The PNLMT was also able to draw a new list of sentinel villages that can be used for upcoming epidemiologic and entomologic assessments.

In FY20, the country received support from Sightsavers to implement a nationwide epidemiological assessment in areas suspected to host breeding sites; this was an impact monitoring survey organized to collect data for decision-making and advice around new WHO guidance. The study initially planned for August 2020 was finally implemented in December 2020 (COVID-19 related delays), and participants' epidemiological status assessed using OV16 RDT followed by Elisa test on dry blood sample in a national laboratory.<sup>2</sup> The dry blood sample analysis has been assigned to the Institut de Recherche Clinique du Benin laboratory following WHO's advice to countries to contract with national labs for this aspect. The missing reagent to complete the blood sample analysis has been ordered by Sightsavers, and the analysis has started at the end of August 2021 and is expected to be completed by mid-September 2021. A few positive cases have been reported mainly in Boukoubé (in northwestern Benin) and three districts of the center of the country (Za-Kpota, Zagnanado, and Ouinhi). Complete results will be shared as soon as they are available.

The MOH's most recent annual cross-border OV meeting with Togo was held in Togo in August 2019. Key outputs include update of the list of villages located on each part of the Benin and Togo borders with the contact of nurses in charge of them, creation of a platform of discussion between two sub-districts of Benin and Togo (Kloto and Ho), and joint supervision of OV MDA. During this meeting, a field visit was also organized to discuss field teams' potential limitations and needs and assess the quality of MDA registers filling. Recommendations of this meeting were as follows: 1) conduct geo-referenced mapping of border villages,<sup>3</sup> 2) continue reinforcing (or extend where not already happening) collaboration between neighboring border sub-districts by organizing preparatory meetings between sub-district personnel right before the MDA (take advantage of another activity to discuss OV MDA), 3) maintain joint supervision in villages along the border, and 4) synchronize OV MDA if possible. Due to COVID-19, the FY20 meeting was cancelled. On Benin's side, the second and third recommendations have been implemented in two districts (Bassila and Boukoubé); the PNLMT will continue advocating for their implementation in the remaining districts. The two countries attempted to synchronize the FY19 MDA, however last-minute changes in Togo's implementation period finally made it impossible to realize that. Opportunities to

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<sup>2</sup> The PNLMT agreed with the Institut de Recherche en Santé du Bénin, a laboratory with agreement to conduct such test.

<sup>3</sup> Includes village coordinates data collection and projection on a map (need of technical assistance for this).

synchronize MDA in FY22 will be exploited by both countries. The FY21 meeting was also canceled as the Togo border is still closed.

In 2020, the Government of Benin began to explore the possibility of digitizing the Ivermectin distribution campaign as part of its efforts to eliminate Onchocerciasis. The pilot phase of this experiment took place in March 2021 in the health districts of Glazoué, Karimama and Boukoumbé with technical and financial support from Act | West – who supported the ‘traditional’ costs of MDA – and Catholic Relief Services (CRS) with funding from the Bill & Melinda Gates Foundation. CRS supported costs related to the transport of digitalization equipment transportation to the ZS and district, procurement of smartphones, development of the RedRose data collection tool, internet fees for smartphones so data can be remotely uploaded by field workers to the platform, per diem of CRS consultants who train health agents and CDDs and supervise their work during MDA campaign, and any other required meeting/workshop to discuss ways to achieve goal set by the digitalization project. This pilot demonstrated several notable improvements including to:

- Data collection, data transmission, and data quality/safety:
  - The physical registers are quite heavy and must be re-printed every three years, whereas smartphones are small and easy to travel with and should be operable for a longer period;
  - Avoid data loss, especially with staff turnover rate;
  - Easier to identify a household using the smartphone to ensure no one is missed;
  - Data collected instantaneously available on the platform and accessible from any place;
  - Quality control checks are embedded in the application: impossible to treat those who are not targeted, Recorder must double check anytime information is updated/created -this implies improved accuracy compared to the paper-based approach;
  - Nurses are alerted whenever uploaded information does not make sense so they can intervene and respond immediately;
  - Noticeable impact on program coverage rate;
  - Possible to track and pay field actors much more quickly, rather than waiting to collect lists of field actors following the campaign; and
  - No need to produce MDA reports that transit through the health pyramid’s levels (MDA training data available at the end of the day, MDA data available a few days post-MDA).
- Drug administration processes followed, and drug stock management improved:
  - Impossible to proceed without entering critical individual's information, to change the number of drugs that must be given;
  - Directly observed treatment is strictly followed, and revisits performed for absents; and
  - Drug stock management automatic, no additional computing required.
- Supervision (more efficient than SCT)
  - Allows virtual supervision of CDDs’ work and assessment of supervisors’ work effectiveness during the entire MDA;
  - Extensive area supervision compared to a restricted area for SCT tool;
  - Uploaded data analyzed daily, and results used to assist nurses in real-time and decision to conduct mop-up or not;
  - Possibility to extend experience to other countries, other diseases, and other types of distribution.
  - In addition to providing real-time and valid coverage data during the MDA, which can be visualized on a map as the MDA campaign progresses, the digitalization allows a close

monitoring of the MDA campaign daily. This gives opportunities for mop-up on-the-spot, and other remedies (if necessary) and minimizing the need for SCT

The Benin MOH plans to extend this to the entire 51 districts starting with the FY21 OV MDA (roll-over activity). Please see **Appendix 12/Annex 1** for a detailed breakdown of costs of the digitalization campaign. The costs of digitalization are incorporated in the FY22 budget. For the FY21 round of MDA, as Act | West did not include these costs in the approved FY21 budget, the NTDP and CRS are exploring how to cover the digitization costs. **(Budgeted under h. IR1 MDA Coverage, i. IR1 MDA Supervision.)**

Please see TABLES 4a-b: OV (USAID supported OV coverage and DSAs for FY20-FY22).

### **FY22 planned activities**

Support the PNLMT to prepare Benin's contribution to World NTD Day including social mobilization activities (FHI 360): See **Appendix 4. (Budgeted under c. IR1 Advocacy.)**

MDA training of departmental trainers (for all NTDs): Act | West will financially and technically support the MOH for pre-MDA training of all departmental, health-zone, and district levels staff. See **Appendix 6. (Budgeted under e. IR1 Training.)**

FY22 MDA in 51 districts (6 sub-activities: training of nurses, C/RAMS & CDDs, supervision of cascade training, MDA campaign, social mobilization for MDA, supervision, and reverse logistics):

*Printing of training modules nurses and CDDs:* Act | West will support the PNLMT in printing 600 training modules for nurses and 8,600 training modules for CDDs. Those modules include information on NTDs, prevention, treatment, and MDA principles/process, and MDA data analysis/reporting. **(Budgeted under d. IR1 Social Mobilization.)**

*Training of sub-district nurses, C/RAMS & CDDs:* See **Appendix 6. (Budgeted under e. IR1 Training)**

*Supervision of cascade training for the digitized OV MDA implementation in 51 districts:* Act | West will technically and financially support the PNLMT in conducting supervision of digitized OV MDA cascade training. PNLMT staff assisted by FHI 360 staff supervise the trainings at district (training of nurses & C/RAMS, by the district head physician and NTD focal point) and sub-district levels. Supervisory visits to trainings at all levels include assessment of trainers' and trainees' knowledge of WHO guidelines, use of IEC materials, treatment strategies, management of Adverse events (AEs)/Severe adverse events (SAEs), management of drugs, and data collection and reporting, followed by corrections as needed.

*Digitized MDA campaign:* Act | West will support the PNLMT's digitized community-based MDA for OV in 51 districts (targeting 5,187,938 persons). The campaign will last around 10 days. CDDs will simultaneously register the population and distribute the drugs, both under the supervision of sub-district nurses, MCCs, and staff from other levels of the health pyramid. **(Budgeted under h. IR1 MDA Coverage.)**

*Supervision of MDA:* Sub-district nurses, MCC, NTD focal points, MCZS, C/SDSP, and DDS of each district will supervise digitized OV MDA. **(Budgeted under i. IR1 MDA Supervision.)**

*Social mobilization:* See **Appendix 5. (Budgeted under d. IR1 Social Mobilization.)**

*Reverse logistics to assess physical stock of all drugs (IVM, ALB, and PZQ):* See **drug management** section. **(Budgeted under f. IR1 Drug supply.)**

Quality Improvement (QI) of OV MDA coverage: This is a continuation of the activity initiated in 2020 in the four districts that failed TAS1 in FY18. After the training of central and intermediary level QI coaches in September 2020, the second step of the QI process took place in April 2021 in the targeted districts. It

aimed to set-up and train the district level QI teams' members, all acting at the periphery level of the health pyramid (district/sub-district levels). The training sessions were facilitated by the intermediary level QI Coaches (District's chief physician and NTD focal points), assisted by three central level coaches (two from PNLMT and one from FHI 360). Among those who attended were 25 nurses, 19 community leaders and local authorities, 25 CDDs and 16 RUPs/Co RUPs from the primary school ministry. Participants were trained on the QI framework and multiple tools to implement within the QI action plan in their respective sub-districts with the goal of improving MDA coverage. The last step planned for FY21 will focus on the commonly called QI Charters which is the action plan validation followed by the application of the QI model during the next OV MDA in districts targeted for this pilot (end of FY21 or early FY22). The quality improvement focused on addressing gaps affecting MDA coverage and data quality identified during Root Cause Analysis (RCA) including : 1) Lack of good business planning, 2) Poor communication before, during and after MDA, 3) Weak intersectoral collaboration (education, town hall, rural development, school district), 4) Lack or low involvement of local leaders: local elected representatives, parents of students, 5) Low community awareness of side effects and refusals, 6) Inadequacy in proximity services due to interference from activities, 7) Low motivation of community drug distributors, 8) Lack of community engagement, 9) Lack of community awareness of the benefits of MDA. The QI action plans were developed based on the RCA outputs.

In FY22, QI activities will continue with subsequent learning sessions in districts (three sessions in total). During the first session, the impact of changes<sup>4</sup> applied to the FY21 OV MDA implementation process (pilot in three districts) will be assessed, and the QI plan of action will be updated if required, considering learnings and recommendations of field actors. The second session will be organized prior to the FY22 OV MDA, where the implementation of the QI action plan will be extended to other selected districts. During this session, new implementation sites will be selected, QI action plan will be revised, and a scale-up strategy will be developed for MDA coverage and data quality improvement upon best practices. The last session will focus on summarizing learnings post implementation and recommendations for next steps (maintain achievements). The learning sessions will be facilitated by the QI coaches and extension of activities to the remaining districts targeted for OV MDA. Learning sessions are 2- to 3-day sessions, facilitated by the trained coaches. QI action plans will be implemented and monitored locally. The QI coaches will also conduct coaching visits to local QI teams to provide coaching or expert NTD advice on the proper implementation of QI action plan including performance indicators data collection for monitoring and evaluation of action plans. Remote technical assistance will be provided by FHI 360 as needed. ***(Budgeted under a.IR1 Strategic planning 2.)***

OV cross-border meeting with Togo: The PNLMT will continue its collaboration with Togo through a cross-border meeting organized to develop and strengthen common strategies for OV control along their shared border areas (which includes 13 OV-endemic districts on Benin's side). See **Appendix 2** for details. ***(Budgeted under a. IR1 Strategic Planning-1.)***

Annual review of FY22 PC-NTD program activities and planification of FY23 activities: Once every year, the PNLMT organizes a meeting to review the previous (USAID fiscal year's) PC NTD activities and to develop

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<sup>4</sup>Three aspects of OV MDA are being addressed: 1) low MDA coverage rates in some villages, 2) reported cases of refusal, and 3) low census rate in some localities (CDDs do not record information of a part of the population). Changes identified include among others: implement a mechanism that will allow the assessment of town criers' work in villages, advocate towards the NTD program for an increase in number of CDDs (first aspect to improve), brief local leaders on MDA-related information that must be shared with population, develop a procedure for refusal cases' management (concern second aspect), and designate a team (village chief, CDDs and nurse) that will elaborate the map of each village, use the validated map to conduct campaign (for the third aspect).

a detailed plan and timeline for PC NTD activities in upcoming FY. See **Appendix 2** for details. ***(Budgeted under FAA#1.)***

Meetings of OV/LF experts committee for elimination [first – national members only; second – national and international members]: See **Appendix 2**. ***(Budgeted under FAA#1.)***

### **3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES**

#### **a. IMPROVING CORE NTD PROGRAM FUNCTIONS:**

##### **i. DATA SECURITY AND MANAGEMENT**

###### *Current state of NTD data management*

MDA data follow two different circuits, one requiring strong collaboration between MOE and MOH. Community-based MDA data are collected at the village level, aggregated at the sub-district level by nurses and submitted to district level nurses or MCC. The district level then submits its reports to HZ nurse and MCZS who submit their report to C/DESS and C/SDSP at the department level. The department level submits complete reports by district to PNLMT central level staff. During school-based MDA, data is collected by teachers and CDDs. Compilation is done at the school level and reports sent to the Head of School District (Chef de Région Pédagogique – CRPs) (for teachers/headteachers) or nurses (for CDDs) who transmit it after verification and compilation to the health district’s nurse (district staff). As with community-based MDA, the district level staff verifies and shares the data with the HZ nurse who in turn shares it to the C/DESS & C/SDSP who submits the region’s report to the PNLMT central level staff. For both data transmission systems, the verification process includes correction of any discrepancies witnessed in reports submitted by the lower level of the platform. For both distribution platforms, from the periphery to the district level, data collection, compilation, and transmission are paper based. Starting at the HZ level all the way to the central level, data compilation and transmission are electronic. However, to ensure access to previous year’s information (especially in light of staff turnover), all staff have been advised to keep a hard copy of any information submitted electronically in their office.

Before each MDA campaign, personnel in charge of NTD data collection, recording, and management at central, regional (C/DESS and C/SDSP), HZ (NTD focal points), district (MCC and nurse), and sub-district (had nurses of sub-district) levels receive training or refresher training, including a module on how to complete the specific forms as well as the proper way of data management.

###### Data security

To strengthen the data security system, the PNLMT has acknowledged the need to establish documented data governance or security processes including procedures or guidelines to store, access, and secure NTD data and information and to facilitate knowledge transfer. This need has been considered when conceiving the country’s sustainability plan.

The PNLMT currently uses the World Health Organization (WHO)’s CIND for central health data management. CIND is regularly backed up to an external source and stored into an external drive/computer that is not usually connected to the main computer used for new data entry. MDA and survey data from 2004 to 2020 have been imported into the CIND and access to this software has been secured. The CIND is updated annually with MDA and DSA data, and the updated Access file is copied to the computers of at least three different PNLMT staff.

The PNLMT undertook several actions in recent years towards data security improvement. Paper-based data collected or transmitted to the PNLMT coordination is securely archived at its premises. MDA registers from 2017 to 2020 are now stored in a room with limited access at the sub-district level (nurses’ office or another room). The health district and nurses made efforts to collect the oldest registers and centralize the storage. All NTD-related electronic data forms (MDA for field work) are also archived in password-protected computers, which are backed up to an external hard disk backup monthly and kept in a different place of the computer. Those computers are protected against viruses but not connected

to a secured server or an online data system. Finally, since 2016, the PNLMT has set up its CIND containing all historical and current data available at the country level for the 5 USAID-supported NTDs.

In FY19, the PNLMT was able to advocate for the insertion of some of the NTD program indicators within the DHIS2 platform to secure a part of the data in its possession and create the possibility of discussing NTD issues at higher GOB instances. With financial and technical support from Act | West, the PNLMT is in the process of integrating data into the country's DHIS2 which is managed by the MOH's Planning and Forecasting Department (Direction de la Programmation et de la Prospective – DPP). With the full completion of the first phase of the process, the NTDP expects to fully import FY20 MDA and MMDP-related NTD data related to the selected indicators for inclusion into DHIS-2. . During the first workshop, conducted in February 2020, all the media and software used for NTD data collection were reviewed along with mechanisms of data reporting and quality. The second four-day workshop, conducted in June 2020 aimed at creating and testing different data collection tools and indicators, as well as setting up the platform to allow data entry at the periphery level (22 selected indicators only).

In FY21, the NTDP began implementing the last two activities of the first phase on NTD data integration into the DHIS2 platform. The first activity, training NTD focal points (HZ nurses) aimed to strengthen the capacity of the focal points so they can start entering data (MDA, MMDP and DSA) into the DHIS2 platform. It was conducted from June 14 to 18, 2021. By the end of the training, all the participants understood how the platform works and the data entry/analysis process (as attested by pre- and post-training test). All NTD focal points were able to enter at least one year of MDA, DSA and/or MMDP data. Participants indicated that they would complete the FY19 and FY20 data entry process before the supervision phase. The trainers (MOH staff, PNLMT and DPP staff assisted by FHI 360 staff) will supervise data entry two months after training, targeting NTD focal points who are experiencing issues in informing database and help in solving them. Phases 2 and 3 of NTD data integration to the DHIS2 are considered roll-over activities that will be completed before December 2021. With the support of Act | West, the PNLMT will continue its work towards full integration of selected NTD indicators to the DHIS2 platform. Phase 2 will be implemented in two steps: 1) previous years' data collection, cleaning, and adaptation to the DHIS2 format (3-day workshop outside of Cotonou with seven PNLMT staff, four FHI 360 staff, and three DPP staff), and 2) conception of templates and importation of remaining years' MDA (OV, LF, TRA, SCH and STH) and MMDP (LF and TRA) data (FY16 to FY19, FY21) into the platform (5-day workshop outside of Cotonou with five PNLMT staff, four FHI 360 staff, and three DPP staff). Phase 3 will focus on harmonizing metadata between different NTD information systems and setting up interoperability (5-day workshop in Cotonou with seven PNLMT staff, four FHI 360 staff, and three DPP staff). This will make it easier to import NTD data to the DHIS2 platform in the upcoming year. ***(Budgeted under FY21 Rollover Activities.)***

In FY21, the PNLMT requested technical and financial assistance to assess its data security policy and procedures and help identify, where appropriate, the strategies to enhance the security of currently owned and future data. These strategies will be useful to ensure easy access to data, especially for verification visits as part of the OV, LF, and trachoma elimination dossier validation. The data security policy analysis has been initiated by Deloitte team in collaboration with MOH during the third quarter of FY21. Results of the assessment results will contribute to the implementation of data security/governance related activities included in the sustainability plan.

Following completion of the data security policy analysis during Q1 of FY22, Deloitte will organize a two-day presentation and validation meeting with the NTDP and other MOH staff to further discuss and validate findings and make policy recommendations on how to secure the collection, transfer, and storage of data. Recommendations will be limited to policy and procedures, building upon MOH's guidance, and will not include the purchase of additional software or hardware. These recommendations will result in the updating, adoption and implementation of MOH guidance or if

needed the creation of a simplified NTDs data security policy SOP that can be distributed amongst NTDP staff. Once the NTDP has prioritized the most critical recommendation and identified needed support from Act|West, Deloitte will work with the MEL Team and FHI 360 team in Benin to support rollout and implementation of this SOP, which could include orientation session and the creation of easy reference job aids related to data security. ***One two-day presentation and validation meeting is budgeted under o1. IR2 Governance Activities.***

## **ii. DRUG MANAGEMENT**

1. Support to Supply Chain Challenges
  - a. NTD drug quantification practices and prevention of overordering

Benin, with the support of its partners (especially USAID and WHO), was able to resolve significant supply chain challenges in recent years. Since FY16, NTD drug quantification and drug donation request forms are completed and submitted before April 15, and drugs needs are estimated with the Tool for Integrated Planning and Costing (TIPAC), ensuring that a good estimate of country needs is submitted to WHO. Once drug forms are submitted to WHO, feedback is sent to the PNLMT (if there is any discrepancy or error found) and an updated file is returned to WHO for treatment by MDP. MDP requests some official documents before shipping the drugs to the country (document attesting that drug can enter country, tax exemption documents, proof of tax payment from Cotonou's City Hall, etc.). To avoid overordering and reduce the risk of wasting drugs, since CY17, the country is using the CDDs' census population size to estimate country's drug needs. Before that, demographic projections (drawn for 2013 National Census data) were used, and this contributed to the loss of thousands of NTD pills that expired in 2017 because the drug estimates for a few districts were way higher than population registered during census. The only persistent issue is on-time drug delivery at the country's port of entry. In FY19 there was a delay of around two months in drug delivery which resulted in postponing both SCH/STH and OV MDA campaigns. In FY20, the delay was even longer, with stocks of IVM, PZQ, and ALB ordered for FY20 MDA being received after July 2020, and it is understood that the COVID-19 situation had an additional impact. In 2020, WHO created an online system for submission of all countries' Joint Report for Selected Medicines (JRSM). This was meant to help improve drug order follow-up and the assistance of both FHI 360 and USAID staff in lobbying before Pharma and drug donation programs to deliver the shipments on time. However, SCH/STH MDA drugs came in early April while the MDA itself was planned for March. Until today, the IVM has not been shipped while the indicated month for the treatment is June/July 2021. The PNLMT is working with WHO to satisfy MDP requests to allow shipment of agreed quantity of drugs. Act | West will work with the NTDP to develop a JRSM application checklist to making sure that all the conditions of complete, accurate, and on time JAP forms are submitted to WHO. The checklist will allow NTDP to make corrective actions if any of the conditions are not met. Act | West is currently discussing with the PNLMT the feasibility to conducting a warehouse assessment during reverse logistics activities.

- b. Reverse logistics

NTD drugs reverse logistics is conducted yearly after completion of all MDA activities or after one type of MDA (when there is a high probability of delaying the other).

- c. Preventing the expiration of donated NTD drugs and diagnostics

The PNLMT's MDA Officer and the PNLMT's staff overseeing DSA activities respectively check drugs and diagnostics expiration date before they are shipped from the central level; MOH personnel (ZS, district, and sub-district levels) and lab technicians (involved in DSA) do the same. MOH staff are trained on FEFO procedure. For DSA, FTS kits whose expiration date is closer are used in priority. The reverse logistics

activity is also essential to confirm remaining amount of NTD drugs post-campaign and their date of expiration. This helped in monitoring districts with drugs whose date of expiration are close and remind them accordingly to apply procedures discussed during pre-MDA training.

On another side, in FY20, with FHI 360's assistance, the country was able to make essential decisions to avoid the loss of 127,577 PZQ pills (expiry date: September 2020), for the simple reason that the MDA initially planned in April 2020 was cancelled due to the COVID-19 pandemic. Since USAID was not authorizing any NTD field activity, the MOH took the initiative of gathering those drugs from all districts to one whose needs could be covered by this number of drugs (Ouèssè). The MOH also asked to use community funding to share those drugs, using the community-based platform, since the GOB indicated that school would resume in October 2020.

For diagnostics, the situation is different, as all remaining kits and supplies are returned to the central level of the PNLMT at the end of each DSA survey. However, in FY21, 2,712 FTS kits expired for different reasons. The stock initially ordered for FY20 TAS2 and Pre-re-TAS surveys came in very late (around six months of delay, and at this time the country still didn't have the authorization to conduct any field activity). The authorization to conduct field activities finally came in September, and the two studies were completed by mid-October, too late to ship the kits to another country that could use them before the expiration date. The loss of such amount of FTS kits brought the FHI 360 team to develop in collaboration with the PNLMT staff, a tracker that will ease the monitoring of all diagnostics and drugs in country. Such a file is updated after each DSA study and each MDA campaign followed by reverse logistics. For example, because of the cancellation of a FY20 planned trachoma confirmatory mapping, there was an excess of TEO in FY21, and FHI 360 was quickly informed about it.

d. Submission of complete drug donation applications

i. Prepare and submit JAP

As for previous years, project staff ensure that NTD activities' data are collected in a timely fashion and stored in a secure place. A copy of each activity report is sent to project staff who also stores it. Each year, with the assistance of project staff, PNLMT staff completes the MOH's JRSM form and submit it to WHO for MDA drugs request (IVM, PZQ, and ALB). Besides the JRSM, the Epidemiological Reporting Form (reports on all DSA studies conducted in the year preceding the request), and the Joint Reporting form (reports on preceding year's MDA data) are also completed and submitted to WHO AFRO. A one-day workshop, most often around the end of March, is enough to fill all the Joint Application Package (JAP) forms. The PNLMT submits the forms to WHO once this work session is completed. FHI 360 staff ensure that this is done before the indicated deadline.

ii. Support the NTDP to respond to WHO's request for missing JAP elements

FHI 360 designated staff make themselves available for any expressed needs once the country gets feedback on JAP elements submitted. Periodically, project staff also enquires about the status of submitted JAP until they are confirmed that it has been accepted and validated.

e. Availability or reliability of storage or transport

The PNLMT also found ways to ensure proper storage and drugs' transportation. Drugs (ALB, PZQ, IVM, TEO), and diagnostics (FTS), are delivered to WHO Benin, which obtains customs clearance on behalf of the PNLMT. From the port of entry, the shipments are delivered to the central medical store, the Société Béninoise Pour l'Approvisionnement en Produits De Santé (SoBAPS, ex Centrale d'Achat des Médicaments Essentiels, CAME). NTD drugs are stored in one of the SoBAPS' facilities located in Cotonou, at no cost to

the project until it is dispatched to departments. Because the drugs are donated, sent, and/or received through WHO, they do not require further testing.

Before an MDA, a PNLMT team manages the distribution of NTD drugs, ALB and PZQ for SCH/STH MDA, IVM for OV MDA, along with registers that are used for MDA data collection (starting FY21, OV MDA is considered digitized). Drugs are then transported from the SoBAPS' central warehouse to the targeted departments. Within each department, drugs and materials are delivered to the Department Public Health Service. After content verification, the head of the Epidemiology and Sanitation Surveillance division in collaboration with his supervisor (the Head of the Department Public Health Service) dispatches the drugs to each ZS according to the pre-set repartition (prepared by PNLMT MDA officer). Following that step, drugs are delivered from the ZS to the districts' warehouses. Act | West supports the SCH/STH MDA drugs and materials transportation costs from the central to the departmental level (includes truck rental costs and PNLMT staff per diem for 5 days), while Sightsavers supported the OV MDA drugs transportation costs.

2. Support the NTDP to implement the WHO Supply Chain SOPs (due to be launched Fall 2021)

FHI 360 staff in collaboration with PNLMT came with propositions to support the implementation of the WHO Supply Chain SOPs (see below, workshop to adapt ESPEN supply chain management (SCM) procedure to country).

3. Describe planned technical assistance to strengthen prevention, monitoring and management of Adverse Events (AEs) and Serious Adverse Events (SAEs)

a. Ensure SAE processes are followed in FY22

Since FY17, the PNLMT has worked with targeted district health centers to monitor and treat all MDA related AEs and SAEs. According to the agreement between the PNLMT and various health centers, district and sub-district health centers care for all cases of AEs and SAEs, free of charge to the patient. SAEs are referred to the HdZ. Documentation of AEs and SAEs cases are compiled from health centers by the DNSP and sent to the appropriate health authority, the Benin Agency of Pharmaceutical Regulation (Agence Béninoise de Régulation Pharmaceutique -ABRP, ex-Direction de la Pharmacie, du Médicament et des Explorations Diagnostiques - DPMED) in charge of centralizing information available on MDA's AEs and SAEs campaigns-related cases. The project ensures that procedures are followed by actors involved in the MDA campaigns concerning AEs and SAEs reporting and care providing. The DNSP copies the PNLMT on all PC-NTD-related AEs and SAEs reports. SAEs' reports are sent to pharmaceutical companies, drug donation programs, WHO, and FHI 360 by the PNLMT if applicable. In FY21, a meeting organized at the national level confirmed that the PNLMT is following the country's procedures when it comes to AEs and SAEs reporting, way better than other programs. The PNLMT is working on ways to improve timely reporting of those events, as currently complete MDA results are not available until two months post-MDA. The PNLMT has considered some actions in this sustainability plan for this aspect and the digitization process will also help.

b. Incorporate new guidance (Jan 2021) from Pfizer for donor notification of SAEs

The last trachoma MDA was conducted in FY18, and the country is no longer receiving any donation from Pfizer.

**FY22 planned activities**

Workshop to fill in 2023 drug Application Forms (FHI 360): Each year, with the assistance of Act | West, PNLMT staff completes the MOH's JRSM form for submission to WHO for MDA drug request (IVM, PZQ, and ALB). The PNLMT anticipates using the TIPAC to plan for PC-NTD activities and drug needs. The tool

will also be used to analyze the country's gaps as well as the GOB and each partner's contribution to the fight against PC-NTDs. If there are any gaps identified after the submission of JRSM and drug request forms to WHO and donation programs, PNLMT will inform WHO and donation programs so the order can be adjusted accordingly. In FY22, Act | West will assist the MOH during the preparation of the FY23 JAP forms and discuss with the PNLMT any data discrepancies or issues prior to submission to WHO. Act| West will work with the NTDP to develop a JAP checklist for completeness, accuracy, and timeliness gears toward corrective actions to be completed if any of the conditions are not met.

Drug transportation from central to departmental level for SCH/STH MDA in 49 districts (FHI 360): In FY22, Act to End NTDs | West will provide financial support to the PNLMT in transporting drugs from the central to departmental level for supported school-based SCH and/or STH MDA (PZQ, as well as the ALB that is not paired with IVM for LF MDA). This financial support will cover vehicle rental and fuel to transport the drugs from the port to the CAME via two trucks, from Cotonou to the regions, and then to districts targeted for MDA. IVM for OV MDA is transported separately, and the costs are supported by Sightsavers' funding. **(Budgeted under t. IR3 Drug supply and FAA#3.)**

Reverse logistics of drugs at national level post OV and SCH/STH MDA (FHI 360): In FY22, two MDA campaigns will be implemented: OV and SCH/STH (see below). Nine people divided into three teams will carry out the inventory in all targeted districts for any of the MDA campaigns. In each HZ, the team will conduct a physical inventory of the remaining drugs (number of bottles converted into the number of pills) and document it. When needed, teams will also visit districts to count the remaining supply. This ensures that the remaining drugs are returned to the health zones for proper storage until the next campaign. The information collected will be used to reconcile the remaining stock at the end of MDA, quantify drug needs for the following MDA, and to complete the Joint Request for Selected PC Medicines (JRSM) applications for FY23. Act | West will also support NTDP to conduct the warehouse assessment facilities and procedure at the national, regional and 5% of the districts and peripheral health units' warehouses. Act | West is not requesting additional funding for the warehouse assessment at this time; rather, the activity will be conducted during the reverse logistics activity. **(Budgeted under f. IR1 Drug supply.)**

Workshop to adapt ESPEN supply chain management (SCM) procedure to country (FHI 360): In FY20, ESPEN team conceived and shared with countries a manual gathering SCM operating procedures and requested them to review it and suggest aspects for improvement considering their context. In FY22, FHI 360 through this workshop will support the PNLMT in reviewing this manual and come up with a version that will guide the country into SCM activities. Three PNLMT staff, two SoBAPS staff, two ABRP staff, three NTD focal points, three warehouse facilities managers (ZS staff), three C/DESS, one Sightsavers staff, and two FHI 360 staff will take part in this 3-day meeting in Bohicon. At the end of the workshop the eleven aspects enumerated in the manual will be reviewed, adapted to the context and the final document submitted back to ESPEN for archiving. **(Budgeted under n2. IR2 Drug Management.)**

## **b. ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING**

### **1. Summary Work to Date**

Benin is in Phase 3 of the implementation strategy and has recently completed the Sustainability Planning workshop (conception and technical validation of sustainability plan). During Phase 1, the PNLMTN completed the sustainability sensitization meeting with the participation of several key decision makers to further discuss the goals the sustainability approach pursues, the sustainability framework and to stimulate buy in from NTDP and MOH leadership and other national stakeholders. During Phase 2, the PNLMT completed the TIPAC data analysis to provide a snapshot of the financial gaps and the HSS and cross sector landscape analysis. Furthermore, the PNLMTN was able to successfully complete the Guided

Self-Assessment using the Sustainability Maturity Model (SMM) with virtual Deloitte support and in-country support from FHI360. The SMM tool was significant in helping the PNLMT identify their most significant gaps and desired target over the years. From May 25-28<sup>th</sup>, 2021, Benin implemented the sustainability plan development workshop. Thirty-two participants from various ministries, including other MOH's departments/programs, the Ministry of Education (MEMP and High-school ministry), the water production & distribution directorate, the Ministry of Water and Mines, and the Ministry of Social Affairs and Microfinance, all convened to discuss the necessary activities to close the gaps between the current and target states identified during the Guided Self-Assessment. At the end of the four-day workshop, the participants, with virtual Deloitte support and in-country support from FHI360 (Benin and Cote d'Ivoire), created the first draft of the Sustainability Plan. With the sustainability plan drafted and owned by the PNLMT, leadership from the PNLMT and buy-in from 10 ministries and directorates will encourage broad support from the Government agencies for the political validation and implementation of this national NTD Sustainability Plan. **The PNLMT will take ownership of leading the Political Validation workshop, which will be held during Q4 FY21.**

## 2. Planned activities

### a) Governance activities

Development of a National Implementation Guidelines for NTD Activities (FHI 360): This activity has already been approved in FY21 but re-planned in FY22 as the country will not be able to implement it before December 2021 because of priority activities that must be implemented before the end of CY21. **The PNLMT is requesting financial and technical assistance to develop and disseminate a document that will explain disease, prevention, and treatment and present in simple terms the guidelines for all five PC-NTD related elimination and control activities.** This document will especially be useful for new district or sub-district staff who will resume their positions once the PNLMT has completed the departmental or district training of actors involved in MDA implementation and supervision. It will serve as a guide and contribute to successful implementation of NTD activities and increase periphery level's ownership of NTD activities. The brief will draw on WHO recommendations (recommended treatment frequency, MDA implementation process and roles of each field actor, MDA impact assessment's processes and frequency, analysis and interpretation of impact assessment's results and use for programmatic decisions, etc.). The PNLMT needs technical assistance to develop this document. Act | West will build upon the experience of the HSS Regional Advisor in leading similar processes, to support the contents development in close collaboration with the FHI 360 disease leads and the PNLMT. The process will include 1) setting up an in-country technical working group to review existing materials, 2) defining the structure of the document, followed by content development of draft 1 with FHI 360 support (workshop restricted to PNLMT central level and FHI 360 staff), and 3) a two-day workshop (extended to a few periphery-level PNLMT staff) to review and validate the document. This is essential to ensure that the document aligns with WHO guidelines and PNLMT's directives and that the included information is enough for use by all intermediary and periphery level staff involved in NTD activities. The first workshop will gather central level PNLMT staff (7) and FHI 360 staff during three days in Bohicon. The second workshop will last two days in Cotonou and will gather central level PNLMT staff, departmental staff (3 C/SDSP), HZ staff (3 MCZS, 3 NTD focal points, and 3 MCC), and FHI 360 staff. During the second workshop, field actor feedback will be included in the document. Once the activity is completed, 1,200 copies of the validated document will be printed and shared with health agents involved in NTD activities (DDS, C/SDSP, C/DESS, MCZS, NTD focal point, MCC, sub-district nurses). ***(Budgeted under o1. IR2 Governance Activities.)***

TIPAC Data Entry update, (Deloitte, FHI 360): Deloitte will collaborate with regional Act | West staff to provide technical and facilitation assistance for a TIPAC Data Entry Workshop to the PNLMT. The workshop

will focus on how to ensure proper entry of the TIPAC data based on the 2021 NTD Master Plan, including unfunded activities, as well as an opportunity to refresh data based on changed funding from the GOB and other donors. In Benin, there is a designated staff (PNLMT M&E officer) in charge of TIPAC tool management and updating. Additional participating PNLMT staff are those who have information required to complete the data entry (MDA officer, accountant who has information on all partners' funding, etc.) Ahead of the workshop, the PNLMT staff will be responsible for filling out the Data Capture Sheet and collecting the necessary data to facilitate the workshop. This includes engaging with donors and stakeholders ahead of time to identify potential funding amounts for the fiscal year. FHI 360 staff who assist the country in the management and exploitation of this tool also take part in the workshop. The in-country FHI 360 team will host and organize the workshop. The workshop will be led by the PNLMT, who was able to complete the TIPAC data entry on their own in collaboration with FHI 360 Benin–Deloitte will be responsible for reviewing the completed TIPAC to ensure all data was entered properly and there are no gaps or inaccuracies that could affect the TIPAC Data Analysis Workshop. The completed TIPAC tool will have all the financial data as well as medicine procurement data to effectively analyze the financial gaps that exist in a changing donor landscape as well as serve as a comparison to the data entered into the TIPAC in FY21. ***(Budgeted under o1. IR2 Governance Activities.) (Budgeted under o1. IR2 Governance Activities.)***

TIPAC Data Analysis, Workshop to identify the NTDP's financial gaps with the MOH medium term financial forecast (Deloitte): Deloitte will provide technical input and facilitate a TIPAC Data Analysis Workshop with the PNLMT to identify funding gaps anticipated in the FY23 budget. The session will yield the following outcomes for the PNLMT: 1) improved capacity for financial analysis; and 2) better use of financial data for targeted budget advocacy and strategic engagement with the MOH. Deloitte will work with the PNLMT to identify parameters for in-depth analysis based on country specific needs and challenges to address. In addition to funding gaps, the TIPAC will reveal the PNLMT's overall costs and funding sources, as well as activity-specific costs and resulting cost per treatment for each disease. **The financial analysis will also help the PNLMT in conducting multi-year budget projections to inform future budget needs to better target strategic engagement with the MOH. Deloitte will also support the PNLMT perform comparative analysis using previous TIPAC data and FY21 and FY20 data to inform management decisions. For example, the unit cost per treatment from year to year can inform discussion on efficiency, strategic or operational changes related to COVID-19, projected funding gaps and real needs, etc. In FY22, the PNLMT will take more ownership over the TIPAC data analysis process, with Deloitte team members present during the workshop to provide on-demand technical assistance rather than leading discussions. Furthermore, the workshop will include assisting the PNLMT in mapping the MOH budget process. With an improved understanding of their national budget process, the PNLMT will have a better sense of periods throughout the year to focus their budget advocacy efforts, as well as the key stakeholders to target. The PNLMT will use the outputs of the financial gaps analysis to (i) continue to advocate within the MOH for resources within the MOH budget and (ii) implement targeted domestic resource mobilization initiatives to engage national stakeholders at central level as well as at decentralized level in supporting NTDs, in line with the Sustainability Plan. Now with the Sustainability Plan drafted, the PNLMT will be able to use the TIPAC analysis outputs to have better understanding and concrete data to achieve the interventions outlined in the Plan.** This workshop will be crucial to ensure successful implementation of interventions outlined in the Sustainability Plan. ***(Budgeted under o1. IR2 Governance Activities.) – ON HOLD***

Development of Targeted Budget Advocacy Materials and Stakeholder Engagement (Deloitte): Deloitte will provide technical assistance to the PNLMT to develop targeted budget advocacy materials using the TIPAC analysis. This support will begin during the TIPAC Data Analysis Workshop and continue throughout the year through remote consultations and meetings with the NTDP as the budget cycle progresses. The

materials will include talking points, presentations, one-pagers, and other materials relevant for budget advocacy in the context of Benin. This will equip the PNLMT with messages and materials to be more effective in their budget advocacy and engagements when they meet with the MOH. This will include cross-sectoral efforts with other ministries and local governments as outlined in the sustainability plan. The Ministry of Nursery and Primary Education will be involved in streamlining NTD education into their efforts and will require NTD materials to share in their efforts. During the sustainability plan drafting workshop, local governments also offered to subsidize NTDP efforts with communal funds. Further advocacy and resource mobilizations materials can be produced to assist with these collaborative efforts. The NTDP will engage with these stakeholders, as well as interested parties from the Finance Directorate of the Ministry of Health, to use the advocacy materials developed from the TIPAC Data Analysis workshops to increase their budget line. **(LOE only.)**

Meeting with all partners offering support for NTD activities (FHI 360): This meeting will gather MOH staff (PNLMT coordination and unit chiefs, MOH Cabinet or DNSP representatives), FHI 360 Benin staff, and all partners offering support for NTD elimination and/or control activities (Anesvad, Sightsavers, ASCEND project, Accelerate project, Deworm3 project, and WHO Benin). The meeting will be extended to NGOs such as United Nations Children’s Fund (UNICEF) and World Food Program (Programme Alimentaire Mondial – PAM), whose activities are directly related to the NTD activities. The first edition of this meeting was held in FY20, and it was very helpful in better understanding each partner’s portfolio, making clear decisions to avoid duplications in funding of activities, and finding ways to cover gaps that are persisting. It was also an opportunity to learn more about potential ways for the NTD program to get additional funding through call for proposals on a specific subject that requires attention and is not yet covered by GOB or partner’s funding. The FY21 meeting is scheduled in July. **(Budgeted under o1. IR2 Governance Activities.)**

Integration of LF MMDP modules into the training curriculum of nursing school (AIM Initiative): Findings from the FY21 MMDP situation analysis indicate that training related to LF and trachoma MMDP is not incorporated into the nursing school training curriculum in Benin (or other health worker training institutions); only a brief discussion on parasitic infections is included. This is an opportunity to advocate for a review of the current curriculum(a) and revise it to include MMDP components, which will help ensure the upcoming workforce are adequately trained before beginning service at various health facilities and to reduce future ad hoc training costs. Opportunities for inclusion of a module to train nurses to identify clinical trachoma (TF and TT) for referral and surveillance purposes will be proposed if agreed upon by the NTDP.

The Universities of Parakou and Abomey-Calavi and one institute associated with each university are targeted for this activity. Within the University of Abomey-Calavi is the Institut National Medico-Sanitaire/National Medical Institute and the Faculty of Health Sciences, and within the University of Parakou is the Institut de Formation en Soins Infirmiers et Obstétricaux (IFSIO)/Nursing and Obstetric Care Training Institute. INMeS and IFSIO are responsible for nurse training and IFSIO is involved in the accreditation process of curriculum.

This activity is included in the country’s sustainability plan and will require two meetings and two workshops. With the support of Act | West, through AIM Initiative and FHI 360 team, the PNLMT and school representatives will revise the current curriculum and develop modules to submit to selected school curriculum review boards/committees.

To support the revision of the curricula, Act | West will support the following **(budgeted under Sub1-ALM):**

- A one-day planning meeting will be held in Cotonou to gather all stakeholders of both health and education ministries to present the objective/justification of this activity, outline the proposed methodology to achieve objectives, collect feedback on the proposed methodology, and establish a timeline. Twenty-two participants will attend this meeting, including representatives from each of the four training institutions, as well as the Ministry of Graduate Studies and Scientific Research, the PNLMT, FHI 360, and AIM.
- Following consensus at the planning meeting, a three-day workshop will be held in Cotonou with the four institutions to present and review the current curricula—specifically any existing information related to LF and trachoma MMDP—and identify/discuss the MMDP sections/aspects to be added. The workshop will gather 15 participants, two from each of the four schools targeted with PNLMT, FHI 360, and AIM staff.
- Once the current curricula have been reviewed, a three-day workshop will be held in Bohicon with members from the PNLMT to develop the recommended MMDP modules and review LF and trachoma related curricula. The key outcome will be to draft MMDP guidance to be incorporated into the curricula. Modules will be conceived in accordance with curricula requirements, MOH’s, and WHO’s recommendations. The workshop will gather the same participants as the previous (fifteen people).
- Lastly, a one-day meeting will be held in Parakou to present the new MMDP-related content to the four institutions’ high-level personnel (including curriculum review boards/committees) for inclusion into the curriculum. The PNLMT will present the proposed revisions and discuss roll-out of the updated materials. This meeting will gather the same 22 participants as the first one and will allow validation of the proposed modules/training curricula.

### **Knowledge Management**

Following the completion of the activity, AIM will draft a technical brief outlining the process and results of including MMDP modules into the training curricula.

PC NTD Steering Committee meetings: See Appendix 2. ***(Budgeted under FAA#1.)***

FY23 Work Planning Workshops: See Appendix 2. ***(Budgeted under FAA#1.)***

Workshop to adapt the MOH’s financial management manual to the PNLMT (FHI 360): This activity has been proposed in the draft version of the country’s sustainability plan. The PNLMT feels that this is a critical step in the sustainability process and would like to move forward with this activity in FY22 while the political validation process is being finalized. The MOH has a financial management procedure manual, but it has never been adapted to the PNLMT, specifically considering the PNLMT’s daily realities, and requirements of its partners. The completion of this manual will improve the management of financial and material resources, considering that in FY21 the program succeeded in designing Fixed Amount Awards (FAA), obtaining the associated funding, and executing associated activities. Such a manual is one of USAID’s requirements to enable management of FAAs. Two workshops will be held, building on the MOH financial guidelines and policies. The first will bring together three MOH staff (2 PNLMT staff, Directorate of Administration and Finance staff) for three days in Cotonou and will lead to the design of draft 0 of the management manual. The second two-day workshop will validate the financial management procedure manual and will bring together MOH staff (PNLMT and Directorate of Administration and Finance), and PNLMT partners’ staff (FHI 360, Sightsavers, Anesvad, etc.). ***(Budgeted under o1. IR2 Governance Activities.) – ON HOLD***

- b) Prioritized functions activities

Not Applicable

c) Other activities

HMIS Documentation (Deloitte): Deloitte will provide technical assistance to document the process of integrating NTD indicators into HMIS. The PNLMT has worked to integrate 20 NTD indicators into the DHIS2 and is starting to train data entrants on the new process. This mapping will be done in collaboration with Act |West partners, mostly through remote meetings and stakeholder interviews. Where possible, Deloitte will leverage other short-term technical assistance (STTA) activities to gather necessary information when in-country. Since the original methodology was produced in FY21, leveraging other STTA activities will be critical to quickly gather pertinent documents to have analysis and recommendations for FY22. Documentation will detail the current-state structure of the HMIS at the country level as well as the function and level of integration of NTD Indicators into the DHIS2. Additionally, this activity will allow for the identification and support of program intentions and short- and long-term goals for HMIS integration (i.e., program advocacy using morbidity indicators or program management via full data integration). The extent of the documentation will include the NTD Indicator selection process, data integration, stakeholders involved, and indicator selection parameters used. By capturing lessons learned and country perspective in using DHIS2, CIND, or other programmatic databases/platforms, Deloitte will have a full and complete picture of the DHIS2 integration process to share with other countries that will be attempting a similar system migration. The potential benefits of documenting the HMIS integration process are wide reaching across the PNLMT as well as other consortium countries. The transparency of the HMIS integration process will assist in setting current integration goals by the PNLMT and involved stakeholders. Documenting the lessons learned from integrating the 20 NTD indicators into the DHIS-2 will serve to integrate additional indicators more efficiently. These lessons learned can also assist other countries in the consortium to better their efforts in their own integration process. This documentation will also serve USAID and other donors to provide a detailed understanding of HMIS structures in Benin and insight into the digital transformation of Benin's health system. The HMIS integration activity has wide ranging benefits for knowledge-sharing enhancement and transparency of the digital landscape for the PNLMT and Benin. *(LOE only.)*

● **4. IR3 PLANNED ACTIVITIES: SCH, STH**

**Schistosomiasis**

A national mapping of SCH was conducted in Benin from 2013–2015 to provide the baseline epidemiological data required to implement the national strategy for SCH control and elimination and achieve the PNLMT's goal in the current master plan of reducing prevalence of SCH to <10% among 75% of SAC in endemic areas by 2020. Parasitological surveys were conducted with support from ENVISION, using both Kato-Katz and urine filtration diagnostic tools. Endemic districts were classified as follows: 31 districts as low-risk (>0 and <10%); 37 as moderate-risk (≥10% and <50%); and 8 as high-risk (≥50%). The PNLMT's control strategy for SCH is MDA with PZQ for all attending and non-attending SAC (ages 5–14 years). Out-of-school SAC are asked to come to the closest school to the village where social mobilization is carried out by town criers a few days before the beginning of the MDA. Once distribution in school ends, CDDs conduct mop-up sessions in the community for those out-of-school children who were not able to reach the closest school. Since FY18, the PNLMT has targeted only districts with ≥10% prevalence at baseline. Moderate-risk districts are treated once every two years and high-risk districts are treated once a year.

As of June 2020, both FY20 (classified as a roll-over activity) and FY21 SCH/STH MDA have been successfully implemented in November/December 2020 and May 2021, respectively, as the FY21 PZQ and ALB donation only arrived in early April 2021.

In FY22, Act | West will support the country for the treatment of 34 SCH endemic districts, of which 11 are SCH only (438,123 SAC targeted), and 23 are co-endemic for SCH and STH (1,047,164 targeted).

### **Soil-transmitted Helminths**

The PNLMT's goal is to reduce the prevalence of STH to <20% among 75% of SAC by 2020. Current control strategies are MDA and promotion of hygiene and environmental sanitation.

The surveys conducted between 2013 and 2015 showed that either *Ancylostoma duodenale* (hookworm) or *Ascaris lumbricoides* (roundworm), or both species, were present in all districts. *Trichuris trichiura* (whipworm) was observed in some districts. Overall, 32 districts were shown to be not eligible for treatment (<20%); 43 districts low-risk ( $\geq 20$  and <50%); and two districts as high-risk ( $\geq 50\%$ ).

The PNLMT's control strategy for STH is MDA with ALB for all attending and non-attending SAC (ages 5–14 years) where the entire district is treated. Since FY18, the PNLMT has only been targeting districts with  $\geq 20\%$  prevalence at baseline or following a prevalence evaluation survey. The PNLMT conducts STH MDA once per year in both low-risk districts and high-risk districts.

Since FY20, all STH-endemic districts that are not co-endemic to LF are treated through the school-based platform to guarantee the sustainability of the STH control program. As the four remaining LF-endemic districts passed re-TAS1 in FY21 and have therefore stopped MDA, the PNLMT intends to conduct STH MDA via the school-based platform in the three districts co-endemic for SCH/STH. In FY22 no districts requiring STH treatment will be treated through the LF MDA. From FY18 to FY20, one district (Comé) has conducted STH MDA with support from Deworm3 and therefore this district does not require support from USAID in FY22.

In FY22, the Act | West project will support the treatment of 38 STH endemic districts: 15 STH only (672,107 SAC targeted), and 23 co-endemic for SCH and STH (1,047,164 SAC targeted).

For both SCH and STH activities, gaps remain. In FY21, Benin was the first country to populate the newly developed SCH/STH disease tracker developed by Act West. This tracker enables the collation of multiple sources of epidemiological data to understand progression of disease prevalence and helped Benin identify districts in need of an impact assessment, following several rounds of high coverage MDA. Some activities related to that are proposed below.

TABLES 5c-d: SCH (*Ongoing partner support for SCH MDA and DSAs FY20-22*)

TABLES 6c-d: STH (*Ongoing partner support for STH MDA and DSAs FY20-22*)

### **FY22 planned activities:**

FY22 SCH/STH MDA in 49 districts (8 sub-activities: drug transportation, printing of reporting forms, training of MOE supervisors & briefing of CDDs, Supervision of cascade training for the SCH/STH MDA implementation in 49 districts, Social mobilization for MDA, MDA campaign, Supervision, and reverse logistics)

*Drug transportation:* See drug management section above. **(Budgeted under t. IR3 Drug supply and FAA#3.)**

*Printing of reporting forms for SCH/STH MDA:* Act to End NTDs | West will support the PNLMT in printing reporting forms for school-based SCH-and/or STH MDA. **(Budgeted under FAA#3.)**

*Training of CRPs, CPs, RUPs, Co-RUPs, and briefing of CDDs:* See Appendix 6. **(Budgeted under FAA#3.)**

*Supervision of cascade training for the SCH/STH MDA implementation in 49 districts:* Act | West will technically and financially support the MOH and MEMP (the latter in districts targeted with school-based MDA) in conducting supervision of MDA cascade training. PNLMT staff assisted by FHI 360 staff supervise

the training at district (training of school-based MDA supervisors). The MCC and the NTD focal points supervise the nurses' training of CDDs. Supervisory visits to trainings at all levels include assessment of trainers' and trainees' knowledge of WHO guidelines, use of IEC materials, treatment strategies, management of AEs/SAEs, management of drugs, and data collection and reporting, followed by corrections as needed. **(Budgeted under FAA#3.)**

*Social mobilization for MDA:* Printing of banners and posters for SCH/STH in 49 districts, airing of MDA-related TV and radio announcements for SCH/STH MDA in 49 districts and community awareness-raising by town criers for SCH/STH MDA in 49 districts. See **Appendix 5. (Budgeted under FAA#3.)**

*SCH/STH MDA in 49 districts:* Drugs are distributed in schools on a day of their choosing. The PNLMT will give a period of one week to allow each school to select the most appropriate date considering its calendar. Once treatment is completed in schools, mop-up is conducted by CDDs in their own villages. **(Budgeted under v. IR3 MDA and FAA#3.)**

*Supervision of SCH/STH MDA in 49 districts:* MOE staff (including CRPs, CPs, RUPs, Co-RUPs, DDEMP focal points), and MOH staff (NTD focal point, MCC, DDS, etc.) from each district will supervise the activity over 3 to 4 days (depending on title). Three central level teams of three people composed of both PNLMT and FHI 360 staff will assist in this supervision for five days. **(Budgeted under w. IR3 Supervision MDA and FAA#3.)**

*Reverse logistics:* Described above in the Drug Management section. **(Budgeted under FAA#3.)**

**SCH/STH tracker (FHI 360):** To assist the PNLMT to collate historical SCH/STH parasitological survey data since the start of the SCH/STH program in USAID-supported countries (including baseline mapping, sentinel site, impact assessments, etc.), a SCH/STH tracker was developed. The tracker is an Excel spreadsheet that collects SCH/STH data recorded both at community and Implementation Unit (IU) level. The tracker has several objectives: to unite multiple sources of data in a single database; assist NTDP in monitoring disease trends and change over time; facilitate communication of results and selection of districts for Impact Assessments; and enable an evidence-based conclusion to tailor SCH/STH control at the IU level—this includes being able to move from district to sub-district level MDA or even track progress towards Elimination of SCH/STH as a Public Health Problem in certain areas. Benin was the first Act | West country to populate the SCH/STH tracker, which was completed in FY21 and will serve as a guidance for the impact survey assessment site selection.

**Training of surveyors for SCH or SCH/STH impact assessment in 10 districts that have completed more than five rounds of MDA, with effective (>75%) coverage (FHI 360):** See Appendix 6.

**SCH or SCH/STH impact assessment in 10 districts that have completed more than five rounds of MDA, with effective (>75%) coverage:** Since the baseline mapping in 2013–2015, no SCH assessment has been conducted. The PNLMT took advantage of the 2017 TAS3 survey to conduct STH evaluations in a subset of districts (14) where the baseline prevalence was between 20–60%. Results indicated that prevalence rates had decreased to 1-10% (6 districts), 10-20% (5 districts), and 20–33% (3 districts). Only one district (Toviklin) did not show an improvement in disease prevalence, a finding that helped the program in reinforcing social mobilization through sensitization meetings. Using the study's result, the PNLMT stopped STH MDA in six districts.

After 5 to 9 years of MDA (with at least 5 to 7 rounds conducted with high coverage in many districts), it is important to re-assess MDA impact on the level of infection in treated areas to understand whether the current treatment strategy can be adapted accordingly. This may be the 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, the same SCH/STH evaluation protocol that was implemented in Togo will be used. This protocol uses robust sample size calculations to estimate prevalence at the sub-district level and provide guidance on how to assess the SCH/STH situation in areas that seem to be approaching focal elimination of SCH and/or reduction in frequency of SCH/STH MDA. Based on examination of prevalence and treatment coverage data, SCH/STH evaluation surveys are requested in the following sites (see table 7 below). Depending on the years, only SCH and/or STH MDA were conducted. FY20 SCH MDA has targeted focal points (selected sub-districts after discussion between country and WHO staff); for that reason, SCH and STH coverage rates are different. Moreover, in some districts STH MDA was conducted through LF MDA, therefore reported coverage rates among SAC are different. For the FY22 impact survey, districts with the higher number of MDA rounds for both SCH and/or STH have been prioritized. Data will be collected using ESPEN Collect, with database development, training on EDC data entry and phones all provided by WHO/ESPEN. Act | West will support the country for costs related to diagnostic training, data collection, and supervision. ***(Budgeted under s. IR3 Training and x. IR3 M&E.)***

Supervision of SCH or SCH/STH impact assessment in 10 districts that have completed more than five rounds of MDA, with effective (>75%) coverage: Supervision will be performed by five supervisors (assisting the teams daily during the entire survey), two researchers from the University of Abomey-Calavi for five days, and two teams of two PNLMT & FHI 360 staff for four days. Researchers and PNLMT/FHI 360 teams will supervise during the first days of the activity. ***(Budgeted under y. IR3 Superv M&E DSA.)***

TABLE 1: Baseline prevalence, number of MDA rounds, and SAC epidemiologic coverage in districts targeted for SCH/STH impact survey

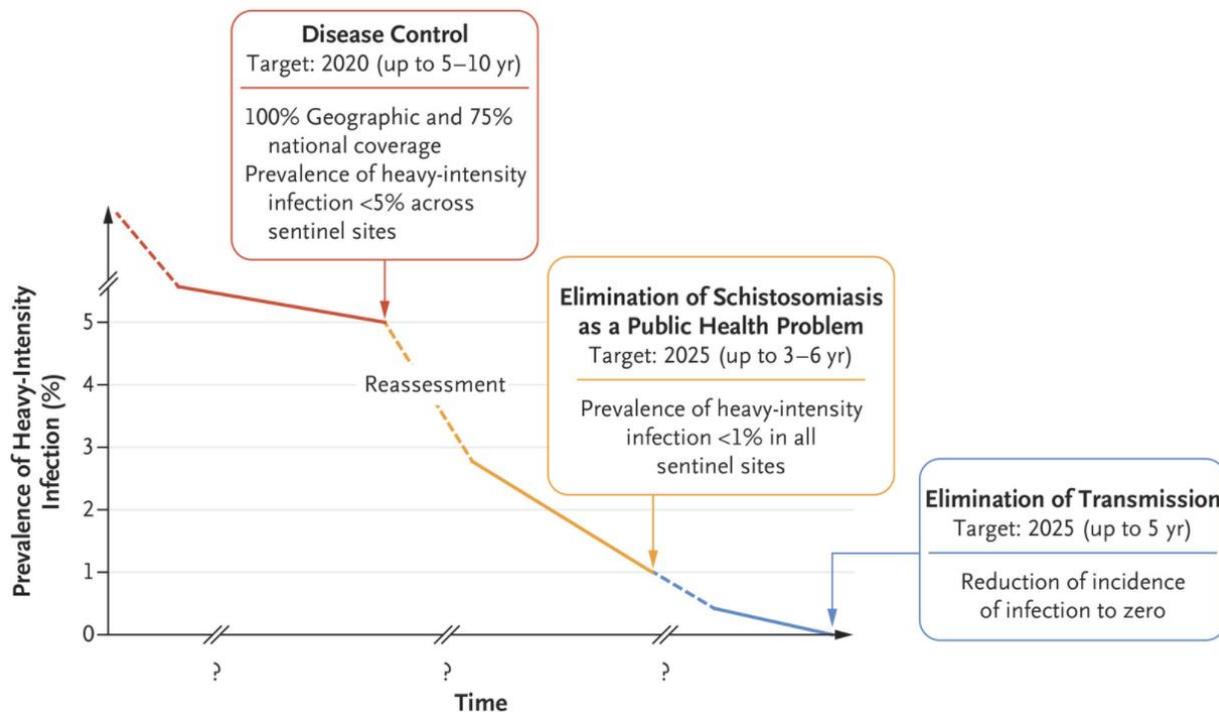
District	SCH [BL] prev %	STH [BL] prev %	STH during TAS in FY17	Year MDA started SCH/STH	# MDA rounds to date SCH/STH*	Treatment Coverage (%)														
						FY20 SCH	FY20 STH	FY19 SCH	FY19 STH	FY18 SCH	FY18 STH	FY17 SCH	FY17 STH	FY16 SCH	FY16 STH	FY15 SCH	FY15 STH	FY14 SCH	FY14 STH	FY13 SCH/STH
Atacora-Péhunc	43.0	6.0	No	2013/2013	7/2	97.7	N/A	96.5	N/A	N/A	N/A	87.1	N/A	64.9	N/A	N/A	N/A	56.7	56.7	55.2
Atlantique-Souava	59.6	8.0	No	2016/2018	6/1	65.2	N/A	100	N/A	100	99	85.7	N/A	40.3	N/A	N/A	N/A	N/A	N/A	N/A
Borgou - Bembèrèkè	91.0	6.0	No	2013/2013	9/3	92.2	N/A	93.4	N/A	88.1	N/A	84.7	84.7	76.1	N/A	80.3	N/A	64.5	64.5	50.7
Borgou -Kalalé	20.0	26.0	No	2013/2013	5/9	67.6	84.5	N/A	75.3	86.2	86	N/A	84.0	85.9	85.9	N/A	79.6	79.3	79.3	45.9
Borgou -N'Dali	61.0	23.0	No	2013/2013	9/9	124.5	92.7	85.3	85.3	87.2	87	91.9	91.9	80	80	72.5	72.5	63.2	63.2	65
Borgou - Tchaourou	56.4	28.4	Yes	2014/2014	8/6	91.5	86.9	85.1	N/A	79.1	N/A	77.9	77.9	92.1	92.1	42.4	42.4	51.1	51.1	N/A
Donga-Coparg	54.0	36.0	No	2013/2013	9/9	87.1	79	85.4	85.4	80.7	81	88.8	88.8	76.9	76.9	79.5	79.5	44	44	46.3
Donga-Ouaké	57.3	36.7	No	2013/2013	9/9	111.9	84.8	87.8	87.8	85.7	86	86.6	86.6	81.3	81.3	79.7	79.7	74.1	74.1	80.5
Ouémé - Aguégus	65.6	5.2	No	2016/2013	6/6	86.1	N/A	85.5	N/A	67.9	90.1	77.2	90.1	76.0	72	N/A	96	N/A	100	N/A/90
Ouémé - Dangbo	57.2	8.0	No	2016/2013	6/6	84.9	N/A	99.8	N/A	77.8	87.4	48.2	87.1	56.0	84	N/A	85	N/A	79	N/A/98

\*Including FY21 SCH/STH MDA. FY21 SCH/STH MDA data are being compiled by NTD focal points.

SCH/STH data review meeting: WHO recommends preventive chemotherapy with PZQ for SCH control, drugs primarily distributed to SAC who have the highest infection burden and who can be reached efficiently through schools. The treatment strategy is determined according to the baseline prevalence of the infection at the district level. A baseline prevalence <10% entails treatment every 3 years, 10–49%, treatment every 2 years, >50% treatment annually. Given the success of multiple years of disease control in some countries, the WHO set a more ambitious vision for controlling SCH morbidity (defined as prevalence of heavy-intensity infection of <5% across sites) by 2020 and elimination as a public health problem (prevalence of heavy-intensity infection of <1% in all sites) by 2025 (see figure below on how programs can progress from control of SCH to elimination and interruption of transmission). A similarly ambitious vision has also been set for STH elimination. Impact Assessments conducted in FY22, population of the SCH/STH tracker, and the subsequent SCH/STH data review will enable Benin to see how much progress has made on the WHO roadmap. **(Budgeted under y. IR3 Superv M&E DSA.)**

In FY21, Benin populated the newly developed SCH/STH disease tracker developed by Act West. This tracker gathers multiple sources of epidemiological data to understand progression of disease prevalence. In FY22, a SCH/STH Impact Assessment survey will be conducted in 10 HDs. We propose to conduct a SCH/STH data review meeting after the impact survey in FY22 to determine whether Benin has (1) achieved the WHO-defined threshold criteria for 2020 (or 2025); and (2) whether sufficient data is available to move to sub-district MDA, and if not, in what districts are there gaps. This 3-day meeting in Grand-Popo will gather six PNLMT staff (coordination and technical officers), two researchers specialized in SCH/STH, four NTD focal points, and three FHI 360 staff.

*Schematic Representation of Program Progression toward Elimination of Schistosomiasis and Proposed Timelines from the World Health Organization<sup>5</sup>*



<sup>5</sup> Deol AK, Fleming FM, Calvo-Urbano B, Walker M, Bucumi V, Gnanou I, Tukahebwa EM, Jemu S, Mwingira UJ, Alkohlani A, Traoré M, Ruberanziza E, Touré S, Basáñez MG, French MD, Webster JP. Schistosomiasis - Assessing Progress toward the 2020 and 2025 Global Goals. The New England journal of medicine 2019;381(26):2519-28.

## APPENDICES

### APPENDIX 1. TABLE OF SUPPORTED REGIONS AND DISTRICTS IN FY22 BY ALL PARTNERS IN COUNTRY (INCLUDING NON-USAID-SUPPORTED PARTNERS)

Attached separately

### APPENDIX 2: STRATEGIC PLANNING SUPPORT

#### Annual review of FY22 PC-NTD program activities and planification of FY23 activities held once a year, 146 participants for the following three sites:

1. **Parakou** gathers representatives of the four northern regions for three days (total of 63 participants)
2. **Glazoué/Djakotomey** gathers representatives of the four central regions (Collines, Couffo, Mono, and Zou) for two days (total of 46 participants)
3. **Allada** gathers representatives of the three southern regions (Atlantique, Ouémé, Plateau) for two days (total of 37 participants). These totals include personnel from central level,<sup>6</sup> three Cabinet personnel and 10 MOE personnel,<sup>7</sup> MOH personnel,<sup>8</sup> and other PNLMT collaborators<sup>9</sup> who will each attend one of the three meetings.

Over the course of the meeting, the PNLMT and its partners review the previous year's MDA, surveys, and M&E implementation and outcomes; develop strategies to improve MDA coverage as needed; develop plans for health district-level activities; and plan upcoming FY activities. The review helps in mobilizing again all actors involved in the fight against PC-NTDs, knowing that those diseases do not have the attention required by the health workers. Besides discussing the MDA results, the annual review gives the opportunity to review DSA results, progress in terms of LF/trachoma/OV elimination, and the upcoming year's important activities and how to successfully implement them. During this meeting, findings and activities planned in the country's sustainability plan will also be discussed so every participant understands their role in achieving set goals. Costs include per diem and lodging for the central-level staff, as well as for any non-resident health zone staff. Act | West will also pay for venue rental and coffee breaks. PNLMT, FHI 360, ZS and/or district-level staff will each give presentations on MDA coverage rates reported by districts, on the various causes of low coverage identified, and on the results of DSAs (TAS1, TSS, and coverage surveys) conducted in FY20 and their implications. Presentations will aim to help participants think about solutions to improve coverage rates, especially in districts where causes of low coverage have not been clearly identified.

#### OV cross-border meeting with Togo (held once a year, 15 participants from Benin)

##### Location: Aplahoué (Benin)

Since 2013, these meetings have fostered successful joint supervision and planning for implementation of OV MDA in districts on opposite sides of the border, as well as a system to identify mobile persons and to track migrants and other people moving across the border to ensure they take part in MDA

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<sup>6</sup> Nine PNLMT personnel (Coordination and Unit Chiefs) and four FHI 360 staff who will collectively attend all three meetings.

<sup>7</sup> Three Heads of DDEMP, four teachers' union representatives, two MEMMP staff, and the President of the Federation of Parents' and Students' Associations.

<sup>8</sup> 11 Heads of DDS, 11 Heads of Departmental Public Health Service, 11 heads of Epidemiology and Sanitary Surveillance Division, 30 Health zone coordinators, 30 NTD Focal points, 11 MCC, 11 CDDs.

<sup>9</sup> One trachoma Focal point, six village chiefs, and three mayors.

organized by either country. It has also helped in improving collaboration between field actors overseeing activities (contacts shared, joint supervision during MDA, etc.) on each side of the border shared by both countries.

In FY22, a two-day meeting will be organized in Aplahoué with the support of Sightsavers supporting all costs related to the event (venue location, etc.) and PNLMT staff per diem. FHI 360 Benin personnel will attend this meeting and contribute to the technical conversations during the meeting and work with the PNLMT after the meeting to ensure that the recommendations are followed through, to the greatest extent possible based on available funding. This will include at least one telephone check-in per quarter between the two countries to check in on progress to achieve the proposed actions (e.g., of progress checked in the past: filling of the list of health agents overseeing cross-borders villages, synchronization of MDA along the borders in Boukoubé during past years, etc.). Benin's participants will include 15 members of the MOH NTD team (comprising 4 NTD focal points overseeing activities in districts that border Togo, two C/SDSP, nine central-level PNLMT staff), and four FHI 360 staff members. Only FHI 360 staff's lodging and per diem are supported by the Act | West project.

**Meetings of OV/LF experts committee for elimination (twice a year: 1<sup>st</sup> – national members only; 2<sup>nd</sup> – national and international members)**

**Location: Bohicon (1<sup>st</sup> meeting, 3 days) and Cotonou (2<sup>nd</sup> meeting, 3 days).**

None of the FY20 meetings were conducted because of delay in activities due to Covid-19. FY21 meetings were also not implemented as the results of the OV epidemiological assessment conducted in December 2020 (essential for discussions) and the country's elimination plan (consultant recruitment process started in June 2021) were not available. The PNLMT decided to cancel the two meetings and plan another two in FY22. The first meeting will bring together 27 people (16 national experts, 7 PNLMT staff and 4 FHI 360 staff) to review progress made by the PNLMT toward fulfillment of recommendations from the FY19 meeting. The second meeting will bring together 43 people (14 international experts, 16 national experts, nine PNLMT staff, and four FHI 360 staff). The PNLMT will present a summary of what has been achieved so far (results of MDA activities, epidemiological assessments, etc.), and the committee will assist the PNLMT in figuring out the next steps to achieve elimination.

**Steering committee meetings [coordination meetings] (held three times a year, around 20–30 participants depending on location of meeting and objectives)**

**Location: Two in Cotonou and one in Bohicon outside of Cotonou.**

Act | West will fund the quarterly meetings of the MOH's NTD Steering Committee in Cotonou, as in prior years, paying for meeting space and per diem for participants from outside of Cotonou. The Steering Committee is responsible for coordinating integration of PC NTD activities, assessing progress, and addressing challenges for PC NTD control in Benin; it oversees implementation of the PNLMT's PC NTD program, including community-based and school-based MDA. The committee consists of 12 permanent members, including representatives of the MOH, WHO, and other partners; and four MEMP representatives, two of whom are from the teachers' union. The committee will be assisted by PC NTD national focal points (SCH, STH, MMDP, trachoma, etc.) and epidemiologists who serve as resource persons, invited as necessary. To reinforce cross-sector collaboration, starting FY20, the PNLMT is inviting to those meetings different programs/directorate including Malaria program, National Vaccination program, Directorate of Hygiene and Sanitation of MOH (in charge of WASH activities), Ministry of Urbanization and Well-being, Water directorate, etc. This platform will also be tasked with identifying approaches and initiatives to transform the SCH and STH MDAs into a sustainable delivery platform and improving coordination of NTD-related activities across the country. The first meeting with a focus on cross-sector collaboration has been planned in FY20 (March 2020) then postponed due to

the COVID-19 restrictions. The PNLMT has finally cancelled this meeting and planned another one in FY21.

**FY23 Work Planning Workshops (held twice in FY22, 1<sup>st</sup> meeting gathers around 12 participants and 2<sup>nd</sup> around 15)**

**Location: Lokossa/Bohicon (1<sup>st</sup> meeting), Cotonou (2<sup>nd</sup> meeting).**

These two 3-day meetings which will happen in FY22. The PNLMT with the assistance of FHI 360 will use the first meeting to effectively develop its FY23 work plan, based on USAID funding guidelines and NTD program's objectives and needs. The second meeting will allow validation of the work plan with the additional assistance of FHI 360 (HSS & HQ) and USAID staff. The second meeting helps to ensure the proposed workplan activities align with USAID priorities.

**Assistance for 2021-2025 master plan validation, launch, and dissemination (FHI 360)**

**Location: Cotonou**

This activity previously planned for FY21 was canceled and re-planned for FY22 as the master plan has not yet been completed by the NTD program as there are numerous activities they needed to catch-up on due to COVID-19 related delays. In 2020 and 2021, the PNLMT received technical and financial assistance from the WHO to develop a new master plan which will cover the 2021–2025 period. This plan will be validated with technical and financial assistance of the Clinton Health Access Initiative, which recently approached the PNLMT. The PNLMT is requesting the financial assistance of Act | West to launch and disseminate the final version of this master plan. This one-day activity will be held in Cotonou. Through this launch, the PNLMT will also inform and mobilize local actors (e.g., doctors, nurses, CDDs) and local leaders (e.g., mayors) so that the objectives of the various activities are achieved. Inviting local actors to such an event is a way to ensure ownership of the processes and approaches to advocacy, and that the actors will commit themselves to advocate for additional resources to support the NTD activities stated in the master plan. Participants in the launching ceremony will include some MCC, DDS, C/SDSP, NTD Focal points, MCZS, representatives of the DDEMP, heads of school promotion department, heads of teachers' union, some local officials, representatives of the Ministry of Finance, members of parliament, Nongovernmental Organizations (NGOs) intervening in SAFE strategy in Benin, the program's technical and financial partners (WHO, Sightsavers, USAID) and FHI 360 Benin staff.

**APPENDIX 3: NTD SECRETARIAT SUPPORT**

- Act | West will support operational costs and supplies for the NTD secretariat including office supplies, telephone, and internet communication fees
- Vehicle maintenance (maintenance and repair)
- No other donors are providing operational support to the PNLMT

**APPENDIX 4. BUILDING ADVOCACY FOR A SUSTAINABLE NATIONAL NTD PROGRAM**

**Use professional and high-quality photos and videos to document, promote, and provide more visibility on NTD field activities (once for each selected field activities, approximately 30 beneficiaries or actors will be interviewed for each activity)**

**Location: Multiple, will depend on selected field activities (MDA and DSA)**

Description: To provide engaging first-hand testimonials, stories, quotes, and visual content to support NTD awareness-raising and advocacy activities including NTD sustainability meetings and advocacy; Information, Education and Communications (IEC) activities and events; social mobilization and community engagement activities; and ad hoc events such as World NTD Day, as well as to comply with frequent requests from Act | West Program HQ for high-quality NTD activity photos and success stories, the PNLMT will engage photojournalists to accompany the technical team to document several NTD field activities, including at least one MDA and at least one DSA (SCH/STH impact assessment survey), in FY22.

In addition to capturing high-quality photos and videos of field activities, the photojournalists will interview a variety of NTD program actors, partners, and beneficiaries (e.g., CDDs, nurses/community health workers, teachers, community leaders, community members of varying ages/occupations) to gather multiple perspectives and first-hand accounts and experiences.

**Support the PNLMT to prepare Benin's contribution to World NTD Day including social mobilization activities (held once in the year, thousands targeted through illumination and social media, approximately 100 nursing students targeted)**

**Location: Parakou and other places**

The PNLMT is requesting financial and technical assistance to implement two activities that will increase project visibility and knowledge of NTD program's activities. The first will consist of the illumination of a central public place in the city of Parakou followed by a presentation on NTDs, and how to care for their complications. The presentation will target local nursing school students (Institut de Formation en Soins Infirmiers et Obstétricaux of Parakou), through communication of key messages on NTDs prevention & treatment, demonstration of lymphoedema care, presentation of TT and hydrocele surgery, etc. Approximately 100 nursing school students will be targeted and pamphlets, T-shirts & gadgets will be distributed at the end of the presentation. A contract will be signed with a local enterprise who can offer the illumination service that will help in reaching thousands of people. For the second phase, two documentaries retracing all the NTD activities in Benin including LF and trachoma morbidity care will be conceived and broadcasted on TV, social media, and through any means that will be identified by health zones' team, allowing sensitization of thousands of people. Such a documentary will include material collected by the photojournalist as well as pictures/videos collected during Sightsavers' LF MMDP campaigns. Those two activities will be implemented in collaboration with all partners supporting the PNLMT in the implementation of the different NTD activities. This is necessary to gather data on all activities even those which are not funded by Act | West.

Preparation and implementation of those activities do not require much physical contact, as most steps can be completed through virtual means. During the presentation to nursing school students, everything will be done in an open space on the campus. However, the PNLMT with the assistance of the project and the campus staff will make sure all the preventive measures are followed. Things will be facilitated by the fact that all students are asked to come on the campus with masks and follow all preventive measures.

## APPENDIX 5. SOCIAL MOBILIZATION TO ENABLE NTD PROGRAM ACTIVITIES

IEC <sup>10</sup> Activity or Material to be supported	Key Messages (as applicable)	Location and Frequency	Briefly describe how this material/message is shown to be effective at increasing MDA participation
<i>Banners</i>	<i>Provides dates and location of MDA and important social mobilization activities (e.g., launching ceremony)</i>	<i>School-based MDA: Hung at the entrance of the Departmental Directorate for Education, DDS, and school district, at least one week before MDA Community-based MDA: Hung at the entrance of the city, the sub-district health center, district center, DDS and/or health zone, at least one week before MDA</i>	<i>Yes – As measured during MDA supervision or MDA coverage evaluation surveys (% of community members or participants to survey who recall seeing a banner prior to MDA poster or hearing a radio/TV announcement)</i>
<i>Town criers</i>	<i>Provides dates and location of MDA, diseases targeted and where drug can be received. Drugs are free and safe at preventing NTDs</i>	<i>2 days prior to MDA, and one day during MDA in that village</i>	<i>Yes - Coverage surveys showed that town criers were a primary source of information about the MDA</i>
<i>Local radio and TV broadcasts</i>	<i>Provides dates and location of MDA, information on targeted population for MDA. Allay fears about drugs by providing information on quality and provenance of drugs. Drugs are free.</i>	<i>Message broadcasted on the 4 national TV stations (at least one time a day) and all local radio stations of each district targeted (three times per day). Broadcasting starts a few days prior to MDA and last during the entire campaign (1 week for school-based MDA and 10 days for community-based MDA)</i>	<i>Coverage surveys showed that radio was a primary source of information about the MDA. TV is also a source of information in urban districts.</i>
<i>Documentary</i>	<i>Provides information on NTDs, prevention and treatment, NTD program's activities including MMDP program</i>	<i>Documentary will be broadcasted during the presentation to the nursing school students, through TV and social media</i>	<i>Such activity increases the number of means through which NTD activities information is relayed.</i>

Content of banners: updated in FY21 according to MDA planned.

Content of town criers' message: updated in FY21 with the objective of adapting the message to the actual sanitary context (COVID-19) and other specific situations (TAS1 failure in 4 districts).

Content of radio/TV messages and posters: updated in FY20 when support transitioned from ENVISION to Act | West. Health content has been kept identic.

Content of documentary: will be conceived in FY22 before World NTD day.

*Social Mobilization to enable OV MDA:* Act | West will support the printing of OV-related banners for this MDA to enable social mobilization before the campaign. Act | West will also procure airtime for OV-related radio and Television (TV) broadcast of commercials and announcements in the 51 districts targeted. Finally, Act | West will support the PNLMT in using approximately 4,770 town criers to inform remote villages about the MDA campaign. The volunteers/town criers will inform the public of MDA dates and hold awareness-raising sessions with the aim to increase the communities' participation in the MDA campaign. As indicated above, the social mobilization messages will be adapted to dispel all rumors and reassure populations.

<sup>10</sup> Information, Education, and Communication.

*Social mobilization to enable SCH/STH MDA:* Act | West will support the printing and distribution of 1,800 posters for schools and banners for this MDA to enable social mobilization before the MDA. The posters are printed and dispatched at least three weeks before the MDA. Teachers and head-teachers will post the SCH and/or STH posters in their classrooms and around the school, in strategic locations such as the front doors of latrines and on notice boards. Act | West will procure communication agencies to arrange for radio and TV stations to air commercials and announcements in the 48 districts targeted for SCH/STH MDA. Finally, Act | West will support the PNLMT in using 4,410 town criers to inform remote villages about the MDA campaigns.

## **APPENDIX 6. TRAINING**

MDA training of departmental trainers (for all NTDs): Act | West will financially and technically support the MOH for pre-MDA training of all departmental, health-zone, and district levels staff. All the persons involved in this training are members of the departmental and/or HZ COVID-19 response teams. However, this training will include a module addressing COVID-19 related updates and measures that must be implemented to protect both actors and beneficiaries. Such modules have been conceived in FY21 for the different MDA and DSA activities implemented by the NTD program. The PNLMT SOP manual will be presented at this session and all actors will be asked to follow it and instruct their collaborators to do as well.

Training of sub-district nurses, C/RAMS and CDDs for OV MDA in 51 districts: Act | West will support the PNLMT in training 600 nurses, and 8,600 CDDs for the implementation of digitized OV MDA campaign. For each training, participants will receive information on the disease, the transmission mode, the treatment and how it should be administered and finally all the details related to the electronic data collection (platform to be used, how to research and update a household's information and if household's information is absent include it in the database, how to provide information on each participant including treatment received, and drugs stock management). Nurses will also be trained on their supervision tools embedded in the smartphones. This will help in monitoring the quality and frequency of their supervision. Besides modules related to the MDA campaign implementation itself, participants will be trained on SOPs developed to ensure that community-based MDA activities do not increase the risk of COVID-19 spreading. The SOP will strictly be followed during the trainings itself.

Training of MOE supervisors & briefing of CDDs for SCH/STH MDA: At least a month before MDA, the cascade training of actors involved in SCH/STH MDA starts. The MCC assisted by the NTD focal points train the MOE supervisors (RUPs, Co-RUPs, CRPs, and CPs) who in turn train the teachers and school directors for the MDA. The sub-district nurses brief their CDDs before they go to schools to assist with the treatment of children that do not attend school but are asked to come to receive the drugs.

Training of surveyors for SCH or SCH/STH impact assessment surveys in 10 districts that completed more than 5 rounds of MDA with appropriate coverage (FHI 360): Ten lab technicians, five nurses, five recorders, and 5 supportive supervisors will be trained following the protocol developed for the SCH/STH impact survey. They will be trained on participants' selection procedure, data collection methods and tools, diagnosis procedures, recommended procedures for quality data collection, preventive measures to avoid COVID-19 spreading, surveyors and supervisors' roles, etc.

Training of TSOs and recorders for trachoma confirmatory mapping in two districts (to be selected from among those surveyed in 2020 using the trachoma pre-confirmatory mapping desk review protocol): Four teams of two persons (one TSO and one recorder) will be trained on trachoma mapping methodology (including household selection, data collection and integration procedures, eye-exam procedures, etc.), following the protocol that will be developed by NTD program with the support of

both FHI 360 and Tropical Data. Two teams will collect data per district. The four-day training will be held in the Collines department, and this include a field test for both recorders and TSOs. An additional TSO and recorder will be considered for the training to allow selection of those with best marking at the end of the training assessment, bringing the total number of trainees to 10. Two supervisors will be involved in survey, one of them being the Tropical Data-certified trainer of TSOs.

Training of TSOs and NTD focal points for Trachoma desk review in the remaining 44 districts (19 ZS): Nine teams of two persons (one TSO and one NTD focal point) will be trained on trachoma desk review methodology (including hospital registers' review, potential cases' confirmation, traditional healers' interview, eye-exam procedures, etc.), following the protocol that has been developed by NTD program with the support of FHI 360. One team will collect data in two ZS, except one which will visit three ZS. The one-day training will be held in Bohicon. Three supervisors will be involved in survey, one of them being the Tropical Data-certified trainer of TSOs.

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Name other funding partner (if applicable) and what component(s) they are supporting
			New	Refresher	Total Trainees			
MDA-DSA related training (IR1 and IR3)								
Departmental trainers and supervisors	MDA training of departmental trainers for all NTDs	<ul style="list-style-type: none"> <li>• NTDs targeted in Benin</li> <li>• MDA preparation and implementation</li> <li>• Standard operating procedure (SOP) for MDA drug management</li> <li>• Social mobilization for MDA</li> <li>• MDA supervision and monitoring</li> <li>• Data collection process (registers)</li> <li>• Report writing and transmission</li> </ul>	0	170	170	2	Departmental Health Office	N/A
Sub-district trainers and supervisors (nurses & C/RAMS) for OV MDA	Training of nurses and CDDs for OV MDA in 51 districts	<ul style="list-style-type: none"> <li>• OV and LF MDA preparation and implementation</li> <li>• SOP for MDA drug management</li> <li>• Social mobilization for MDA</li> <li>• MDA supervision and monitoring</li> </ul>	0	600	600	1	District office	N/A

		<ul style="list-style-type: none"> <li>• Data collection process (registers)</li> <li>• Report writing and transmission</li> </ul>						
CDDs for OV MDA	Training of nurses and CDDs for OV MDA in 51 districts	<ul style="list-style-type: none"> <li>• OV MDA preparation and implementation</li> <li>• SOP for MDA drug management</li> <li>• Social mobilization for MDA</li> <li>• Data collection (registers)</li> <li>• Report writing and transmission</li> </ul>	0	8,600	8,600	1	Sub-district health center	N/A
Communal trainers and supervisors for SCH and/or STH school-based MDA (CRP, CPs, RUPs, Co-RUPs)	Training of supervisors (CRPs, CPs, RUPs, and Co-RUPs) for SCH/STH MDA in 48 districts	<ul style="list-style-type: none"> <li>• SCH and/or STH school-based MDA preparation and implementation</li> <li>• SOP for MDA drug management</li> <li>• Social mobilization for MDA</li> <li>• MDA supervision and monitoring</li> <li>• Data collection and report transmission</li> </ul>	0	3,116	3,116	1	District office	N/A
CDDs for school-based SCH and/or STH MDA	Briefing of CDDs for school-based SCH/STH MDA in 48 districts	<ul style="list-style-type: none"> <li>• SCH and/or STH MDA preparation and implementation</li> <li>• SOP for MDA drug management</li> <li>• Social mobilization for MDA</li> <li>• Data collection and report transmission</li> </ul>	0	6,393	6,393	1	Sub-district health center	N/A
Lab technicians, recorders, and supervisors	Training for SCH/STH impact assessment surveys post 5 years of MDA implementation in 8 districts	<ul style="list-style-type: none"> <li>• Purpose of impact survey</li> <li>• Methodology and SOP</li> <li>• Electronic data capture (EDC)</li> <li>• Research ethics</li> </ul>	0	25	25	3	TBD	N/A

TSOs and recorders	Training of TSOs and recorders for trachoma confirmatory mapping in two districts	<ul style="list-style-type: none"> <li>• Purpose of confirmatory mapping</li> <li>• Methodology and SOP</li> <li>• EDC</li> <li>• Research ethics</li> </ul>	0	10	10	4	Glazoué	N/A
TSOs, NTD focal points and supervisors	Training of TSOs and NTD focal points for Trachoma desk review in the remaining 44 districts (19 ZS)	<ul style="list-style-type: none"> <li>• Purpose of trachoma desk review</li> <li>• Methodology and SOP</li> <li>• EDC</li> <li>• Research ethics</li> </ul>	30	0	30	1	Bohicon	N/A
Health Systems Strengthening related training (IR2)								
N/A								
Gender Equality and Social Inclusion related training (as relevant)								
N/A								

#### APPENDIX 7. SHORT TERM TECHNICAL ASSISTANCE

IR category (1, 2, 3)	Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, etc.))	Number of Days required and when	Funding source (e.g., HKI country budget)
2	Development of a National Implementation Guidelines for NTD Activities	Increase access to information and comprehension of NTD-related activities especially for those resuming function after MDA training. Facilitate appropriation of NTD program activities and actions at periphery level to sustain efforts.	Knowledge of NTDs and WHO guidelines in terms of fight against NTDs; FHI 360 HQ	15 days, Q1-4	FHI 360 Benin country budget

**APPENDIX 8. FIXED AMOUNT AWARDS**

FAA recipient (split by type of recipient)	Number of FAAs	Activities	Target Date of FAA application to USAID
<i>PNLMT- Meetings at central and department level</i>	1	<ul style="list-style-type: none"> <li>▪ <i>PNLMT Technical Meeting to update LF dossier</i></li> <li>▪ <i>OV cross-border meeting with Togo (FHI 360)</i></li> <li>▪ <i>Meetings of OV/LF experts committee for elimination [1<sup>st</sup> national members only, 2<sup>nd</sup> national + international members]</i></li> <li>▪ <i>Annual review of FY22 PC-NTD program activities and planification of FY23 activities</i></li> <li>▪ <i>Steering committee meetings [coordination meetings gathering PNLMT, FHI 360, MOE, and actors from other sectors with impact on fight against NTDs]</i></li> <li>▪ <i>Support the PNLMT to prepare Benin's contribution to World NTD Day including social mobilization activities</i></li> </ul>	November 2021
<i>PNLMT-DSA surveys</i>	2	<ul style="list-style-type: none"> <li>▪ <i>Training of surveyors for SCH or SCH/STH impact assessment surveys in 10 districts that completed more than 5 rounds of MDA with appropriate coverage (FHI 360)</i></li> <li>▪ <i>SCH or SCH/STH impact assessment surveys in 10 districts that completed more than 5 rounds of MDA with appropriate coverage (FHI 360)</i></li> <li>▪ <i>Supervision of SCH or SCH/STH impact assessment surveys in 10 districts that completed more than 5 rounds of MDA with appropriate coverage (FHI 360)</i></li> <li>▪ <i>Training of TSOs and recorders for trachoma confirmatory mapping in two districts</i></li> <li>▪ <i>Trachoma confirmatory mapping in 2 districts</i></li> <li>▪ <i>Supervision of trachoma confirmatory mapping in 2 districts</i></li> </ul>	November 2021
<i>PNLMT-MDA</i>	3	<ul style="list-style-type: none"> <li>▪ <i>Drug transportation from central to departmental level for SCH/STH MDA in 49 districts (FHI 360)</i></li> <li>▪ <i>Printing of reporting forms for SCH/STH MDA in 49 districts (FHI 360)</i></li> <li>▪ <i>Training of supervisors (CRPs, CPs, RUPs, and Co-RUPs) for SCH/STH MDA in 49 districts (FHI 360)</i></li> <li>▪ <i>Briefing of CDDs for SCH/STH MDA in 49 districts (FHI 360)</i></li> <li>▪ <i>Supervision of cascade training for the SCH/STH MDA implementation in 49 districts (FHI 360)</i></li> <li>▪ <i>Printing of banners and posters for SCH/STH in 49 districts (FHI 360)</i></li> <li>▪ <i>Airing of MDA-related TV and radio announcements for SCH/STH MDA in 49 districts (FHI 360)</i></li> <li>▪ <i>Community awareness-raising by town criers for SCH/STH MDA in 49 districts (FHI 360)</i></li> <li>▪ <i>SCH/STH MDA in 49 districts (FHI 360)</i></li> <li>▪ <i>Supervision of SCH/STH MDA in 49 districts (FHI 360)</i></li> </ul>	November 2021

## **APPENDIX 9. TIMELINE OF ACTIVITIES**

Attached separately

## **APPENDIX 10. MAPS**

Attached separately

## **APPENDIX 11. COUNTRY STAFFING (PRIME + SUBS AS APPLICABLE)**

Attached separately

## **APPENDIX 12. ADDITIONAL TABLES/ANNEXES (OPTIONAL)**

### **Annex 1. Cost implications for OV Digitalization**

As requested, Act | West is pleased to present a brief summary of the cost implications of efforts to digitalize onchocerciasis (OV) mass drug administration (MDA) in 51 health districts in Benin. The total projected increase is estimated at CFA 81,980,516 or approximately USD 160,022 (excluding indirect costs) for each MDA campaign. This increase is based on two proposed changes.

The first change is a revision to the compensation structure for community drug distributors (CDDs). In Benin, MDA is conducted by teams of two; one team member is responsible for drug distribution and the second is responsible for recording data. In past MDA campaigns both team members were paid a rate of CFA 1,000 per day. During the pilot digitalization campaign, it became clear that some CDDs were not comfortable using smart phones. The CDDs who were comfortable using smart phones tended to have a higher level of education as well as experience supporting the digitized malaria bed net distribution campaign (during which they were paid a rate of CFA 3,500 per day).

**Proposed change:** The CDDs responsible for drug distribution will be paid the same rate of CFA 1,000 per day. The CDDs responsible for recording data will be paid an increased rate of CFA 1,500 per day. In practical terms, this means that half of the estimated 8,551 CDDs will be paid an additional CFA 500 per day during the 10-day OV MDA campaign.

The second change reflects additional training needs to ensure field actors are trained in the use of the data recording application and familiar with the procedures related to digitization. In the past, trainings have only focused on traditional drug distribution.

**Proposed change:** One additional day will be added to each level of the training cascade (three days instead of two for the regional training, two days instead of one for training of nurses, and two days instead of one for training of CDDs). The objective is to integrate the two aspects, namely the traditional OV MDA training as well as the digitization aspect.

The table below provides a breakdown of costs related to the digitalization of the OV MDA in 51 HDs:

<b>IR1: LF, TRA, OV</b>	<b># Units</b>	<b>Units</b>	<b>Original Costs</b>	<b>Total Increase</b>	<b>New Total Costs</b>
<b>e. Training* (IR1 related only)</b>					
• MDA training of Regional Trainers	200	participants	\$52,364	\$14,329	\$66,693
• Refresher Training: nurses	600	participants	\$20,551	\$14,430	\$34,981
• Refresher Training: CDDs	8,551	participants	\$172,010	\$88,920	\$260,930
<b><i>Subtotal Training Costs</i></b>			<b>\$ 244,925</b>	<b>\$117,678</b>	<b>362,604</b>
<b>h. MDA</b>					
• Additional remuneration for recorders during MDA	4,276	participants	\$82,291	\$42,344	\$124,635
<b><i>Subtotal Remuneration During MDA Coverage</i></b>			<b>\$82,291</b>	<b>\$42,344</b>	<b>\$124,635</b>
<b>Total Costs (Direct costs)</b>			<b>\$327,216</b>	<b>\$160,022</b>	<b>\$487,239</b>
G&A (Indirect costs)			\$130,330	\$63,737	\$194,067
<b>Total Additional Costs (inclusive of G&amp;A)</b>			<b>\$457,546</b>	<b>\$223,759</b>	<b>\$681,306</b>

\*Training costs are inclusive of trainers per diem, transportation, and meeting costs

Catholic Relief Services (CRS), with funding from the Bill & Melinda Gates Foundation, has procured all the smart phones, chargers, and other equipment required for the digitalization campaign. Once the current pilot phase ends, after FY22, it is expected that this equipment will become the property of the Ministry of Health. CRS also supports the cost of equipment transportation to the zone de santé and district, development of data collection tool (RedRose), internet fees for smartphones so data can be remotely uploaded by field workers to the platform, per diem of CRS consultants who provide technical assistance on digitalization. To date, CRS has also supported workshops to discuss lessons learned on the pilot campaign and ways to improve the continued roll-out of digitalization across all 51 target health districts.

**APPENDIX 13. FY21 ACTIVITIES DELAYED/RESCHEDULED TO FY22 DUE TO COVID-19**

IR	Budget category(s)	Brief activity description
1	Strategic Planning	Quality improvement (QI) learning sessions: Validation of QI plan of action, implementation of QI plan of action during FY21 OV MDA, post-MDA meeting of QI teams to discuss challenges and impact of QI charter implementation
		Development and implementation of context-specific situation analysis protocols for country-wide LF (lymphedema, hydrocele) and trachoma (trachomatous trichiasis) morbidity burden assessment in each country (AIM Initiative): Dissemination plan only (estimated in October/November)
		Support the development and validation of the MMDP strategic plan to implement integrated or mainstreamed strategies to address morbidity burden (AIM Initiative) <ul style="list-style-type: none"> <li>• Strategic plan development workshop (before end of October)</li> <li>• Strategic plan validation workshop (before December)</li> <li>• Consultancy to support plan development</li> </ul>
	Social Mobilization	Printing of banners for OV MDA in 51 districts (FHI 360)
		Airing of MDA-related TV and radio commercials and announcements for OV MDA in 51 districts (FHI 360)
		Community awareness-raising by town criers for OV MDA in 51 districts (FHI 360)
	Training	Training of nurses, C/RAMS and CDDs for OV MDA in 51 districts (FHI 360)
	Drug Supply and Commodity Management and Procurement	Reverse logistics of drugs at national level post OV and SCH/STH MDA (FHI 360)
	MDA Coverage	OV MDA in 51 districts (FHI 360)
	Supervision for MDA	Supervision of OV MDA in 51 districts (FHI 360)
	Dossier Development	Conception of country's OV elimination strategy/plan (FHI 360)
Short-Term Technical Assistance	Technical assistance to conceive country's OV elimination strategy/plan (Local Consultant)	
FAA#1/Strategic Planning	Steering committee meetings [coordination meetings gathering PNLMT, FHI 360, MOE, and actors from other sectors with impact on fight against NTDs] (FHI 360): One meeting to discuss MDA challenges and actions to improve coverage. Second meeting to discuss cross-sector collaboration for SCH/STH MDA sustainability	
2	Governance	Political Validation Workshop to determine a roadmap for the activities outlined in the Sustainability Plan and set achievable targets with the Ministry of Health
	Governance	FAA#1 HMIS – M&E Indicator Integration (Phase 2 & 3 of NTD data integration to the DHIS-2) (FHI 360): Workshops to import all available historical NTD data into the DHIS-2 platform
	Governance	Assessment of the need to strengthen the NTDP data security system (policies, protocols, alignment with MOH guidance) and identification of action steps to improve the current system (Deloitte in collaboration with MOH): Deloitte will assist the PNLMT in analyzing the situation of its data security system and procedures

**APPENDIX 14. BUDGET (CONFIDENTIAL)**

Attached separately

**APPENDIX 15. BUDGET NARRATIVE (CONFIDENTIAL)**

Attached separately