Act to End Neglected Tropical Diseases | West

FY 2022 Workplan–Burkina Faso

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Submitted by: Bolivar Pou
Senior Program Director
bpou@fhi360.org
Act to End NTDs | West
FHI 360

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ACRONYM LIST

2IE	International Institute of Water and Environmental Engineering (Institut International d'Ingénierie de l'Eau et de l'Environnement)
AE	Adverse event
ALB	Albendazole
BCC	Behavior change communication
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community drug distributor
CDTI	Community-directed treatment with ivermectin
CIND	Country Integrated Database
CISSE	Centers for Health Information and Epidemiological Surveillance
CS	Control (spot-check) site
CSM	Community self-monitoring
CSPS	Center for Health and Social Promotion (Centre de Santé et de Promotion Sociale)
DfID	Department for International Development
DGAP	Directorate General for Access to Health Products
DGSP	Directorate General of Public Health (Direction Générale de la Santé Publique)
DHIS2	District health information system 2
DPSP	Directorate of Protection of Population Health (Direction de la Protection de la Santé de la Population)
DQA	Data quality assessment
DOT	Directly-observed therapy
DRS	Regional Health Directorate (Direction Régionale de la Santé)
DSA	Disease-specific assessment
EU	Evaluation unit
EPIRF	Epidemiological Data Reporting Form
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FEFO	First expired, first out
FHI 360	Family Health International 360
FTS	Filariasis test strip
FY	Fiscal year
HD	Health District
Helen Keller	Helen Keller International
HMIS	Health management information system
HSS	Health system strengthening
ICP	Integrated communication plan
ICT	Immunochromatographic card test
INDB	Integrated NTD database
IEC	Information, education and communication
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint application package
JAPF	Joint application package form

JRF	Joint reporting form
JRSM	Joint request for preventive chemotherapy medicines
KAP	Knowledge, attitudes and practice
LF	Lymphatic filariasis
M&E	Monitoring and evaluation
MDA	Mass drug administration
MDP	Mectizan Donation Program
MMDP	Morbidity management and disability prevention
MOH	Ministry of Health
NTD	Neglected tropical diseases
NTDP	National Neglected Tropical Diseases Program (Programme National de lutte contre les Maladies Tropicales Négligées)
NTD-SC	NTD Support Center
OV	Onchocerciasis
PC–NTDs	Preventive chemotherapy NTDs
PNDS	National Health Development Plan (Plan National de Développement Sanitaire)
PPE	Personal protective equipment
PZQ	Praziquantel
SAC	School-age children
SAE	Severe adverse event
SAFE	Surgery, antibiotic therapy, facial cleanliness, and environmental improvement
SCH	Schistosomiasis
SCIF	Schistosomiasis Control Initiative Foundation (SCIF)
SCM	Supply chain management
SCT	Supervisor's coverage tool
SMM	Sustainability Maturity Model
SOP	Standard operating procedure
SS	Sentinel site
STH	Soil-transmitted helminths
TA	Technical assistance
TAS	Transmission assessment survey
TF	Trachomatous inflammation – follicular
TFGH	Task Force for Global Health
TIPAC	Tool for integrated planning and costing
TIS	Trachoma impact survey
TRA	Trachoma
TSS	Trachoma surveillance survey
TT	Trachomatous trichiasis
USAID	United States Agency for International Development
VDC	Village development committee
WAHO	West African Health Organization
WASH	Water, sanitation and hygiene
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Burkina Faso is a landlocked country with an area of 274,200 km^2. It is bordered by Mali to the north and west, by Niger to the east, and Benin, Togo, Ghana, and Côte d'Ivoire to the south. It is estimated that by 2022 the population will reach 22,929,502 inhabitants. Administratively, Burkina Faso is divided into 13 regions, 45 provinces, 350 departments, 351 municipalities, and 8,228 villages.

Neglected tropical diseases (NTDs) are a public health issue in Burkina Faso and are included as a national priority in the 2011–2020 National Health Development Plan (*Plan National de Développement Sanitaire,* or PNDS). The control and elimination of NTDs is coordinated by the National NTD Program (NTDP), which was created in 2013 to integrate several vertical programs in the fight against NTDs— notably the National Onchocerciases Control Program (established in 1991), the National Program to Eliminate LF (2001), the National Blindness Prevention Program (2002), and the National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program (2004). The NTDP consists of 11 units, including seven technical units and four cross-departmental units (communication, logistics, laboratory services, and monitoring and assessment. (Please see **Appendix 5**: NTDP organizational chart).

The previous target dates for elimination were lymphatic filariasis (LF) in 2023, trachoma (TRA) in 2020, onchocerciasis (OV) in 2025, schistosomiasis (SCH) in 2025, and for control of soil-transmitted helminths (STH) in 2020; however, these dates are being updated as needed. Burkina Faso's second NTD Master Plan (2016–2020) has concluded, and the 2021–2025 NTD Strategic Plan is currently being developed. The new plan will consider the challenges and lessons learned during the assessment of the previous Master Plan and the new World Health Organization (WHO) road map. It will also be used to develop annual national-level action plans.

The NTDP is part of the Protection of Population Health Directorate (*Direction de la Protection de la Santé de la Population,* or DPSP), which is situated within the Directorate General of Public Health (*Direction Générale de la Santé Publique,* or DGSP) of the Ministry of Health (MOH). The 13 Regional Health Directorates are responsible for implementing and supervising NTD activities in the 70 health districts (HDs). The HDs are responsible for implementing disease control activities in collaboration with the Center for Health and Social Promotion (*Centre de Santé et de Promotion Sociale,* or CSPS) and the community. At the community level, community drug distributors (CDDs) conduct social mobilization activities, distribute drugs, and report any serious adverse events (SAEs) to their supervisor for reporting to the MOH, Helen Keller International, FHI 360, the United States Agency for International Development (USAID), WHO, and drug donation companies. The district and regional hospitals are responsible for morbidity management associated with NTDs and management of any SAEs, in collaboration with the NTDP.

The NTDP benefits from the direction of an NTD steering committee and an NTD technical committee, which meet two and four times a year, respectively. These committees were created in 2015 to strengthen the coordination mechanisms for the control and elimination of NTDs in Burkina Faso.

USAID has supported the control and elimination of NTDs in Burkina Faso since 2007 and currently provides support through the Act to End Neglected Tropical Diseases | West program (Act | West), managed by FHI 360 and implemented in Burkina Faso by Helen Keller International (Helen Keller). In

addition to USAID, other partners provide technical and financial support to the NTDP, as outlined in the appendices, **Table 1**.

Key activities including mass drug administration (MDA), disease-specific assessments (DSA), monitoring and evaluation (M&E) and other cross-functional activities such as behavioral change communications (BCC) and health system strengthening (HSS)-related activities are planned for fiscal year 2022 (FY22). These activities will contribute to the NTD control and elimination goals of the MOH.

Two main challenges have impacted the planning and implementation of NTD activities in FY20 and FY21: insecurity and the COVID-19 pandemic.

Insecurity
The deteriorating security situation in Burkina Faso has disrupted the implementation of NTD activities. The persistent insecurity in the Sahel, Nord, Centre-Nord, Est, and Boucle du Mouhoun regions has interrupted planning and implementation of key DSAs, including:

- **LF:** The NTDP has not been able to conduct a transmission assessment survey 3 (TAS3) in Djibo, Dori, and Gorom-Gorom HDs since 2017. The TAS2 for Sebba, TAS3 for Centre-Nord (Tougouri, Boulsa, Kaya, Barsalogho, Kongoussi), TAS3 for Boucle du Mouhoun 1 and 2 (Nouna, Solenzo Tougan et Toma), and TAS2 for Gayéri-Pama and Diapaga in the Est region, all due since 2019, have not been possible.
- **Trachoma:** Trachoma surveillance surveys (TSS) are overdue in the HDs of Djibo, Sebba, Gayéri, Pama, Fada N'Gourma, Tougan, and Manni. Due to continued insecurity in these areas, the NTDP has not been able to reprogram these TSS.
- **OV:** The NTDP could not carry out the entomological surveys in 2019 in Fada N'Gourma, Diapaga, and Pama HDs.

COVID-19 pandemic
The COVID-19 pandemic has impacted NTD activities across West Africa. The first cases of COVID-19 in Burkina Faso were recorded in early March 2020. As a result, FY20 and FY21 planned activities experienced implementation delays. As of July 12, 13,509 people have been affected by COVID-19, and 25,833 people have been vaccinated.

While it is difficult to predict the impact of the virus on FY22 activities, there will likely be continued impact. All activities will be conducted under the government guidelines in place at the time, along with the COVID-19 standard operating procedures (SOPs) that have been developed for NTD activities to avoid the spread of the virus. Recognizing that personal protective equipment (PPE) is needed to ensure the safety of staff, CDDs, and beneficiaries, Helen Keller will seek to coordinate with the MOH and other in-country sources to ensure PPE is available as needed. COVID-19 preventive measures will be reflected in the protocols and guides for carrying out field activities.

2. IR1 ACTIVITIES PLANNED: LF, TRA, OV

i. Lymphatic Filariasis

All 70 HDs in Burkina Faso are LF endemic. LF antigenemia ranged between 2% and 74%, with the Centre-Est, Est, and Sud-Ouest regions having the higher baseline rates of between 26% and 74%. MDA for LF

began in 2001 as part of the National LF Elimination Program, which became the NTDP's National LF Elimination Unit in 2013.

From 2010 to 2018, the Sud-Ouest region conducted biannual LF MDA to reduce the high LF prevalence in the region. These MDAs integrated albendazole (ALB) with the biannual OV treatment with ivermectin (IVM). Starting in 2019, the Mectizan Donation Program (MDP) no longer approved the second round of LF MDA for the Sud-Ouest region because the strategy had not provided the expected results (reduction of the prevalence of microfilaremia to below 1% in the LF-endemic HDs).

Considerable progress has been made toward eliminating LF in Burkina Faso. As of 2021, 62 of the 70 HDs (89%) have stopped annual MDA after passing TAS1. Of the 62 HDs, 57 (92%) have passed TAS2, and of these 57 HDs, 26 (46%) have passed TAS3. The Diébougou HD completed a successful TAS1 in FY20. TAS3 will be carried out in seven evaluation units (EUs) in FY21.

Due to COVID-19 delays, the FY20 planned MDA for LF was implemented in nine districts with financial support from the World Bank and Act | West in early FY21. Three districts supported by the World Bank (Bogodogo, Fada N'Gourma, and Tenkodogo) failed pre-TAS in October 2020 and conducted a first round of MDA in November 2020 with World Bank support. These three HDs are now scheduled to conduct their second MDA for LF in FY22 with the support of Act | West.

In FY21, a re-pre-TAS was conducted in five districts (Bittou, Ouargaye, Batié, Gaoua, and Kampti) with Act | West support. Preliminary survey results show that all five HDs have failed re-pre TAS. The below table shows preliminary re-Pre TAS results in all five HDs.

Table 1: FY21 Re-Pre TAS Preliminary Results by Site

District	Village	Site Status	2019 Prevalence	Total Number Surveyed	New Positives	Old Positives **	Positive Cases (New and Old)	Prevalence (New Positives Only)	Prevalence and Confidence Interval 95% (New + Old Positives)
Bittou	Loaba Peulh	New Site	NA	331	1	-	1	**0..30**	**0.30** [0.05 ; 1.695]
Bittou	Soadin	Old Site	4..17	371	3	8	11	**0..81**	2..96 [1.66 ; 5.23]
Ouargaye	Bilgmdoure	Old Site	3..6	315	3	4	7	**0..95**	2..22 [1.08 ; 4.52]
Ouargaye	Lerghin	Old Site	4..9	323	17	2	19	**5..26**	5..88 [3.80 ; 9.00]
Ouargaye	Naboudin	New Site	NA	320	12	-	12	**3..75**	**3.75** [2.16 ; 6.44]
Ouargaye	Niorgho	Old Site	5..81	201	6	4	10	**2..99**	4..98 [2.41 ; 8.96]
Batié	Kosso	Old Site	2..15	310	7	0	7	**2..26**	2..26 [1.10 ; 4.59]
Batié	Zindi	New Site	NA	319	1	-	1	**0..31**	**0.31** [0.06 ; 1.75]
Batié	Zinkapoko	Old Site	9..27	307	14	6	20	**4..56**	6..51 [4.26 ; 9.85]
Gaoua	Koul campement	Old Site	5..69	354	32	1	33	**9..04**	9..32 [6.71 ;12.80]
Gaoua	Niampira	Old Site	7..72	320	17	0	17	**5..31**	5..31 [3.34 ; 8.34]
Gaoua	Sidoumoukar	New Site	NA	341	6	-	6	**1..76**	**1.76** [0.81 ; 3.79]
Kampti	Djegbanao	Old Site	7..91	310	9	2	11	**2..90**	3..55 [1.99 ; 6.24]
Kampti	Fofora	Old Site	5..92	348	14	1	15	**4..02**	4..31 [2.63 ; 6.99]
Kampti	Gbangbankora	New Site	NA	328	6	-	6	**1..83**	**1.83** [0.84 ; 3.93]
Kampti	Ouatinao	Old Site	7..16	356	9	6	15	**2..53**	4..21 [2.57 ; 6.83]
Total				5154	157	34	191		

*: Old positives are those that tested positive during the previous pre-TAS and were retested during this survey.

The antigenic prevalence of LF using FTS is above the 2% cut-off in 12 of 16 sites evaluated when considering all positives (old and new). Considering only new positives, 11 out of 16 sites evaluated have an antigenic prevalence of LF using FTS above the 2% cut-off. The sites with prevalence below 2% were

mostly new sites (4 out of 5). A comparative analysis with the 2019 prevalence shows a decrease in most of the old sites with the exception of Koul Campement, Kosso, and Lerghin.

Based on new positives only, all of the five districts surveyed had sites with prevalence above 2%. Bittou HD recorded a prevalence of less than 2% in each of the two sites surveyed. However, one former site in Bittou HD could not be surveyed in FY21 due to insecurity. This site recorded five FTS positives in 2017, and 15 FTS positives in 2019. Even if the five positives from 2017 were removed from the 2017 survey in 2019, the antigenic prevalence would still be greater than 2%. The NTDP will seek WHO consultation for the pre-TAS results in Bittou HD to confirm if the HD has failed pre-TAS and next steps for the site that was inaccessible. These five districts will now be planned for MDA in FY22 based on the above preliminary results

Persistent LF Transmission

Factors contributing to persistent LF transmission in the Centre, Est, Sud-Ouest, and Centre-Est regions were detailed in previous workplans. They include, but are not limited to, high baseline prevalence (≥ 50%), community MDA fatigue, persistent non-compliance, and migration from endemic neighboring countries.

Regarding individuals who have missed several rounds of MDA, the NTDP and the Institute of Health Sciences Research of Bobo Dioulasso, in collaboration with the NTD Support Center, carried out a study in 2019 in the HDs of Batié and Tenkodogo. The purpose of this study was to understand the factors contributing to the pre-TAS failures. Results showed that at least 15% of the people surveyed had not taken the drug during the previous MDA. With respect to the number of times they took the drugs over the past five years, the study showed that over 35% of people did not take the drugs consistently during the yearly MDAs (fewer than five treatments). However, as a result of recall bias, the use of a nominative database of people treated over several years could provide a better and more reliable assessment of treatment consistency.

The ongoing persistence of LF in eight HDs despite several rounds of MDAs was the topic of discussion during a telephone conference among the NTDP, WHO (Burkina and AFRO offices), Helen Keller, and FHI 360 on June 10, 2021. The meeting was an important step to decide on directions and additional technical and financial support to strengthen the control strategies in the field. The group also discussed strategies better reach mobile/migration populations such as those in gold mining sites.

During the call, the WHO provided a series of recommendations for stopping LF transmission in these districts:

1. Conduct an analysis of MDA coverage data from the sub district level, to identify hotspot villages.
2. Travel to the identified hotspot villages[1] and conduct community dialogues to identify reasons for persistent transmission of LF and strategies to improve MDA coverage that are adapted to the context in each village.
3. Reinforce MDA supervision, and use of SCT during the MDA.
4. Carry out an epidemiological and entomological survey on the persistence of LF in Burkina Faso.
5. Synchronize treatment with other bordering countries.

[1] The criteria used to define hotspot villages in Burkina Faso are: Villages that had low (<65%) or very high (>100%) epi coverage, villages that have recorded several cases of refusal or reluctance, and/or villages with persistent LF prevalence (Ag>2%).

The NTDP in consultation with Helen Keller Intl and FHI 360 has prioritized the first three recommendations of WHO for implementation in FY22. These include the analysis of MDA coverage data from the sub district level, the community dialogues, and reinforcing MDA supervision and use of SCT, all further described below. In addition, should circumstances allow, the HKI/FHI 360 regional technical team will travel to the country to provide direct TA for supervision and ensure the protocol is enforced and the data analysis are done according to the WHO best practices for pre-TAS.

Sub District Data Analysis
This analysis will be conducted before the FY22 LF MDA,. Data collection and analysis will be conducted by the PNLMTN using an Excel sheet template developed by Helen Keller Intl and with technical assistance from Helen Keller and FHI 360. The analysis will include MDA coverage data from the previous five years (where data is available) at the sub district level. This exercise will require LOE only; however, a one-day meeting in Ouagadougou between the NTDP and Helen Keller Burkina Faso is planned to review the results of the analysis.

Community Dialogues
Community Dialogues are planned before the FY22 LF MDA. The dialogues will be done in collaboration with village officials and health personnel. Based on the results of the sub district data analysis, community dialogues will be conducted in priority HDs (four estimated) that are planning to conduct pre-TAS and have identified hotspot villages. The ENVISION-developed tool "Guide to Improving MDA Using Qualitative Methods" will be used to conduct the community dialogues and will include focus group discussions or individual interviews.

- A one-day preparatory meeting is planned in each targeted district with relevant district staff. This will be an opportunity to discuss the TOR for the community dialogues, prepare presentations, and make sure that relevant community members are invited.
- The community dialogue sessions will consist of one-day meetings at identified villages and will include participants such as village chiefs, traditional leaders, religious leaders, youth groups, women groups, CDDs, and health center nurses.
- A one-day review meeting (pause and reflect session) is planned at the district level to provide recommendations per district for the next MDA. The meeting will be an opportunity to review results from the community dialogues, the strategies already in place, and make adaptations for the next MDA.

The data from these community dialogues, along with the results of the subdistrict data analysis will be used to inform the FY22 LF MDA and propose village-specific solutions.

Strengthened Supervision during the MDA
The supervision in identified hotspot villages will also be reinforced with one additional NTDP supervision team and two additional days of supervision during the FY22 MDA. These changes are to ensure that NTDP supervisors spend more time in these villages to enforce strict compliance to directly observed therapy (DOT). All supervisors will use the SCT tool during supervision (see further details in the planned activities section below).

LF Deep Dive Exercise

In addition to the above, it will be important to conduct an LF deep dive exercise for Burkina Faso in FY22, with technical support from Helen Keller Intl, FHI 360, WHO, and USAID. This will be planned in early quarter two of FY22.

Plan and justification for FY22 LF MDA in eight HDs

The NTDP will conduct LF MDA in eight HDs (Bogodogo, Fada N'Gourma, Tenkodogo, Bittou, Ouargaye, Batié, Gaoua, and Kampti) in FY22 with the support of Act | West, targeting 1,740,387 people ages five years and older. Three HDs failed the pre-TAS in October 2020 and were treated in November 2020 (FY21) with World Bank funding (Bogodogo, Fada N'Gourma, and Tenkodogo). This will be their second round of MDA post pre-TAS failure. The remaining five HDs are those that recently completed the FY21 re-pre-TAS (Bittou, Ouargaye, Batié, Gaoua, and Kampti). Based on preliminary data these districts will require MDA in FY22 due to re-pre-TAS failure. The NTDP will seek WHO consultation for the pre-TAS results in Bittou HD to confirm if the HD has failed pre-TAS and next steps for the site that was inaccessible due to insecurity, however FY22 MDA is currently planned in all five HDs including Bittou.

The MDAs in the five districts that failed re-pre-TAS in FY21 will be conducted after thorough investigation of the reasons for pre-TAS failure. The investigation process has started with FHI 360 and HKI holding meetings with the PNMTN that reviewed the conduct of the survey and analysis of data. The findings of the investigation are being documented to inform MDA and next re-pre-TAS.

Nurses will train the CDDs for IVM and ALB distribution at the health center level. The CDDs will be recruited, with the assistance of the community, for the MDA. The goal of the MDA will be to treat 100% of all eligible persons. The campaign will be extended at no extra cost to Act | West if zonal programmatic coverage is initially below 75%. Act | West is currently negotiating with the PNMTN to revise this threshold upward. The drugs will be distributed door-to-door in the villages and at fixed locations or distribution points in the health centers, barracks, services, and schools. Several strategies have been identified during previous studies such as the 2019 NTD-SC pre-TAS failure study, or were shown to be successful in previous MDAs. These strategies include treatment under direct supervision, household marking, and recording of absentees/refusals for targeted tracking will be continued in FY22 ***(budgeted in regional FAAs)***.

The following strategies to improve MDA coverage will be implemented in FY22:

- Strict compliance with DOT. Both social mobilization activities and cascade training for those involved in implementing the MDAs will emphasize the importance of this strategy. DOT will be closely monitored during CDD supervision. Follow-up of people absent/refusing drugs during the campaign will consist of recording those names in a register and physically marking households for follow-up. Supervisors will accompany the CDDs to ensure that those people are followed up on and receive DOT, if they agree to participate. These strategies are in line with the recommendations of the 2019 NTD-SC pre-TAS failure study and have been implemented during previous MDAs.
- Coverage data will be reviewed at the sub-district level (villages) prior to the launch to identify villages suspected of having coverage issues. Special documentaries will be shown in hotspot villages as part of the social mobilization strategy. The documentaries, which have already been produced, will document clinical symptoms, transmission modes, drug administration, disease prevention, the importance of MDA, and case handling. Villages in which documentaries have been shown have reported satisfactory coverage in campaigns. Funding will be requested from

Act | West for district-level broadcasts. Please see ***Appendix 5*** for more information on this activity.

- During district-level post-MDA data validation meetings, the HDs will verify the quality of the coverage data at the village level and identify any areas with low coverage. The meetings will continue to provide a platform to discuss the results at the sub-district level, the reasons for low coverage, and targeted corrective action. Increased attention will be paid to the areas with low coverage during the monitoring of the next MDAs.
- A systematic review of all components of the MDA, including the training modules, the management of the supply chain, the monitoring tools, and the data collection tools, will be done before MDA. The review will be done using the MDA Checklist developed by Helen Keller. This checklist was developed for the implementation of the FY20 work plan and will be used to maintain or improve MDA quality in FY22. This will be done at no cost to Act | West.

Monitoring of the implementation of the above strategies will be conducted via the MDA checklist.

To improve the treatment coverage of the residents of gold-mining sites, the NTDP will target the areas for specific actions, such as the involvement of site managers in awareness-raising activities and the use of town criers from within gold-mining communities. During the FY22 MDA, the NTDP will implement a new strategy to treat mining communities in the Sud- Ouest region, which houses the largest number of mining sites per village of the regions targeted for the FY22 MDA. One additional CDD team will be used in each village to travel to the mining sites of the Sud- Ouest region and treat this population where they are. This pilot strategy will expand to other regions in FY23. Treatment of this population in future MDAs will require close collaboration with regional officials to get accurate population estimates for these mining communities. The NTDP will use this population data to submit a request to treat these mining populations in future JAP submissions.

Social mobilization activities will be proposed based on the data collected during past coverage surveys and the rapid assessments done during the MDA. The data collected during the post-LF MDA campaign survey carried out in August 2018 showed that 593 (97.85%) of the 606 respondents were present in their villages at the time of the MDAs and that of these, 509 (85.83%) were informed about the campaign (from 83.62% in Fada to 88% in Tenkodogo). The main information channels cited were the CDDs (41.06%) followed by the town criers (40.67%), the radio (35.17%), and the health agents (some cited more than one source). However, there were disparities depending on the HD. For example, in Fada, the most common communication methods were (in order) the health agents, town criers, and radio, whereas in Tenkodogo they were CDDs, town criers, and radio.

Supervisor's Coverage Tool (SCT) quick monitoring tool

Based on WHO directives, the SCT will be used by the supervisors in the districts receiving their second round of MDA after failing pre-TAS. The tool enables implementation of corrective measures for the current campaign to ensure either coverage objectives are met or a catch-up program is conducted to increase coverage, if necessary ***(budgeted in regional FAAs)***.

LF DSAs

The following LF DSAs are planned for FY22. Please see Section 4.j. of the ***Budget Description*** for more details.

Coverage evaluation survey

Following the results of the FY21 re-Pre TAS, a coverage evaluation survey is planned in three LF HDs (Gaoua, Batié in Sud-Ouest and Bittou in Centre-Est) that failed re-Pre TAS in FY21 and will conduct MDA in FY22.

Pre-TAS in three HDs

Three districts (Bogodogo, Fada N'Gourma, and Tenkodogo) will conduct a re-pre-TAS in FY22. The re-pre-TAS will be done at least six months after the FY22 LF MDA (listed above) in accordance with WHO guidelines. These districts include 15 sites as follows:

- Bogodogo: Two sites including one former control site (P Ag ≥2%) and one new site
- Fada N'Gourma: Seven sites including six former control sites (P Ag ≥2%) and one new site
- Tenkodogo: Six sites including five former control sites (P Ag ≥2%) and one new site

The results will determine if the HDs are suitable for the TAS1. Socio-demographic data on positive cases will also be collected during the survey in order to conduct special follow-up visits during the MDA and ensure these people and their family members receive treatment. Positive cases will be monitored by the health center nurse on a regular basis during the treatment ***(budgeted under FAA#2)***.

Four other districts are eligible to conduct TAS2 but will not be planned in FY22 due to security conditions (Table 2).

Table 2: List of HDs that will not conduct TAS2 due to insecurity

Districts	District population in 2022	Security Status
Pama	145,959	Red zone*
Gayéri	140,216	Red zone*
Sebba	227,871	Red zone*
Diapaga	579,529	Red zone*

*Red zones are in insecure areas and will not be budgeted in FY22.

TAS3 in 9 HDs (five EUs)

TAS3 is planned in 9 HDs (five EUs) in FY22 (Table 4). These districts are located in secure zones: the EUs of Manga, Saponé-Kombissiri, Pô, Garango-Pouytenga, and one other EU made up of the rural zones of Boulmiougou, Signoghin, and Nongr-Massom HDs. A TAS3 has not been carried out in certain regions since 2017 due to insecurity (see Table 3) ***(budgeted under FAA#2)***.

Table 3: Districts to conduct TAS3 in FY22

Districts	Number of EUs	EU population in 2022	Security Status
Boulmiougou, Nongr-Massom, Sig-Nonghin	1	1,165,825	Green zone*
Garango, Pouytenga	1	251,957	Green zone*
Kombissiri, Saponé	1	217,802	Green zone*
Manga	1	371,654	Green zone*
Pô	1	243,670	Green zone*

*Green Zones are in secure areas and will be budgeted in FY22

Table 4: List of HDs that will not conduct TAS3 due to insecurity

Region	Districts	District population in 2022	#EUs	Security Status
Boucle de Mouhoun	Nouna	415,968	1	Red zone*
	Solenzo	409,854		Red zone*
	Toma	243,086	1	Red zone*
	Tougan	324,114		Red zone*
Centre Nord	Barsalogho	227206	1	Red zone*
	Boulsa	248,078		Red zone*
	Kaya	453,857		Red zone*
	Kongoussi	431,726		Red zone*
	Tougouri	267,821		Red zone*
Sahel	Djibo	566,722	1	Red zone*
	Dori	423,025		Red zone*
	Gorom-Gorom	326,552		Red zone*
Est	Manni	216,430	1	Red zone*
	Bogandé	443,013		Red zone*

*Red zones are in insecure areas and will not be budgeted in FY22.

Helen Keller, in partnership with the NTDP, will continue to assess the security level at these EUs throughout the fiscal year. Helen Keller/ Burkina Faso recruited a security manager (75% LOE) in FY20 to better assess the security situation on a regular basis. This position will provide guidance if there is a window of opportunity available for the rapid and safe implementation of the surveys in non-secure zones.

Ensure the implementation quality of the DSAs (LF)

Act | West will support the continued quality implementation of pre-TAS and TAS via training, monitoring, and field supervision. While it is not suspected that poor pre-TAS quality contributed to the persistent LF in some HDs observed in Burkina Faso, efforts will be made to ensure continued high-quality TAS implementation. The pre-TAS and TAS protocols will be developed by the NTDP LF unit in partnership with Helen Keller/Burkina and approved by Helen Keller/HQ/AFRO and FHI 360 Act | West teams. The NTDP, in collaboration with Act | West technical staff, will ensure that the survey protocols define the appropriate quality control measures, notably:

- The use of positive control to test the filariasis test strips (FTS) upon arrival in the country and prior to field use
- Proper storage of the FTS in a cool and dry place

- Use of the WHO LF Diagnostics feedback form to document the FTS performance in the field
- Confirmatory re-testing of positive cases
- Use of the TAS supervisor's checklist
- EU size of about 500,000 population
- Plan of follow up and treatment of positive cases

Training/refresher training for field supervisors and survey teams will be managed by the NTDP with technical support from the Act | West program (Helen Keller/HQ/AFRO and FHI 360). The data will be collected with Android devices using the ESPEN Collect platform. Lastly, Helen Keller and NTDP staff will supervise the survey in the field to ensure that the survey teams comply with the protocol and the quality control measures. When security allows, Helen Keller/HQ/AFRO and/or FHI 360 will also observe the launch of the TAS surveys in the field.

Monitoring of positive cases during the TAS
In accordance with the recommendations of the NTD technical committee, and while waiting for WHO guidelines, the NTDP will proceed with screening immediate family members of positive children (using FTS) and provide them with free treatment. The NTDP will also provide follow-up and treatment for the positive cases recorded in the EU during previous TAS surveys.

LF Dossier

The deteriorating the security situation in Burkina Faso has negatively affected implementation of TAS in districts that have achieved stop MDA criteria for LF. In total, 17 districts have had their surveys delayed due to the lack of security (5 TAS2 and 12 TAS3). The NTDP will continue to monitor the security situation in these HDs to determine when it is safe to implement activities. The current elimination deadline of 2023 will be delayed due to insecurity in these areas and repeated failure of DSAs.

Completeness and security of historical data
NTD data for LF are secure and are the responsibility of the NTDP's monitoring and assessment unit. Data on the implementation of LF prevention activities since 2001 has been archived and is available from the NTDP in several forms—including annual reports, Excel, national integrated NTD database (CIND), joint reporting form (JRF), epidemiological data reporting form (EPIRF) and MOH statistics directories. The complete data on LF are stored in password-protected computers and on external hard drives. The LF data provided to WHO are also available on the ESPEN portal. In addition, the heads of the NTDP units have a copy of the data on their computers, which are also password protected. Some data are stored on paper, in addition to the other storage methods described above. LF morbidity data are included in the Health Management Information System (HMIS) and the District Health Information System (DHIS2). (*See **also Section 3 on Data Security**).* The databases are updated regularly as validated data become available.

Dossier Status
The NTDP oversees LF dossier development with technical and financial support from Act | West. The NTDP has a considerable amount of historical data on LF treatment and assessment surveys conducted to date. The WHO LF elimination dossier template was updated using the 2015 format. The WHO published a new form in 2018 which is now being used. Currently, only the monitoring and evaluation (M&E) tab is incomplete. The other tabs have been filled in and are updated regularly. The NTDP has not started to write up the narrative section of the LF elimination dossier.

A workshop to update LF morbidity data and the presentation of the LF elimination dossier took place in FY19. A second workshop to update the dossier data was conducted in FY21 with Act | West support,

when the Excel template was updated with all available data. The NTDP will continue to update the data required for the dossier in FY22.

Gaps

There are gaps in needed support for the activities required for validation—notably in morbidity management. These include scaling up of case management interventions and assessment of the quality of existing services. Shortfalls have been exacerbated by the ending of the World Bank project.

ii. Trachoma

Trachoma was found to be endemic in 48 of 70 HDs (prevalence of trachomatous inflammation– follicular (TF) ≥5% in children aged 1–9 years). The urban district of Baskuy (central Ouagadougou) is not suspected to be endemic and is the only HD in Burkina Faso that has not been mapped for trachoma.

The NTDP implements the WHO–recommended SAFE strategy (**S**urgery, **A**ntibiotic therapy, **F**acial cleanliness, and **E**nvironmental improvement)—along with capacity building and BCC strategies—to reach the elimination goal. The NTDP had set 2020 as the target to reach the criteria to eliminate trachoma as a public health problem. Considering the delays in TSS, TT-only surveys, and operations on trachomatous trichiasis (TT) patients, the NTDP will set a new elimination deadline when preparing the new NTD Master Plan. Delays in trachoma activities have been mainly due to insecurity in some HDs and the COVID-19 pandemic.

Burkina Faso has made considerable progress in trachoma elimination. By 2017, all 48 endemic HDs had met the criteria to stop MDA (TF <5% among children ages 1–9 years) based on the most recent trachoma impact surveys (TIS). TSS have been under way since 2017, with the support of USAID and the World Bank. To date, 34 HDs have conducted TSS and maintained TF < 5%. Seven HDs (Dédougou, Kaya, Sindou, Manni, Houndé, Po, and Nongr-Massom) planned for TSS in FY19 and FY20 will be surveyed in FY21 due to delays caused by the health workers' strike in 2019 and COVID-19. This will increase the number of HDs that have carried out their TSS to 41. In addition to TSS, TT surveys were conducted in April 2019 in two HDs (Orodara and N'Dorola) as part of the USAID Morbidity Management and Disability Prevention (MMDP) project. Other TT-only surveys were conducted in the HDs of Gourcy, Ouahigouya, Séguénéga, Yako, Orodara, and N'Dorola, with support from Sightsavers. In FY20, Sightsavers supported the NTDP to implement TT-only surveys in the districts of Boromo, Dano, and Diébougou. With the end of the World Bank project, Sightsavers is supporting TT-only surveys and TT surgery as part of the AcceleraTe project. At the end of 2020, the number of TT patients remaining to be treated (to reach the threshold of fewer than one TT case unknown to the health system per 1,000 residents) was estimated at 4,251. In 2021, TT surgery camps were planned for the districts of Kongoussi, Ouahigouya, Boromo, Toma, Séguénéga, and Dano, with the support of Sightsavers. With currently available data, 19 districts remain with TT prevalence ≥0.2% in adults aged 15 years and older but results from TT-only surveys that have been conducted have not all been received. The results of these surveys may modify both the backlog and the number of districts not yet achieving the criteria of TT <0.2%.

Plan and justification for FY22 Trachoma DSAs

In 2021, 14 HDs were eligible and overdue to conduct TSS, but only seven were planned in FY21 as the others are in insecure zones. No TSS surveys are planned in FY22 as the HDs eligible are in insecure areas. The NTDP will continue to assess the security situation and plan surveys in the remaining zones once the situation has improved (see Table 5 below).

Table 5: List of HDs that will not conduct TSS due to insecurity

Region	District	District Population in 2022	#EUs	Security Status
Boucle du Mouhoun	Tougan	324,114	2	Red zone*
Est	Fada	505,327	2	Red zone*
	Gayéri	140,216	1	Red zone*
	Pama	145,959	1	Red zone**
Sahel Centre Nord	Djibo	566,722	2	Red zone*
	Sebba	227,871	1	Red zone*
	Kongoussi	431,726	2	Red zone*

*Red zones are in insecure areas and will not be budgeted in FY22.

Trachoma Dossier

Current timeline

In July 2021, TSS are underway in five districts (Dédougou, Sindou, Kaya, Manni, and Houndé). SOPs to prevent COVID-19 transmission during trachoma DSAs were developed and are being used during the TSS.

As the current security conditions do not allow for TSS implementation in the remaining seven HDs, the timeline to complete them will extend beyond FY22. In FY22, TT surgeries will be funded by Sightsavers as part of the AcceleraTE project. The districts of Diapaga and Thiou, planned for TT-only since 2019, are not yet been surveyed due to insecurity.

Completeness and security of historical data

The situation for trachoma data is the same as for LF (see above). In addition, with the support of Helen Keller and the International Trachoma Initiative (ITI), the NTDP has entered all data available from TIS, TSS, and TT-only surveys in the trachoma dossier Excel file template. This file is kept on the computers of the NTDP M&E and Head of Unit and backed up on external hard drives. Since 2017, TSS have been implemented with technical support from Tropical Data with training of graders, recorders, and supervisors. The mobile data collection forms are provided by Tropical Data, and the data from these surveys are also stored at their level (please see ***Section 3 on Data Security*** below for more information).

Dossier Status

The NTDP manages the preparation of the trachoma elimination dossier with technical and financial support from Helen Keller via Act | West and Sightsavers. In 2019, partners participated in a dossier workshop supported by USAID's MMDP Project, enabling assessment of available data, identification of the milestones to be reached, and accountability of the participants involved under the direction of the NTDP's trachoma unit. As next steps, Sightsavers will provide support for an analysis of the F&E components (of the SAFE strategy) of the dossier in collaboration with the water, sanitation and hygiene (WASH) sectors and education and environment partners. Helen Keller, Sightsavers, and ITI will help update the NTDP Excel file with all recent survey data; the NTDP will prepare the narrative portion. Act | West provided support for a second workshop on the trachoma elimination dossier, March 28–April 1,

2021, in Manga. Following the workshop, a draft "0" of the trachoma elimination dossier was produced and the Excel file was updated. In FY22, a third trachoma elimination dossier workshop is planned with support from Act | West ***(budgeted under HKI Program)*** and Sightsavers. The purpose of this workshop will be to continue updating the data in the elimination file, taking into account new survey results and TT management. Discussion on adding the dossier narrative to the agenda will also be explored. Virtual meetings will be considered in the event that in person meetings are not possible. Helen Keller will inform FHI 360 and USAID prior to the meetings so they can attend, if feasible.

iii. Onchocerciasis

OV is endemic in two HDs of the Cascades region (Banfora and Mangodara) and four HDs in the Sud-Ouest region (Batié, Gaoua, Diébougou, and Dano). The NTDP objective is to interrupt transmission of OV by 2025 using the following strategies: two MDA rounds each year of community-directed treatment with ivermectin (CDTI), with USAID supporting one round in four HDs in the Sud-Ouest region; community self-monitoring (CSM) of CDTI; BCC; epidemiological and entomological monitoring; and vector control and capacity building.

In 2021, Sightsavers funded a round of OV/CDTI in the two Cascades HDs (Banfora and Mangodara. Planning for the second round is pending the epidemiological and entomological assessments scheduled for 2021.

A single round of OV/CDTI is planned for the four HDs in the Sud-Ouest region in 2021 with funding from Act | West. This will be completed in October 2021. CSM will also be funded by Act | West in the four HDs in the Sud-Ouest region.

To reach the elimination target by 2025, the two OV/CDTI rounds must be carried out each year. Act | West will continue to provide support for one OV/CDTI round and CSM in the four HDs of the Sud-Ouest region in FY22. There is currently a funding gap for the remaining OV/CDTI round, which may negatively affect the target elimination date.

No OV DSAs were carried out with USAID support in FY19 or FY20.

Burkina Faso convened a technical sub-committee for the elimination of OV in January 2018, which recommended synchronization of the OV/CDTI campaigns with Côte d'Ivoire and the creation of a framework in which the two endemic regions in Burkina Faso can share experiences and lessons learned. There is currently no national OV elimination plan; however, a draft plan was created during the END in Africa project. That plan will be reflected in the 2021–2025 NTD Master Plan, which is expected to be finalized in FY21.

Based on recommendations from the OV elimination sub-committee meeting, additional entomological assessments (PCR O-150 test) were planned for FY20 with the support of Sightsavers. Sightsavers also planned to provide support for epidemiological assessments (skin snips and OV16 RDT) in the two Cascades HDs in FY20 to assess the prevalence in that region after three years of OV/CDTI. These surveys were delayed in FY20 due to COVID-19. The entomological surveys are ongoing and will end in December; the epidemiological surveys are planned to start in October. The last epidemiological and entomological assessments in the Cascades region were conducted in 2016.

FY22 plan and justification for MDA/ CDTI for onchocerciasis in four HDs

In FY22, Act | West will provide support for the first round of OV/CDTI in the Sud-Ouest region, targeting 219,344 people. The OV/CDTI is implemented in endemic villages and farming hamlets of targeted HDs; the treatment does not involve the entire HD. The distribution will last ten days and use a door-to-door strategy. Each CDD uses a treatment register containing a list of community members by household.

Updating the OV/CDTI registers

Targets for the OV/CDTI are based on the population list on the registers. During treatment, the CDDs also record all the population changes that have occurred since the previous treatment and update the registers. Updating the registers consists of determining people who moved away permanently or were deceased, completing missing information, and recording new household members. The Centers for Health Information and Epidemiological Surveillance (CISSE) in the OV endemic HDs will then enter and analyze the information. This step is supervised by the NTDP OV elimination unit, the Regional Health Directorates (DRS) and Act | West. It provides an opportunity for all of the stakeholders to make suggestions and recommendations for the implementation of the next CDTI ***(budgeted under regional FAAs)***.

Community self-monitoring (CSM) *(budgeted under regional FAAs)*

In FY22, CSM activities will be conducted as part of implementing OV/CDTI in six HDs in two regions (Cascades and Sud-Ouest). Act | West will support implementation of CSM in 120 villages in the four HDs in the Sud-Ouest region. Sightsavers will support MDA and CSM in two regions in the Cascades region. Selected community members are trained to conduct supervision. They use the results to inform the community (under the supervision of the CSPS Head Nurse, Act | West, and the NTDP) about the importance of OV/CDTI and how to reduce exposure to NTDs. The community is more likely to adhere to the recommendations when these are made by fellow community members. In FY20, CSM reports detailed one example where a member of the community who initially refused treatment eventually accepted to take it in public. His actions encouraged three other people to take the drug in public.

Post-CDTI coverage evaluation survey (two HDs)

In FY22, the NTDP will conduct post-CDTI coverage evaluation surveys in two HDs in accordance with WHO guidelines. The surveys will be conducted at least three weeks after the OV/CDTI is implemented. The results will be used to validate the declared coverage and identify corrective measures to improve the coverage of future campaigns. The coverage surveys will be done in the Dano and Diébougou HDs. These two HDs were selected because of their population mobility. In particular, Dano HD borders Ghana, and both HDs have 12 artisanal gold sites, leading to frequent population movement and potentially missed treatment. Thus, to validate the coverage declared during the OV/CDTI, it is necessary to conduct post-campaign coverage surveys in Dano and Diébougou. Act | West will provide technical support for the development of the protocol and training ***(budgeted under FAA#1)***.

OV DSA

No OV DSAs are planned in FY22 with Act | West support.

IR1 Integrated activities

Social mobilization

The Knowledge, Attitude, and Practice (KAP) component of the FY20 OV coverage survey showed:

- Knowledge of the OV vector: 33.22% of respondents know the OV vector in the Gaoua-Batié districts versus 19.51% of respondents in the Dano and Diébougou districts;
- Prevention of OV: in Gaoua-Batié, CDTI was cited by 63.84% of respondents, the use of mosquito nets by 42.50%, and the wearing of long-sleeved pants and shirts by 35.50%. In Diébougou-Dano, CDTI was cited in 25.91%, the use of mosquito nets in 7.32%, and the wearing of long-sleeved pants and shirts in 6.40%;
- Information about the campaign: nearly 98% of respondents were informed about the campaign in the regions concerned. The town criers and the CDDs are the main channels at 89.13%. The other actors involved in the information process were health workers (4.31%), places of worship (2.86%) and local officials (1.65%).

The abovementioned findings, when combined with supervisor observations during the CDTI suggest the following:

- In some districts, the community leaders who have been invited to attend advocacy sessions often do not reside in areas affected by the campaign,
- Advocacy sessions are not always implemented before the campaign in accordance with the MDA guidelines for various reasons, for example due to scheduling challenges. In some cases, administrative authorities were not available due to scheduling conflicts or other community events may have been scheduled at the same time as the planned sessions.

To obtain community buy-in for the LF and OV MDAs in FY22, the NTDP, with the support of Act | West, will implement the following social mobilization activities at the regional, district, health center, and community level in the targeted districts ***(budgeted under regional FAAs)***. (Please see also ***Appendix 5*** for more detailed information on the social mobilization activities.)

- **Regional level**: The NTDP will develop a French language radio program in support of OV/MDA in each region. This program will accompany a radio advertisement, also in French, produced by the DRS and broadcast during MDA. An advocacy session is also planned with leaders (administrative, traditional, and religious) in the Sud-Ouest region.

- **Health district level:** The NTDP will organize a one-day advocacy session in each district to encourage participation in MDA. In addition, the NTDP will create a French-language advertisement and a radio program that will be broadcast in the three most common local languages of each target HD. Finally, the NTDP will support viewings of a documentary about LF and OV in the villages with poor coverage in the two HDs. The goal of these advocacy efforts is to create community buy-in for the MDAs, improve treatment coverage, and reduce refusal cases. Communities in Burkina Faso are generally organized in a hierarchical manner and are strongly influenced by their leaders—whether community, religious, or administrative. It is therefore essential to obtain the commitment of these leaders to support the campaigns before they begin.

  Community leaders will take part in an official MDA launch ceremony at the district level in advance of an MDA. These leaders will take the drugs in front of their communities to encourage compliance with the DOT. Previously, a single national MDA launch ceremony was held before the

campaign. It is believed that district-level launch events will increase visibility and awareness of the campaign in the communities and thus increase participation. These launches will be an opportunity to broadcast tailored messaging, fine-tuned to each community. District advocacy meetings will be organized prior to the launches to ensure their buy-in. Messages from the local leaders about the importance of the MDA and DOT be recorded in local languages and will be broadcast by the local media. Please see ***Appendix 5*** for more information on this activity.

- **Health center level:** The Head Nurses will inform community leaders and obtain their support to mobilize the population for the LF and OV MDA. These will include the local authorities (religious, traditional, and village development committee [VDC] leaders), school principals, and other organizations.

- **Community level:** Information and awareness-raising messages will be shared with the community via town criers and mobilizing agents in each village before and during the MDA. The use of town criers will be extended to farming hamlets. During distribution, the mobilizing agents will use brochures to continue to raise awareness among people receiving the drugs, particularly those who are hesitant to take them. To improve coverage of the populations of the gold mining sites, town criers will be chosen from within the communities of the gold mining sites. Gold mining site managers will also be involved in advocacy and social mobilization. Gold mining sites in the Sud-Ouest region will be treated in FY22. Please see additional text in LF section.

Training

Several cascade training sessions are required to implement the MDAs planned for FY22. The trainings are integrated for all NTDs at the national and regional levels. District-level trainings are specific to targeted NTDs. ***(Budgeted under FAA#1 and regional FAAs)***
(Please see ***Appendix 6*** for more detailed information on trainings.)

Supervision during the LF MDA and OV/CDTI

Cascade supervision is implemented at every level of the health system during LF MDA and OV/CDTI. Supervision tools will be used to assess the preparation, implementation, training, drug management, data collection, and development of the campaign report. Supervision of CDDs by Helen Keller and the NTDP helps ensure compliance with treatment guidelines, including correct use of dose poles, eligibility criteria, application of the DOT protocol, correct recording of the treatments administered in the village register, management of the supply chain (reporting of shortages), identification/reporting of SAEs to the supervisor, reporting of refusals/reticence and of those absent/refusing treatment. Supervision will also enable verification of the implementation of preventive measures for COVID-19. Supervision will be integrated for LF and OV in the Sud-Ouest region. Act | West will supervise the MDAs at all levels of supervision within the region, including sub-district level, as well as training and preparation meetings ***(budgeted under regional FAAs and HKI Program)***.

Post-MDA evaluation meetings at regional and district level

To ensure quality NTD data, the program has held post-MDA validation sessions for all MDAs at the central level with DRS focal points since 2016 and at the HD level with the Head Nurses since 2017. These sessions have contributed to improving data quality. The program will continue to hold data validation sessions at every level in FY21. The results of MDA data validation will be discussed during DRS-level assessment

meetings. Annual validation of the data will take place at the central level in collaboration with the participants of the health regions. The central-level validation session is an opportunity for central and regional level actors to discuss the challenges related to MDA implementation. In FY22, Act | West will support the post-MDA evaluation meetings at all levels (central, regional, and district) ***(budgeted under regional FAAs)***.

Activities supported by the host government/partners

The Government of Burkina Faso contributes to the control and elimination of NTDs via logistical support (vehicles, administrative offices, and warehouses for drug storage) and exemptions from customs duties and import taxes on drugs and other products. It also supports the salaries of NTD staff and health center staff. In addition, a budget line was created for NTDs and receives annual financing. The contribution from the government in 2019 was 75 million CFA (approximately USD 131,579). The budget item was decreased to a total of 50 million CFA in 2020. This was due to the redirection of funding to improve the security situation in the country. The budget for NTDs in 2021 is also lower than in 2020, at 40 million CFA, due to both insecurity and COVID-19.

The Government also contributes to the following components of the NTD program:

- NTDP central and regional level staff
- **Social mobilization:** Provides rooms for advocacy and social mobilization meetings and funds megaphones for town criers.
- **Training:** Provides rooms at the CSPS for central-level cascade training.
- **Supply chain management (SCM)**: Covers customs clearance fees for drugs, government vehicles to transport the drugs from the regions to the districts, and warehouses to store NTD drugs.
- **MDA:** Health center management committees provide additional financial support to cover certain expenses such as the cost of reproducing data collection tools, megaphones/batteries and the fuel for supervision. The Ministry of Education supports the SCH MDAs that take place during the school year by mobilizing teachers to help the NTDP reach the MDA goals. Teachers participate in sensitizing the children and parents to adhere to the MDAs and support health workers during the drug distribution.
- **Supervision:** Provides vehicles for program supervision and associated activities.

The following activities are supported by other partners:

- Sightsavers will provide support for the implementation of the CDTI, the CSM, and updating the registers in two endemic HDs in the Cascades region (Mangodara and Banfora).

The following activities are currently unfunded in FY22 and will require partner support:

- The gaps in CDD funding resulting from the close of the World Bank project. The CDDs receive a six-day allocation for the complete number of days of the OV and LF campaigns. In accordance with ministerial decree, which determines the required daily payment based on their community agent status, CDDs should be paid a daily rate of CFA 3,000 for six days of distribution. Prior to FY21, Act | West has covered a daily rate of CFA 500 per day. This amount had been supplemented by support from the World Bank, who covered the remaining CFA 2,500 per CDD per day. The World Bank project ended in December 2020, and the NTDP would therefore like to obtain support from USAID to fund all six days of coverage for the CDDs in FY22 in USAID-supported areas.

- Act | West will fund only one OV/CDTI round and the CSM in the Sud-Ouest region. There is a funding gap for the second round previously financed by the World Bank. The NTDP is searching for other partners to fill this gap.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

i. Systems Strengthening

1. Data Security and Management

Data quality control

Quality control is implemented at every level and overseen by the data managers. The reports are carefully checked and verified using a monitoring template set up by the NTDP. Data completeness, timeliness, consistency, and concordance are confirmed at each reporting level. In addition, forms at the HD and DRS levels are programmed to identify data entry errors. These data control mechanisms are outlined in a data management procedures document that is provided to data managers.

During FY17, a data quality assessment (DQA) of MDAs for NTDs was conducted for the first time at the national level in the Centre-Sud and Sud-Ouest regions. To improve data quality, implementation of the DQA was expanded to the Est, Centre-Est, Boucle Mouhoun, Hauts-Bassins, and Sahel regions in 2018 with support from the World Bank. All regions were trained on the DQA tool from 2017 to 2018. Implementation of the action plans resulting from the DQA has enabled improvement in data quality and of the information system.

National integrated NTD database (CIND)

Burkina Faso currently uses the WHO CIND at the national and regional levels to store NTD data, create certain joint WHO reports (EPIRF and JRF), monitor progress in NTD elimination, and create NTD dashboards. National-level staff were trained in 2016 and have received computer equipment to enter MDA data into the CIND. A training for the regional data managers was also held in 2017.

The CIND updates began in 2014; the current central-level database contains data from 2001–2018. The CIND "demographics," "distribution," and "intervention" modules are up to date for 2001–2018. Concerning survey data, the LF and SCH mapping are up-to-date, and the other surveys are partially entered. Data on the case management of NTDs and the process indicators have not yet been entered.

The NTDP received technical assistance in 2018 from the WHO/ESPEN to review NTD data for capacity building for the CIND and tool for integrated planning and costing (TIPAC). A training of regional data managers was also held in 2017 to support updates of the CIND at the regional level. A workshop is planned in FY22 with Act | West support, the workshop will focus on entering historical data from 2019 – 2021 into the CIND ***(budgeted under regional FAAs and HKI Program)*** .

NTD data security procedures

Procedures for securing data exist at every level at which data are accumulated. Data managers are responsible for overseeing the NTD data at the sub-national and national levels. In addition, the NTD program set up a dashboard at all levels of the system. It is, above all, a tool for communication and the promotion and visibility of the progress made in the control and elimination of NTDs at every level. Given staff changes, this tool also serves as an institutional memory for new employees. The data storage and securing process for each level is as follows:

- **CSPS level**: Treatment registers and reports are archived at the health center, where only health workers have access to them.
- **HD and DRS levels**: The physical documents (reports) at these levels are archived in filing cabinets that are only accessible to the data managers. Electronic data are stored in the office computers, laptops, and external drives; all are password protected. Regular backup procedures have been created for these data. Data are backed up to external hard drives when new data are integrated.
- **National level**: In addition to archiving physical documents, NTD data are stored in the databases available (including the CIND, Joint Application Package form [JAPF], statistical yearbook, annual NTD report, Excel, Access, and other databases). The data are stored on computers and hard drives. Copies of the databases are also available from the unit heads.

The CIND database is backed up on a regular basis and is password protected with two kinds of users: administrators and the staff responsible for data entry. The other databases are protected with macros and passwords. The computers on which the data are stored are protected with antivirus programs that are updated on a regular basis. The data managers' computers are backed up regularly. Burkina Faso's NTD data are also available on WHO websites, and Helen Keller maintains the USAID workbooks and copies of all survey and MDA reports.

Integrate NTD indicators and routine data collection into HMIS (Helen Keller)
Since 2014, NTD MDA data have been included in the statistics directory of the MOH, which is prepared and published annually and disseminated within the health system or through the websites of the MOH or the national institute of statistics and demographics (ww.insd.bf). Since 2017, the directories have included specific tables on NTD nosology, hydrocele surgery, TT surgery, and NTD monitoring (identification of Wuchereria bancrofti and SCH and STH parasites).

The HMIS currently includes NTD data on hydrocele, lymphoedema, and TT. A process to integrate other NTD indicators in the country's DHIS2 began in 2018. The West African Health Organization (WAHO) had planned to support the country to update its data collection tools for inclusion of campaign data in the DHIS2 by the end of 2020, but was delayed into 2021. A pilot phase of the integration was completed in 2019 with assistance from the World Bank via WAHO. The pilot phase was a success; the data were submitted to the Directorate of Statistics to integrate NTD indicators into the tools at all levels of the health system starting in 2021. The indicators selected include the NTD nosology notifications, surgeries (hydrocele and TT), and the results of routine NTD monitoring. The indicators have been collected on a regular basis via the routine system since January 2021 and will be taken into account for the production of the MOH's statistics directories. Table 6 below shows some examples of NTD indicators collected at the health center level.

The process of integrating the NTD indicators into the DHIS2 has been finalized by the statistics department of the MOH and the tools are operational in the field. The Burkina Faso HMIS Synopsis (version 2021) provides an overview of the integration process, status, and future plan for integration of NTDs into the national health information system. No external support is planned in FY22.

Table 6: Sample list of HMIS NTD Indicators

Item	< 5 years old	5 -14 years old	15 years old and over
Number of patients with lymphedema/elephantiasis			
☐ Of which have had acute seizures			
Number of hydrocele cases recorded			
Number of hydrocele cases operated			
Number of cases of trachomatous trichiasis detected			
Number of cases of trachomatous trichiasis diagnosed			
Number of cases of operated trachomatous trichiasis			
Number of new cases of Buruli ulcers			
Number of new cases of Human African Trypanosomiasis			
Number of new cases of skin leishmaniasis recorded			
☐ Of which are confirmed by the laboratory			
Number of new cases of snakebite envenomation recorded			
Number of new rabies cases registered			
Number of new Bejel cases registered			
Number of new yaws cases registered			
Number of new cases of schistosomiasis			
Number of new cases of onchocerciasis			
Number of new cases of scabies			

2. Drug Management

Quantification of NTD drugs and preparation of the joint drug request forms

The NTDP's logistics and pharmaceutical products unit is responsible for managing drugs and other supplies. The program uses a logistics procedures manual developed with USAID support and published in August 2014. The purpose of the manual is to provide all participants in the health system with the information they need to better understand and more easily implement all aspects of pharmaceutical logistics management. However, adjustments to the manual are needed given the weaknesses identified during management audits and the revision of certain MDA guidelines and management tools. The a workshop to revise the manual is planned in FY22 with Act | West support and will also take into account the WHO/ESPEN supply chain SOPs adaption to the country SCM tools. The current supply chain challenges are as follows:

- Acquisition of drugs in time for MDA implementation: the procurement process managed by WHO has not ensured that the drug supply arrives in-country on time.
- More training and support are required at the DRS and HD levels to improve drug logistics.
- The NTDP Health Product Management Manual needs to be updated.
- Implementation of reverse logistics is needed at the national level.
- Annual post-MDA campaign drug management audit is needed.
- Evaluation of the DRS and HD warehouses is needed.

The sections below provide more detail on the challenges and the activities planned to manage them in FY22.

Preparation of joint drug application forms

The joint application package (JAP) is submitted annually in accordance with WHO procedures. The JAP includes the joint request for preventive chemotherapy medicines (JRSM), the joint reporting form (JRF), the preventive chemotherapy epidemiological data reporting form (EPIRF), and the annual workbooks. The drug requests (quantification) are prepared based on the NTDP's annual goals, the number of people targeted for treatment, the average consumption/distribution data per drug, and the inventory available in the country. A three-day workshop on how to prepare the JRF was held in March 2021; it enabled the NTDP to submit the drug request for 2022 on April 1, 2021.

During FY22, Act | West will sponsor a similar three-day workshop in Ouagadougou with 12 participants to help the NTDP prepare and submit the FY23 JAP on time. Given the ongoing challenge of not getting the drugs on time, Helen Keller – Burkina Faso will encourage the NTDP to submit the JAP earlier than the April 1st deadline to ensure drugs will be received before the planned MDA. The final documents will be shared with all of the partners. Helen Keller will request being copied in the exchanges with WHO, to help the NTDP answer all of the questions by the deadline. Act | West will cover the per diems and lodging for Helen Keller staff, fuel and transportation, the cost of renting the meeting room, coffee breaks, and lunch ***(budgeted under HKI Program)***.

Availability and reliability of drug storage and transportation

Once received in the country, the NTD drugs are stored at the national level in secure warehouses and then stored in secure warehouses at the regional level before being transferred to the HDs just before the start of the MDAs. The HDs also have secure warehouses to store the drugs. At the CSPS level, the drugs are stored in the sales warehouses of essential generic drugs but stored separately from other drugs not intended for the MDAs. The regional and district pharmacists are responsible for managing the drugs and the post-MDA drug inventories.

Act | West covers the transportation costs for all drugs and medical consumables used by the NTDP, from the central level to the regional agencies, to the districts. The drugs are transported in secure trucks and delivered to the distribution sites by qualified staff.

In FY22, the NTDP will ensure that all drugs required for the SCH MDAs are supplied to seven regions (Centre-Ouest, Centre-Sud, Hauts-Bassins, Sahel, Plateau Central, Est, and Nord), to four regions for the LF MDA (Centre, Sud-Ouest, Centre-Est, and Est), and to one region for the OV/CDTI MDA (Sud-Ouest). Storage and transportation will comply with current NTD drug logistics management manual guidelines ***(budgeted under regional FAAs)***.

Training on Reverse logistics

In FY21 (on/around August 2021) Act | West will support a training of drug management staff on reverse logistics in the Nord, Boucle du Mouhoun, and Centre-Nord regions and districts. The other 11 regions participated in the first training session, which took place in 2019.

Audit of NTD drug warehouses and storage facilities at district and regional level

The audit of NTD drugs post-MDA assesses the performance of NTD product management in the various HDs following MDA campaign implementation. The NTDP conducted post-MDA audits in 2020 with the

support of the World Bank. The activity was planned for 2021 but canceled due to a lack of funding, given that the WB project has concluded.

An audit is planned for 2022 with financial support from Act | West, following the implementation of the MDAs.

Act | West has developed a SOP to assess the installations and the warehousing processes; it was provided to the NTDP's drug management specialist for implementation in FY21. In FY22, following MDA implementation, 5% to 10% of the warehouses will be evaluated during the drug audit with support from Act | West. The drug audit is intended to improve the management of NTD drugs at all levels of the health system. It will include verifying availability and use of the MDA campaign implementation directives manual; an inventory of the drugs left over from the MDA campaigns with the pharmaceutical logistics staff of the DRS and HDs; verification of the match between the theoretical inventories declared after the MDAs and the physical stocks in each DRS; and preparing audit reports for the remaining NTD inventories in each health region.

Following the audit, recommendations will be made to improve logistics management of NTD drugs. A two-day workshop will be held to disseminate the results of the drug management audit and the warehouse assessment ***(budgeted under FAA#1)***.

Workshop to update the NTD drug management manual and SOPs

In 2019, the NTDP conducted a post-MDA drugs logistics audit to assess the performance of NTD drug management in the HDs after MDA campaigns. The main conclusions were a lack of procedure manuals at some DRS, HDs, and CSPS, and the discrepancy between the declared quantity of drugs remaining (on paper) and the actual remaining quantities (physical). It was also noted that the existing procedure manuals are outdated. In FY22, Act | West will provide support to the NTDP to hold a workshop to revise the NTD drug management procedures manual ***(budgeted under HKI Program)***.

This revision will take into account the following updates:

- Changes in certain factors involved in determining the NTD drug needs for MDAs (albendazole 1 instead of 1.1.)
- Additional information on reverse logistics
- Additional description of the anti-leprosy drug supply circuit
- Consideration of the new integrated directives for implementing MDAs, particularly for the management and supply of NTD drugs (control of data consistency, daily monitoring of drug management during the MDAs, etc.)
- Adjustments because some management tools described in the manual are no longer consistent with the ones found in the countries integrated system of drugs logistic management tools: the stock sheet, the checkbox sheet, the return slip, etc.
- Consideration of recommendations from the results of NTD drug management audits post-campaign and, in particular, reverse logistics that must be taken into account, including:
    - Emphasizing the reporting of quality data
    - Emphasizing the quality of MDA drug management
    - Emphasizing the importance of post-MDA inventory data
    - Emphasizing the importance of reverse logistics of NTD drugs post-MDA from the health facilities to the DRS
    - Emphasizing the management of expired NTD drugs and biomedical waste

Avoiding the expiration of donated NTD drugs and diagnostics

To prevent the expiration of drugs, the principle of first expired, first out (FEFO) is implemented at all levels of drug management. Inventory management sheets are required from the central to health center level during the MDAs and are updated at the time NTD drugs are delivered. These inventory management sheets show the situation of all drugs available in the warehouse by lot and by expiration date and include the delivery and/or reception slips.

Several activities will be implemented to prevent drug expiration. Prior to the MDAs, the PNMTN will assess the stores in the regions and 20% of the stores in the districts. The batches of drugs that are close to their expiration date are redeployed to the regions that will implement the MDAs first. During the MDAs, verification of the FEFO will be done during supervision at the regional, district and sub-district levels. After the MDAs, the regional, district and sub-district teams will provide reverse logistics and the will PNLMTN will conduct an audit of remaining drugs. These will be activities will be monitored through the FAA deliverables and during MDA supervision.

WHO supply chain standard operating procedures

The WHO/ESPEN's supply chain SOP will be shared with all NTDP and DRS logistics staff. These should be used as the basis for adapting the country SCM procedures and should be integrated into the logistics procedures manual mentioned above. Supervision in the field during the MDAs, workshops to revise campaign directives, and preparatory meetings will provide opportunities to discuss the SOPs to ensure their effective implementation. The post-MDA drug audits will enable effective monitoring of SOP implementation, including evaluating drug warehouses.

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

In the event of an AE or SAE, the following treatment and notifications procedures are applied:

- When the CDD learns of or observes an AE or SAE, he/she refers the individual to the CSPS. The CSPS health worker assesses the patient and treats them if the effect is minor and/or refers them to the nearest medical center or hospital for the appropriate care, based on existing capacity and the severity of the reaction.
- The district manager evaluates and treats the patient and informs the DRS, which then informs the national NTD program coordinator.
- The NTD program coordinator then informs the WHO and partners, including Helen Keller, FHI 360, and USAID.

In cooperation with the health products vigilance center of the country's drug regulation authority, a joint mission consisting of the General Directorate for Access to Health Products (DGAP), the NTDP, the technical and financial partners, and the DRS will go to the field to investigate an AE or SAE event. If an SAE is confirmed, the MOH's NTDP manager must inform the technical and financial partners, the execution partner, and the manufacturer or supplier, based on the terms of the donation. The program will receive support from the DGAP to manage SAEs; the service is free for the patient.

The SAE management process is triggered for each suspected SAE case. The CSPS health worker must record every case on a pharmacovigilance form, which is sent to the worker's supervising HD. The form is also sent from this level to the DRS, which then forwards it to the NTDP, and then to the national drug regulatory authority, to determine its causality.

Helen Keller will support the NTDP to notify and report any SAE to all partners in a timely manner. Information about proper SAE management is included in the MDA training materials and monitoring tools are included in the MDA toolkit.

ii. Sustainability

Summary of to date

Burkina Faso is currently in Phase 2 of USAID's five-phase sustainability process and is planning to complete the Guided Self-Assessment using the Sustainability Maturity Model (SMM) tool. The SMM workshop is planned for October 2021. In Phase 1, the Act | West consortium helped the NTDP organize a sustainability sensitization meeting. The NTDP invited intersectoral stakeholders, including the Ministry of the Economy and representatives of local governments, to raise awareness about NTDs, discuss the sustainability framework for NTDs, and promote the government's involvement in NTD activities. The Director General for Public Health was a key attendee. The results of the sensitization meeting included leveraging existing platforms, such as the steering committee and the technical committee, to support coordination of NTD-related activities in the sectors in question. Following the workshop, a roadmap was created to develop the Sustainability Plan.

In FY21 as a component of Phase 2, Act | West provided technical assistance (TA) on the TIPAC data entry and analysis to the NTDP to establish a baseline of their funding gaps. Act | West also conducted a cross-sector landscape analysis. This provided an overview of the key stakeholders and their geographical scope. In addition, the analysis identified intersectoral platforms that can be leveraged to integrate services for the fight against NTDs (treatment, communication, etc.). The final report will include barrier analysis for long-term implementation and recommendations to the NTDP on intrasectoral and intersectoral collaboration and strategies (such as opportunities for domestic resource mobilization for NTDs). The results of the landscape and barrier analysis will be disseminated in a workshop for the stakeholders involved in the interviews. The results of the TIPAC and the results of cross-sector landscape analysis will be used as the basis for the guided self-assessment, using the sustainability maturity model (SMM). The SMM workshop will use a participatory approach. Act | West will provide TA to build on the NTDP's knowledge of its operations. The NTDP will self-assess its status with regard to six sustainability domains and will set milestones to achieve priorities. The approach will promote country ownership, and the results will support the development of the Sustainability Plan.

Planned activities

1. Governance activities

Sustainability Plan Workshop (Helen Keller with TA from Deloitte): Act | West will support the NTDP to implement the sustainability plan development workshop, which aims to convene national stakeholders to create the Sustainability Plan that will draw on the analyses of the sustainability assessments conducted. After a series of preparation sessions with Act | West consortium members, the national programs will lead facilitation of the workshop to determine the key activities that need to be prioritized in the next 5 years in order to advance their sustainability goals in each of the six sustainability domains. The four-day workshop will include participants from the NTDP, representatives from other ministries and directorates, WHO, Act | West consortium members, and other in country partners. During the workshop, NTDP members and other participants will lead the drafting of the Sustainability Plan and collaborate on setting priority activities and the desired timeline to achieve their sustainability goals. Helen Keller - Burkina Faso and the Helen Keller regional HSS advisor will provide TA during the

workshop, where the program will lead the discussion to elaborate the sustainability plan. Following the workshop, Act | West will provide TA to support the budgeting of the detailed implementation plan to determine the costing of implementation timeline and support the NTDP to develop a monitoring and evaluation framework or matrix for the Sustainability Plan to measure its' implementation over the next 5 years. This activity was originally planned in FY20 but has been delayed due to COVID-19 and is reprogrammed to FY22. It is ***budgeted under the Direction Generale de la Sante Publique (DGSP) FAA#1.***

Sustainability Plan political validation workshop (Helen Keller with remote TA from Deloitte): Act | West will support the political validation workshop for the Sustainability Plan. This half-day meeting will be held in Ouagadougou with selected participants representing the MOH, Helen Keller, and other key stakeholders. The purpose of this meeting is to disseminate and gain high level commitment to the validation and implementation of the plan. Helen Keller's advocacy for development of the new National Health Sector Strategy for 2021–2030 will be integral in developing the milestones outlined in the Act | West Sustainability Plan. This activity is ***budgeted under DGSP FAA#1.***

Workshop to share findings of landscape analysis (Helen Keller): Act | West will hold a two-day workshop with stakeholders that were involved in the development of the landscape and barrier analysis developed in FY21 by a consultant. Helen Keller Burkina Faso and the FHI regional cross sector advisor will support the NTDP to share and discuss the findings of the landscape analysis and use the meeting as an initial re-launch of the multi-sectoral steering committee. This activity was originally planned in FY20, but due to delays from covid, it is reprogrammed to FY22. This activity is ***budgeted under the DGSP FAA#1***.

Workshop on multi-sectoral coordination of NTDs (Helen Keller): Burkina Faso subscribes to the WHO roadmap for the elimination and control of NTDs and the goal of eliminating and/or controlling PC–NTDs. Significant progress has been made in the fight against these diseases, thanks to the commitment of the government, the efforts of local stakeholders, and the technical and financial support of external partners. The gains made in NTDs must be sustained, despite the increasingly difficult challenge of mobilizing resources. The interdependence and socioeconomic determinants of NTDs involving many sectors—including the environment, water and sanitation, education, animal health, and others—requires intersectoral collaboration and synergistic action. The pillars of the London Declaration on Neglected Tropical Diseases and the initial commitment of the "Uniting to Combat NTDs" coalition were intended to improve collaboration and coordination for NTDs at the national and international levels via multilateral public and private organizations.

As part of this dynamic, the NTDP will request support in FY22 to organize a multisector meeting on NTDs to identify opportunities to integrate NTDs into the service delivery, communication, and prevention platforms of other sectors. The workshop will be attended by participants from the MOH and ministries of Water and Sanitation, National Education and Literacy, Economy and Finance, Animal Resources, the Environment, and Agriculture—as well as NGOs working in the fields of hygiene and sanitation and learned parasitology and infectious pathologies societies. A consulting group of ten people will be set up following the workshop and lead the implementation of the road map developed at this workshop. This activity is ***budgeted under the DGSP FAA#1***.

Update the composition and mission of the NTD Steering Committee for use as the NTD multisectoral coordination platform (Helen Keller): The national NTD technical and steering committees have agreed to establish a forum to coordinate management and implementation of the NTD programs. Specifically, the integration of NTDs into cross-sector service delivery platforms and advocate for NTD inclusion into national policies. The NTDP, via the NTD Steering Committee and the Technical Committee, intends to

strengthen collaboration with the ministries responsible for education, water and sanitation, the nutrition department, and the malaria program, among others. The steering committee and NTDP will identify stakeholders that will lead specific activities in the implementation of the NTD sustainability plan. It will prioritize NTDs in multisectoral policies and strategies and determine areas for integrating NTD priorities in other health-related activities and promotional events at the ministries or the decentralized level. The NTDP plans to update the terms of reference (TOR) and the membership of the current Steering Committee at the end of FY 2021. An area of focus will be the need for sustainable financing for certain activities through domestic resource mobilization and allocation of the national budget. As the country progresses in the sustainability process, it is important to have a clear and shared understanding with the NTDP on the need to increase national financial resources and advocate for resource mobilization from other sectors. The Steering Committee will meet twice a year to develop strategies for sustainable NTD services in all sectors and other community platforms. The terms of the meetings will be further defined in the Sustainability Plan. The priorities of the multisector coordination platform will be defined more precisely in the landscape analysis dissemination workshop, which will be completed in Q1 of FY22. This activity will be implemented by the program with ***no cost to Act | West***.

Hold a workshop to finalize the 2021–2025 NTD Master Plan (Helen Keller)
The 2016–2020 Master Plan (which has ended), was evaluated by WHO and the results will be used as a basis for developing the 2021–2025 Master Plan. The evaluation report is being finalized. The 2021–2025 Master Plan will also be based on the WHO Master Plan Development Guide and WHO NTD Roadmap. Partners will be invited to a participatory design workshop, planned for FY22 in Ouagadougou, with support from Act | West. Act | West will support the NTDP to utilize the data from TIPAC, financial analysis, and the guided self-assessment to inform development of the NTD Master Plan. In addition, the NTDP will use the priorities identified in the development of the Sustainability Plan. The workshop will specifically support the integration of health systems and sustainability priorities, by considering the analyses completed in the development of the NTD Sustainability Plan. This activity is ***budgeted under the Helen Keller program***.

4. IR3 ACTIVITIES PLANNED: SCH, STH

i. Schistosomiasis

Burkina Faso began SCH control activities in the 1990s, focusing treatment in areas considered to be at highest risk—such as those near hydro-agricultural developments. The national program to combat SCH was established in 2002. Baseline mapping was conducted between 2004 and 2005 with support from the Schistosomiasis Control Initiative Foundation (SCIF). The results showed all HDs were endemic for SCH. Prior to the country's redistricting into 70 HDs, SCH endemic districts were classified as follows: four districts as low-risk (>0 and <10%); 34 as moderate-risk (≥10% and <50%); and nine as high-risk (≥50%). This led to the implementation of MDAs in all 47 HDs from 2005, using a biennial treatment strategy.

In 2013, the program became the SCH/STH Elimination Unit within the NTDP, with the goal to eliminate SCH as a public health problem by 2025 (i.e., to reduce the prevalence of high intensity infections to <1 %). A national SCH review meeting was held in 2013, and a committee of experts decided on the national treatment strategy based on prevalence data, WHO guidelines, and considering local specificities. The country was classified into three endemic zones, which were divided according to ecological zones at the regional level. As a result of the SCH review meeting, the NTDP's control strategy for SCH is school- and community-based MDA with praziquantel (PZQ) among all school-aged children (SAC; ages 5–14 years) were low-risk districts are treated biennially and moderate/high-risk annually. Non-attending SAC are

reached through house-to-house and fixed-point drug distribution. This treatment strategy has been implemented since 2015 and has enabled a considerable reduction in prevalence at most sentinel and control sites. In addition to MDA, other support strategies are implemented, including hygiene promotion, environmental sanitation efforts, information, education, and communication (IEC)/BCC, monitoring and evaluation, and capacity building.

In 2017 and 2019, assessment of the sentinel and control sites were carried out in 45 HDs with support from the World Bank. The results revealed that SCH prevalence had declined significantly in all sites where 50 of the 72 sites had zero prevalence. In the remaining sites, prevalence remained above 10%: such as Panamasso (27.4%) in Dafra HD, Tougouri (20.8%) in Tougouri HD, Nagbingou (23.9%) in Manni HD, Dori (16.5%) in Dori HD, Pana (12.5%) in Houndé HD, and Bemh (30.1%) in Ouahigouya HD. An in-depth analysis also revealed in that intensity of infection was extremely high relative to prevalence in these sites. This means that although few people were infected, those who were positive harbored high egg counts, which is challenging from a control perspective.

A second strategic review meeting was held in May 2019, with participation of Helen Keller, FHI 360, WHO, and multiple in-country experts. The key recommendations from the meeting were to: 1) collect parasitological and environmental data for more focal SCH treatment; 2) coordinate and collaborate with WASH, education, and community development services to increase program impact, especially in SCH hotpots. Starting in 2019, WHO/ESPEN provided Burkina Faso with a SCH data analysis tool for the implementation of treatment at the subdistrict level. However, some subdistricts lacked recent epidemiological data to make informed decisions on carrying out MDAs. To implement the strategy effectively, the epidemiological situation for SCH must be updated. This is a major challenge for the NTDP. To facilitate the decision-making process, Act West populated the new SCH/STH tracker with the Burkina Faso epidemiological data. There have been challenges in getting sub-district information for some sites and the goal is to finalize the tracker in FY22. Support has been requested from USAID in FY22 to carry out SCH impact assessment surveys in those sub-districts where there is a gap and re-assess areas that have not been surveyed since 2013.

In FY22, Act | West will support the NTDP to hold one technical committee meeting focused on SCH/STH data review, with participation from Helen Keller, FHI 360, WHO, and multiple in-country experts. This meeting will provide an opportunity to further review the epidemiological situation of SCH in country using the SCH/STH tracker, identify areas where there are gaps in subdistrict level data, and make recommendations to the NTDP. This activity is budgeted under the Helen Keller program budget.

FY22 Plan and Justification

MDA

In FY22, Act | West will support the country for the treatment of 16 SCH-only endemic districts, targeting 1,250,173 SAC. Treatment will focus on endemic districts. The drug distribution strategies will vary depending on the target population: door-to-door within communities and in fixed locations (markets, health centers, schools, and public and private services locations). The NTDP has decided that an increased number of health center staff and CDDs will be used to help mitigate drug fatigue, minimize the occurrence of secondary effects, and decrease the number of refusals due to AEs associated with PZQ. Integrated MDA activities (social mobilization, trainings, etc.) will be conducted as described in IR1 ***(budgeted under regional FAAs)***.

DSA

SCH/STH impact Assessment survey

The most recent SCH/STH evaluation was conducted in 2018 in 15 HDs in the Cascades, Centre Est, Hauts Bassins, and Plateau Central regions. It is important to assess MDA impact on the level of infection in other treated areas, to understand whether the current treatment strategy can be adapted accordingly. Changes may include 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 Togo SCH/STH evaluation protocol will be adapted for Burkina Faso, and robust sample size calculations re-done to estimate prevalence at the sub-district level. Based on examination of prevalence data in the tracker and historical (effective) treatment coverage data, SCH/STH impact assessments are requested in the following sites (see Table 7 on the next page) ***(budgeted under FAA#1)***.

Table 7: SCH/STH Impact Assessment surveys

District	SCH [BL] prev %**	STH [BL] prev %**	Year MDA started	# MDA rounds to date*	Treatment Coverage (FY)												
					FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20/21
Bogodogo	8.33	8.00	2005	7	100 %		91%		106 %		100 %		87%		116 %		125.08%
Boulmiougou	10.80	10.20	2005	7	100 %		107 %		122 %		100 %		99%		105 %		124.71%
Kaya	30.00	33.80	2005	7	99%		103 %		138 %		99%		100 %		109 %		111.15%
Réo	Not conducted	Not conducted	2005	5			93%		163 %				100 %		105 %	103 %	
Sabou	18.33	10.50	2005	5			90%		130 %				97%		108 %	103 %	
Sapouy	2.50	1.90	2005	7	100 %		81%		129 %		100 %		102 %		100 %	101 %	
Tenado	Not conducted	Not conducted	2005	5			93%		163 %				101 %		106 %	103 %	
Kombissiri	Not conducted	Not conducted	2005	7	97%		94%		139 %		97%		107 %		110 %	108 %	
Saponé	Not conducted	Not conducted	2005	7	100 %		88%		135 %		100 %		102 %		108 %	105 %	
Do	30.00	13.50	2005	7	100 %		109 %		127 %		100 %		95%		95%	89%	
Karangasso Vigue	10.83	8.90	2005	5			92%		122 %				99%		103 %	102 %	
Lena	Not conducted	Not conducted	2005	5			103 %		138 %				90%		100 %	97%	
N'Dorola	19.17	11.00	2005	5			91%		117 %				68%		97%	95%	
Diébougou	30.83	10.00	2005	6		91%		82%		92%		91%		106 %			108.17%
Léo	Not conducted	Not conducted	2005	7	100 %		91%		138 %		100 %		94%		111 %	104 %	

*Number of rounds reported in USAID NTD database. Missing MDA conducted before 2007 or not reported in Workbooks.

^FY20 SCH MDA was conducted in October 2020 and is reported in FY21 Disease Workbooks. Baseline surveys were not conducted in all HDs.

Post-MDA integrated coverage + KAP survey for SCH
Post-MDA coverage surveys will be conducted in areas with persistent prevalence of high-intensity infection to investigate and validate reported treatment coverages. Support from Act | West is requested to carry out the SCH coverage survey in two HDs, with an integrated knowledge, attitudes, and practice (KAP) component ***(budgeted under FAA#1)***.

ii. Soil Transmitted Helminthiasis

Results of the 2004 integrated mapping showed STH was endemic in all 70 HDs. Preventive chemotherapy is the main strategy used to address STH, with treatments integrated into LF and SCH MDAs. The national goal has been to reduce the prevalence rate of STH to less than 5% by 2020. The target year will be updated in FY21 during the development of the NTD Master Plan, which has been delayed due to COVID-19. From 2016 to 2018, STH surveys were integrated with SCH and LF (TAS) to obtain prevalence data that could guide control strategies during the transition phase. These surveys showed that the prevalence in 51 HDs remained low (0-4.49%) in all the districts evaluated. As a result, WHO recommendations do not call for the implementation of STH MDA.

To consolidate the achievements against STH, the following recommendation from the 2019 SCH/STH review will be implemented gradually and in collaboration with the Nutrition Directorate and the Family Health Directorate to integrate the systematic deworming of target populations (pregnant women, women of childbearing age, children under five years old) at health facilities and implement communication actions to inform the target groups about deworming services. As part of the technical meeting focused on SCH/STH data in FY22, there will also be discussions on preparations to certify the country for the elimination of STH as a public health problem, conducting routine assessments every three years in the districts with STH prevalence above the 20% threshold at baseline, and strengthening WASH components in all HDs to prevent recrudescence of infection.

FY22 Plan and Justification

MDA
No STH MDAs are planned for FY22.

DSA
An STH prevalence assessment will be included in the SCH impact survey in FY22 since Kato Katz diagnostics are being used for the diagnosis of intestinal SCH ***(budgeted under FAA#1)***.

SCH/STH tracker
An SCH/STH tracker was developed to assist the NTDP to collate historical SCH/STH parasitological survey data—including baseline mapping and sentinel and spot-check surveys conducted since the start of the SCH/STH control program. The tracker is an Excel spreadsheet that collects SCH/STH data recorded both at site (community) and intervention unit (district or sub-district) levels. The tracker enables the NTDP to better monitor disease trends and change over time; to facilitate communication of results and selection of districts for impact assessments; and allow an evidence-based conclusion to move from district to sub-district level MDA. The SCH/STH tracker has been populated in FY21 with site-level data, including all baseline, sentinel, spot check, and TAS-STH survey results, as well as some operational research conducted in 2014. Data validation and aggregation of site-level data to the sub-district level is currently underway.

APPENDIXES

Appendix 1. Table of Supported Regions and Districts in FY21 by all partners in country (including non-USAID-supported partners)

Attached separately

Appendix 2. Strategic Planning

Helen Keller and NTDP Quarterly Coordination Meetings (four meetings, 24 participants)
Location: Ouagadougou
Quarterly, one-day coordination meetings with the NTDP and Helen Keller are planned in FY22 to ensure that activities implemented according to plan. These meetings will involve Helen Keller's Act | West program team and the NTDP. Act | West will support per diem for government participants at the resident rate as well as coffee break and lunch. These costs are budgeted under ***Helen Keller program***.

FY22 Annual Planning Workshop: Validation (54 participants)
Location: Ouagadougou
A three-day validation workshop with 54 participants will be held in Ouagadougou. Participants will include members of the NTDP, DRS, and representatives of the technical and financial partners working in NTDs—including Helen Keller, FHI 360, and USAID. Act | West will support per diem for participants (including national staff at the resident rate and regional staff at the displaced rate with additional days for travel), fuel for regional staff based on actual distance, coffee break and lunch for participants and drivers, and venue rental. These costs are budgeted under ***Helen Keller program***.

NTD Technical Committee Meeting (one supported by Act | West and three supported by other partners, 38 participants)
Location: Ouagadougou
Act | West will support one technical committee meeting in FY22. The meetings will last two days and will be held quarterly in Ouagadougou. Each meeting will bring together 38 participants representing the MOH, health research centers, DRS, and technical partners. The purpose of these meetings is to review and validate annual program activities and confirm activities are running as planned. Act | West will support per diem for participants and drivers, including travel time for regional participants, coffee break and lunch, and fuel for regional staff based on actual distance. The other three meetings will be supported by another partner(s) (TBD). This meeting is budgeted under ***Helen Keller program***.

Appendix 3. NTD Secretariat Support

The NTDP in Burkina Faso has requested support from Act | West for its secretariat, including monthly communication costs (Internet and telephone) and supplies (office supplies and one projector for meetings). Details are in the ***Budget Narrative.***

Appendix 4. Building Advocacy for a Sustainable National NTD Program

Organize an open-door day on NTDs to celebrate the third World NTD Day (budgeted under FAA#1)
January 30 is the anniversary of the 2012 London Declaration on NTDs, which brought together partners from all sectors, countries, and disease communities to push for more investment and action on NTDs. In FY21, with support from Act | West, the NTDP celebrated World NTD Day with the broadcast on January 26 of a 26–minute documentary entitled, *Libérer le Burkina Faso du fardeau des Maladies Tropicales Négligée*. The NTDP Coordinator also appeared on the national news on January 30 to talk about the status of NTD programs in Burkina Faso. These communications raised awareness and the priority of NTD programs in Burkina Faso.

The NTDP will also celebrate World NTD Day in FY22 with financial and technical support from Act | West and other partners. The event will inform the population in general and a variety of stakeholders about the significance of NTDs and the activities that the Burkina Faso Government has put in place to combat them. Various potential partners (embassies, NGOs, and United Nations agencies) will be invited to create interest, obtain other types of investment, and identify potential synergies with activities currently underway.

A one-day meeting will be held with the general public; the political, administrative, religious, and traditional authorities; NTD partners; NGOs and nonprofits; and the residents of the endemic zones on the theme of NTDs. The meeting will be chaired by MOH staff and will be held in one of the endemic zones (Tenkodogo in the Centre-Est region). A radio and television ad announcing the meeting will be produced and broadcast 20 times on the radio and 12 times on television. The documentaries entitled *Libérer le Burkina Faso du fardeau des MTN* and *Lutte contre les MTN au Burkina Faso* will be broadcast twice on national radio and television stations. The television and radio announcements and the documentaries will be broadcast on the two television channels and five private radio stations and on the three community radio stations. Printed IEC materials (posters, banners, and brochures on NTDs) will be developed for the event. The day will be covered by two television stations (national television and a private station).

Appendix 5. Social Mobilization to Enable NTD Program Activities

IEC 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
Broadcasting of television and radio ads for SCH nationally	Messages about the campaign period, the areas in question, the diseases targeted by the MDAs	Creation of TV and radio messages Broadcasting of the TV messages four times a day for five days at the national level for the SCH MDA (i.e., 20 broadcasts per MDA) Broadcasting of the radio messages six times a day for five days at the national level for the SCH MDA (i.e., 30 broadcasts per MDA)	Extensive scope of the messages broadcast via this channel Greater guarantee for the target audience Proof of the commitment of the national authorities
Advocacy sessions with the administrative, traditional, and religious authorities at the regional level	Messages about the campaign period, the areas in question, the diseases targeted by the MDAs Identification of solutions to the challenges of refusals, reticence for supervised drug taking	One-day session in the Centre-Ouest region before the SCH MDAs. This session will bring together 50 residents.	Knowledge building for leaders about NTDs and the challenges facing the fight. The major influence of these leaders on the community means that their commitment will increase the latter's adherence.
Radio programs	Messages about the disease, its manifestations, prevention measures, and the target populations	One 30-minute radio program in the Centre-Ouest region for SCH	Opportunity provided to the entire population to take a direct part in the activities to fight NTDs
Advocacy sessions with the administrative, traditional and religious authorities at the district level	Messages about the campaign period, the areas in question, the diseases targeted by the MDAs. Identification of solutions to meet the challenges of refusals, reticence for supervised drug taking.	One session of one day in each of the eight HDs before the LF MDAs and four HDs for OV. This session will bring together 25 people per HD, all residents One session of one day in each of the 16 HDs before the SCH MDAs. This session will bring together 25 people per HD, all residents	Knowledge building for the leaders about NTDs and the challenges facing the fight. The major influence of these leaders on the community means that their commitment will increase the latter's adhesion.

Radio programs about LF/OV and SCH MDAs at the district level	Information about SCH and LF Prevalence rate of the HDs for LF and SCH Strategy to fight LF and SCH Information about the campaign in progress Appeal to the populations of the HD	30-minute program led by a member of the community on the local radio station—three HDs for LF, 16 for SCH, and 4 for OV	Information for the population about NTDs and adherence to the LF and SCH campaign
Showing of a documentary about LF and SCH	Information about LF and SCH Strategy to fight LF and SCH	Screening a documentary about LF in two villages in eight HDs (i.e., six showings) Screening a documentary about OV in two villages in four HDs (i.e., eight showings) Screening a documentary about SCH in two villages in each of the 16 HDs (i.e., 32 showings)	Information for the population about NTDs and adherence to the LF and SCH campaign
Town criers	One to two days prior to and during the campaign, town criers with megaphones will go to each village or farming hamlet to inform the population about the campaign. The criers will provide information about the disease, the drugs used, and the campaign period.	One town crier per village and per farming hamlet (i.e., 2,470 for the LF MDA, 309 for the OV CDTI, 5,099 for the SCH MDA)	Information to as many people as possible; better buy-in from the population

Appendix 6. Training

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Other funding partner (if applicable) and what component(s) they are supporting
			New	Refresher	Total			
MDA-DSA related training (IR1 and IR3)								
Surveyors	OV coverage survey	• Survey protocol • Explanation of the survey form • Use of tablets • Practical phase • Covid prevention	00	13	13	2	Sud-Ouest region	
Surveyors	TAS training	• Survey protocol • Use of FTS • Practical phase • Covid prevention	48	10	58	2	HDs included in the TAS	SCI: per diems for attendees
Trainers/ regional super-visors	MDA training	• Preparation activities: Training, social mobilization, needs estimates • Supply chain management • Data management • Distribution strategy	55	00	55	3	Central level, Ouaga	N/A
HD-level supervisor	MDA training	• Preparation activities: Training, social mobilization, needs estimates • Supply chain management • Data management • Distribution strategy	99	00	99	2	Within the DRS	N/A
LF MDA Head Nurse	MDA training	• Practical MDA MEO: needs estimate, distribution strategy, data collection	338	00	338	2	Within the HDs	N/A

SCH MDA Head Nurse	MDA training	• Practical MDA MEO: needs estimate, distribution strategy, data collection	861	00	861	2	Within the HDs	
OV CDTI Head Nurse	MDA training	• Practical MDA MEO: needs estimate, distribution strategy, data collection	26	00	26	2	Within the HDs	
LF MDA CDD	MDA training	• Distribution strategy • Drug administration • Data collection • Minor and serious AE • Target population • Management of refusals	7,303 CDDs, of which 440 are CDDs in urban areas	00	7,303 CDDs, of which 440 are CDDs in urban areas	2	Within the health care facilities	
SCH MDA CDD	MDA training	• Distribution strategy • Drug administration • Data collection • Minor and serious AE • Target population • Management of refusals	4,390	00	4,390	2	Within the health care facilities	
OV CDTI CDD	MDA training	• Distribution strategy • Drug administration • Data collection • Minor and serious AE • Target population • Management of refusals	995	00	995	2	Within the health training	Sightsavers for the 709 DCs of the Cascades
Health Systems Strengthening related training (IR2)								
		•						
Gender Equality and Social Inclusion related training (as relevant)								
		•						

Appendix 7. Short-Term Technical Assistance

N/A

Appendix 8. Fixed-Amount Awards (FAAs)

FAA recipient (split by type of recipient)	Number of FAAs	Activities	Target Date of FAA application to USAID
Direction Generale de la Sante Publique (DGSP)	2	1. NTD Technical Committee Meeting 2. World NTD Day (Open Day on NTDs) 3. MDA Training of Trainers at the Central Level 4. Drug Transport from Central to the Regions LF-Oncho 5. Audit of NTD drug warehouses and storage facilities at regional and district level 6. Workshop on results of Audit of NTD drug warehouses and storage facilities at regional and district level 7. Supervision by the Central Level (CL) LF-Oncho 8. Post-MDA evaluation meetings at national level 9. OV Coverage Evaluation Survey 10. Governance activities (policy, financing, coordination) 11. Social mobilization activities at central level Schisto 12. Drug Transport from Central to the Regions Schisto 13. Supervision by the Central Level (CL) Schisto 14. Schisto Therapeutic Coverage Survey 15. SCH Impact Survey in 15 HDs 16. Training of surveyors for the FY22 Re-Pre-TAS in the health districts of Bogodogo, Fada and Tenkodogo 17. Pré -TAS (LF Sentinel/Spot Check Site Survey) 18. Post stopping MDA surveys (LF) TAS1 19. Post stopping MDA surveys (LF) TAS3 20. Sustainability Plan Development and Validation Meeting 21. Advocacy for NTD integration into community development plans 22. Workshop on the multisectoral coordination of NTDs	Nov 2021
Direction Regionale de la Sante (DRS)	10	23. Information sessions at regional and district level with political, religious and traditional authorities to prepare the MDA 24. Social mobilization before MDAs (radio spots and broadcasts, film projections, and launch event at district level) 25. Cascade training of regional, district and health center staff on MDA implementation 26. Drug Transport from Region to District 27. MDA Drug Distribution 28. MDA supervisions at health region level, health district level and health center level + Data Management 29. Post-MDA evaluation meetings at regional and district level	Nov 2021

Appendix 9. Activities schedule

Attached separately

Appendix 10. Maps

Attached separately

Appendix 11. Personnel allocation per country

Attached separately

Appendix 12. Additional tables/appendixes (optional)

None

Appendix 13. Activities planned for FY21 carried out in FY22 due to COVID-19

IR	Budget Category(s)	Brief Description of the Activity
IR1	MDA	The OV MDA in four HDs will be carried out from September-October of FY22 (including training and social mobilization activities).
IR2	Sustainability, Mainstreaming and HSS	TIPAC Data Analysis & Budget Mapping Workshop will be carried out in October of FY22. The in-depth sustainability self- assessment (SMM) will be carried out in October-November of FY22.
IR3	MDA	The SCH MDA in nine HDs will be carried out from October-December of FY22 (including training and social mobilization activities).

Appendix 14. Budget (confidential)

Attached separately

Appendix 15. Budget Narrative (confidential)

Attached separately