



# Act to End Neglected Tropical Diseases | West FY22 Workplan–Cameroon October 1, 2021–September 30, 2022

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## ACRONYM LIST

|              |   |
|--------------|---|
| ALB          | Albendazole   |
| APOC         | African Program for Onchocerciasis Control  |
| CBTI         | Community-Based Treatment with Ivermectin strategy  |
| CCU          | Central Coordination Unit   |
| CDD          | Community drug distributor  |
| CDTI         | Community-directed IVM treatment strategy   |
| CRFILMT      | Research Center on Filariasis and other Tropical Diseases ( <i>Centre de Recherche sur les Filarioses et autres Maladies Tropicales</i> ) |
| COSA         | Health Area Health Committees ( <i>Comités de Santé des Aire de Santé</i> )   |
| DMO          | District Medical Officer  |
| DRM          | Domestic Resource Mobilization  |
| DRSP         | Regional Delegations of Public Health ( <i>Délégations Régionales de la Santé Publique</i> )  |
| DSA          | Disease-specific Assessment   |
| EU           | Evaluation Unit   |
| ESPEN        | Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)   |
| FTS          | Filariasis test strips  |
| FY           | Fiscal year   |
| HD           | Health District   |
| Helen Keller | Helen Keller International  |
| ICT          | Immunochromatographic   |
| IDP          | Internally displaced person   |
| IEF          | International Eye Foundation  |
| IVM          | Ivermectin  |
| JRSM         | Joint request for selected PC medicines   |
| LF           | Lymphatic filariasis  |
| MDA          | Mass drug administration  |
| MINCOM       | Ministry of Communication   |
| MINEDUB      | Ministry of Primary Education   |
| MINESEC      | Ministry of Secondary Education   |
| MDP          | Mectizan® Donation Program  |
| MMDP         | Morbidity Management Disability Program   |
| MOH          | Ministry of Public Health (MOH)   |
| NCEOLF       | National Committee for the Elimination of Onchocerciasis and Lymphatic Filariasis   |
| NGO          | Non-governmental Organization (used to refer to IEF, PersPective, and Sightsavers)  |
| NTD          | Neglected tropical disease  |
| OSF          | Ophthalmo Sans Frontières   |
| OV           | Onchocerca volvulus   |
| PBF          | Performance-based financing   |
| PC           | Preventative chemotherapy   |

|          |  |
|----------|--|
| PCR      | Polymerase chain reaction  |
| PNLO     | <i>Programme National de Lutte contre l’Onchocercose</i> (National Program for OV control)   |
| PNLCé    | <i>Programme National de Lutte contre la Cécité</i> (National Program for Blindness Prevention)  |
| PNLSHI   | <i>Programme National de Lutte contre la Schistosomiase et les Helminthiases Intestinales</i> (National Program for SCH and STH control) |
| PZQ      | Praziquantel   |
| QI       | Quality improvement  |
| RDPH     | Regional Delegation of Public Health   |
| RFHP     | Regional funds for health promotion  |
| RTI      | Research Triangle Institute  |
| SAFE     | Surgery, Antibiotic therapy, Facial cleanliness, and Environmental change  |
| SAE      | Serious adverse event  |
| SCH      | Schistosomiasis  |
| SCT      | Supervisor’s checklist tool  |
| SOP      | Standard operating procedure   |
| SSI      | Sightsavers International  |
| STH      | Soil-transmitted helminths   |
| TA       | Technical assistance   |
| TAS      | Transmission assessment survey   |
| TEO      | Tetracycline eye ointment  |
| TF       | Trachomatous inflammation – follicular   |
| TIPAC    | Tool for integrated planning and costing   |
| TIS      | Trachoma impact survey   |
| TOR      | Terms of reference   |
| trachoma | Trachoma   |
| TSS      | Trachoma surveillance survey   |
| TT       | Trachomatous trichiasis  |
| USAID    | United States Agency for International Development   |
| WASH     | Water, sanitation, and hygiene   |
| WHO      | World Health Organization  |
| ZTH      | Zithromax  |

## NARRATIVE

### NATIONAL NTD PROGRAM OVERVIEW

Cameroon is situated in central Africa and covers an area of 475,650 km<sup>2</sup>. The estimated population for 2022 is 27,856,182.<sup>1</sup> The health system has the following structure:

- 10 Regional Delegations of Public Health (*Délégations Régionales de la Santé Publique* [DRSPs]), each headed by a Regional Delegate, with regional hospitals as well as private and public hospitals with technical facilities similar to those of a regional hospital.
- 197<sup>2</sup> Health Districts (HDs). Each HD has a district hospital and several primary health care centers.

Three national disease-specific programs are involved in the control and elimination of preventive chemotherapy (PC) NTDs:

- The National Program for Onchocerciasis (OV) Control (PNLO), which focuses on OV and lymphatic filariasis (LF)
- The National Program for Blindness Prevention (PNLCé), which focuses on trachoma (trachoma)
- The National Program for Schistosomiasis (SCH) and Soil-Transmitted Helminths (STH) Control (PNLSHI)

In 2010, Cameroon started uniting disease-specific programs into an integrated Neglected Tropical Disease (NTD) program with the support of the U.S. Agency for International Development (USAID) through the NTD Control Program, managed by Research Triangle Institute and implemented by Helen Keller International (Helen Keller). The Central Coordination Unit (CCU) of the Ministry of Health (MOH) coordinates integrated control activities for the five priority NTDs that can be treated with preventive chemotherapy (PC) (Lymphatic Filariasis (LF), Onchocerciasis (OV), Schistosomiasis (SCH), Soil Transmitted Helminth (STH), and trachoma) amongst the three national NTD programs and at the regional level. Health district management teams organize and implement the activities at the district and community levels. Community-based (for LF, STH, OV, and trachoma) and school-based (for SCH and STH) platforms are used for mass drug administration (MDA) by community health workers, community drug distributors (CDDs), and teachers. The regional and district referral hospitals are in charge of the management of serious adverse events (SAEs), should they result from the drugs distributed.

Cameroon started to implement OV control activities in 1987, with mass drug administration (MDA) of ivermectin (IVM) in the North region. MDA was scaled-up to the South and Center regions between 1990 and 1992 using the community-based treatment with ivermectin strategy (CBTI). Following the establishment of the PNLO in 1993, Cameroon expanded CBTI OV control activities to five regions. In 1999, Cameroon switched to the community-directed treatment with ivermectin (CDTI) strategy in all endemic regions (10) with support from the African Program for Onchocerciasis Control (APOC). Support from USAID for OV interventions started in 2010 and has continued through Act | West targeting all endemic regions for OV.

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<sup>1</sup> MOH, *Institut National de la Statistique*, United Nations Population Fund. (2016). *Projections démographiques et estimation des cibles prioritaires des différents programmes et interventions de santé* (p. 27). Retrieved from [http://slmp-550-104.slc.westdc.net/~stat54/downloads/2016/Rapport\\_etude\\_estimations\\_populations\\_cibles\\_MINSANTE.pdf](http://slmp-550-104.slc.westdc.net/~stat54/downloads/2016/Rapport_etude_estimations_populations_cibles_MINSANTE.pdf)

<sup>2</sup> The number of HDs increased from 189 to 197 following a 2021 re-districting.

LF elimination activities began in 2008 with ivermectin and albendazole (IVM + ALB) MDA in nine HDs in the North and Far North regions with support from the World Health Organization (WHO) and the Mectizan® Donation Program (MDP). From 2010–2012, Cameroon conducted LF mapping using immunochromatographic test (ICT) cards, with the support of USAID and APOC. In 2012, USAID support extended IVM + ALB MDA to all LF endemic HDs (142 HDs).

The PNLCé was established in 2000. Cameroon launched its first trachoma MDA using azithromycin eye drops in Kolofata HD in 2008 as a pilot project implemented by the non-governmental organization (NGO) *Ophthamo Sans Frontières* (OSF). From 2008 to 2010, annual MDA was organized in the HD. USAID support for trachoma activities started in 2010 with baseline trachoma mapping using the WHO simplified grading system (2010–2012). The results showed 21 out of 54 districts mapped in the Far North, North and Adamaoua regions had a trachomatous inflammation–follicular (TF) prevalence of 5% or above among children 1–9 years of age. In 2011, USAID supported Cameroon’s first MDA with Zithromax (ZTH) tablets and syrup in eight HDs in the Far North region; MDA was later scaled up to all 21 endemic districts warranting MDA. Cameroon started treating the districts where  $TF \geq 10\%$  based on the previous guidelines, and later started treating the other HDs when the guidance was changed and enabled countries to apply for ZTH to treat districts where TF was between 5%–9.9%.

Beyond MDA coverage, the national program has made progress on morbidity management and disability programming for LF and trachoma. From 2015 to 2019, Cameroon’s MMDP efforts were supported by USAID’s MMDP Project, which conducted burden estimates and hydrocele and lymphoedema management in five HDs and assessed the trachomatous trichiasis (TT) backlog. The country currently receives support from Sightsavers through the AccelerATE project to manage the TT backlog. Helen Keller continues to support the MOH to collect data concerning hydrocele, lymphedema and TT as part of Act | West’s support for strategic planning and dossier development for LF and trachoma.

The PNLSHI was established in 2003, although activities for SCH and STH control began as early as 1983 and 1985, respectively. Mapping for SCH and STH was conducted from 1985 to 1987 during a pilot project supported by USAID and the Ministry of Higher Education and Scientific Research. Treatments started in 2006 and were expanded to include all endemic districts at the national level in 2007, with deworming campaigns in schools and treating school children annually as the national deworming policy. The program began to receive support from USAID in 2010. Between 2010 and 2017, Cameroon received USAID support for the annual school-based MDA targeting children 5–14 years of age.

USAID’s support to Cameroon’s NTD program continued with the ENVISION Project, managed by RTI International and implemented by Helen Keller until the project’s end in 2019. In fiscal year 2019 (FY19), the USAID-funded Act to End NTDs | West Program (Act | West) began. This program covers 11 countries, is managed by FHI 360 (as the prime organization) with Helen Keller as the sub-recipient and the lead implementing partner with the MOH; it includes third-tier sub-recipient partner organizations (International Eye Foundation [IEF], PersPective, and Sightsavers) for MDA support in select regions.

Thanks to the long-term support from donors, Helen Keller and the supporting NGOs, the MOH is progressively achieving programmatic results and building administrative capacities to be able to implement NTD activities. Cameroon has already succeeded in reaching criteria to stop MDA for two of the targeted PCT NTDs (LF and trachoma) in the endemic health districts (HDs)<sup>3</sup>. USAID support to SCH–

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<sup>3</sup> All trachoma endemic HDs reached the stop MDA criteria. However, two HDs in the Far North restarted MDA after showing a TF prevalence above 5% in the FY19 TSS. Kolofata, which demonstrated  $TF < 5\%$  after MDA also demonstrated TF slightly over 5% in a follow-up survey to the azithromycin eye drops trial and is also awaiting remapping. All these districts are within the Helen Keller-managed regions.

STH MDA through ENVISION ended and transitioned to other funding sources in FY18. With this reduction in Act | West geographic and programmatic scope, the need for multiple implementing partners has lessened. FY22 is also the last full year of Act | West, and activities in FY23 will be more focused on transitioning support to the MOH. Bearing this in mind, Helen Keller has developed a transition plan to move away from a model of subawarding to all three NGO partners in FY23. With the sustainability planning for Cameroon focused on domestic resource mobilization, there may be opportunity for PersPective to be engaged in program support in FY23, considering their experience in this area and that they are a local Cameroon-based organization. Helen Keller will utilize FY22 to work more directly with all the Regional Delegations of Public Health (RDPHs) to prepare for the transition.

LF, trachoma OV, SCH, and STH are targeted for elimination as public health problems according to Cameroon's National Strategic Plan for NTDs. The Act | West Program is working to build capacity, ownership, and leadership of the PNLO, PNLCé, PNLShi, and the MOH to ensure that NTD elimination and control objectives are achieved, and that Cameroon sustains progress in the long term. This support includes dossier development, and MDA and DSA implementation related to OV, LF, and trachoma. **Table A1** in the appendices provides further information on stakeholders supporting NTDs in Cameroon.

### **COVID-19 Pandemic**

Although Act | West-supported activities began restarting in October 2020 (after having stopped NTD activities in March 2020), the local government maintained protective measures, including the prohibition of gatherings of more than 50 people, throughout the national territory. The government also promoted virtual rather than in-person gatherings for groups of ten people or more. As field activities restarted, one of the main priorities was to ensure compliance with the standard operating procedures (SOP) that the MOH developed and that was approved by USAID. Compliance has been verified through a COVID-19 checklist that each field supervisor was asked to fill in and to submit to the MOH central level. The MOH continued using a Zoom account (supported by Act | West) to hold meetings and workshops remotely when physical distancing was an issue.

The biggest challenge anticipated in the next fiscal year is dealing with the fear of COVID-19 vaccines. People are now reluctant to accept vaccination. Administrative authorities will use the opportunity of community-based programs to vaccinate, and this may increase refusal to participate in future MDA campaigns. Targeted sensitization may help to alleviate these concerns. In addition, Helen Keller–Cameroon will work with the MOH to systematically include key COVID-19 prevention messages in the topics to discuss during the MDA training sessions for nurses and CDDs. Increased knowledge of COVID-19 will increase confidence of drug distributors in responding to questions during the field activities.

## **IR1 PLANNED ACTIVITIES: LF, Trachoma, OV**

### **2.1 Lymphatic Filariasis**

#### **Previous and current fiscal year activities and context**

LF is endemic in 142 out of 197 districts in Cameroon. Of the 142 LF endemic districts, 14 are co-endemic with OV (LF+OV), 91 are co-endemic with both OV and *Loa loa* (LF+OV+ *Loa loa*), and 37 are LF-only endemic.

As of quarter three (Q3) of FY19, Cameroon has met the criteria for stopping MDA for LF in 141 HDs (passing TAS1). Out of these 141 HDs, 58 passed TAS2 in FY18 and FY19. The remaining HD requiring TAS1, Akwaya, was not surveyed during this time due to ongoing insecurity in the area and was planned for

FY21. In Q1 FY21, as FY20 carryover, 14 evaluation units (EUs) (36 HDs) conducted and passed TAS2. By the Q2 FY22, the country will conduct the following carryover FY21 activities: TAS1 in Akwaya, TAS2 in 9 EUs (47 HDs), and TAS3 in 18 EUs (39 HDs).

At this stage, Cameroon's LF needs are predominantly limited to surveillance, validation of the national plan for morbidity and disability management, and preparation of the elimination dossier.

### **Plan and justification for FY22**

#### **MDA**

No MDA is planned for LF in FY22.

#### **DSA (budgeted under FAA 9 and Helen Keller Program)**

In FY22, Cameroon is planning to conduct TAS3 in eight EUs (19 HDs) in the Adamaoua, Center, and Far North regions.

In September 2020, the MOH finalized SOPs to guide the implementation of DSA and MDA in the context of COVID-19. As mentioned above, the SOPs include a supervisor checklist to ensure adherence to COVID-19 preventive measures. Trainings and field-based work for TAS implementation will continue to include COVID-19 prevention measures to ensure safety of technicians, support staff, participants, and supervisors. Each team will have a hand washing station equipped with soap and water. Before registration, every participant will wash his/her hands and be provided with a face mask to be used during the process. Act | West will also help to put in place the following survey quality assurance measures:

- During the planning phase, the PNLO will submit the protocol to Act | West for review, comments and approval before the start of the survey. The sampling will be done using the survey sample builder (SSB) WHO-tool;
- The training of trainers at the national level will be done by staff from the Research Center on Filariasis and other Tropical Diseases (CRFiMT) with the help of the PNLO and NGDO partners.
- The surveyors will be laboratory technicians recruited at the HD level and the PNLO and NGDO partners will be responsible for the training of these surveyors at the regional level. These trainings include a pre-test and a post-test to evaluate their performance.
- The logistics during the period of field data collection will involve two laboratory technicians assigned to each EU, as well as a supervisor (who is also a team leader) and a driver.
- Community members will also be involved as mobilizers.
- Electronic data collection (EDC) will use smartphones. Act | West will provide technical support for the smartphones equipped with ODK Collect technology. The remote server will be hosted on <http://www.ona.io/> (mobile data collection platform), a platform from which the MOH can have access to monitor the data collection in real time. Smartphones will be used to capture survey data. FTS will be tested with a positive sample to ascertain their quality before deployment for use in the survey.

#### **LF Dossier development**

The National Committee for the Elimination of OV and LF (NCEOLF) will oversee the dossier development process. The dossier requires estimates of LF morbidity burden, proof of availability, and access to functional MMDP services in all implementation units where cases are found. Despite the MMDP project outcomes, there are still limited data on the LF morbidity burden, and MMDP service delivery points remain inadequate.



Since FY18, under ENVISION and Act | West, the country has made some progress in preparing the LF dossier. Major activities implemented include the following:

- At a workshop in February 2020 funded by Act | West, participants finalized a checklist of the required documents and data to collect according to dossier requirements.
- A virtual meeting in June 2020 organized by the PNLO assessed implementation of recommendations from the first LF elimination dossier development meeting. Discussions revealed that nearly 70% of the requested documents/data are already available. A working group comprising staff from the MOH NTDs CCU and Helen Keller—Cameroon was created to define guidelines for the collection of existing documentation in order to write a first draft of the LF dossier.
- Another assessment meeting was held in July 2020 at which the following documents were compiled: the demographic reports of endemic HDs, LF baseline prevalence, LF MDA data from 2008–2019, Pre-TAS and TAS data from 2013–2020, LF entomological survey reports and publications, the LF MMDP data, and the 2019–2023 national MMDP plan. The working group in charge of drafting the dossier narrative agreed to utilize these documents.

To date, the National Program and the country partners have developed a draft of the technical narrative of the dossier and have included some historical data in dossier Excel file template. The country is also planning to conduct two dossier development meetings from July to September 2021 (for FY21) and two other meetings from January to June 2022 (for FY22). Each meeting will last one day and will be organized by the CCU (three staff), with attendance from the national program (three staff), Helen Keller—Cameroon (four staff), IEF (two staff), PersPective (two staff), and Sightsavers (three staff). Participants will evaluate the progress made towards completion of first draft of the dossier. They will also discuss solutions for any challenges and/or delays. In the month before each meeting, a small working group made of CCU (one staff), PNLO (two staff), and Helen Keller—Cameroon (one staff) will consolidate the new information and update the narrative of the dossier. **(FY22 meetings are budgeted under Helen Keller Program.)**

In 2017, the Cameroon MOH carried out 106 hydrocele surgeries in five HDs in the North and Far North regions with support from the USAID-funded MMDP Project. In addition to these surgeries, the MOH trained two national trainers, seven doctors from district hospitals, and 25 nurses in hydrocele surgery. The MMDP Project also supported lymphedema management training for 148 patients, 46 family members, 88 nurses from health areas, and five national trainers. Data analysis during this project indicated that only 115 health centers in the targeted endemic districts were able to manage lymphedema cases in compliance with WHO standards. There is no official estimate of the hydrocele morbidity burden in Cameroon but based on the experience and data collected from the pilot phase of hydrocele surgeries and lymphedema case management in five HDs, the project estimated that there are 3,500 hydrocele cases and 2,500 lymphedema cases nationwide. The MMDP Project provided support for the development of a national strategic plan for LF morbidity management and disability prevention, which will be validated after the MOH updates the current draft of the document. The MMDP Project closed in Cameroon at the end of June 2019.

## 2.2 Trachoma

### Previous and current FY activities and context

#### Background

The PNLCé aims to meet the criteria for elimination of trachoma as a public health problem by 2025, with the dossier being planned for submission in 2026. The program implements the WHO recommended SAFE strategy: trachomatous trichiasis (TT) surgery (S), antibiotics (A), facial cleanliness (F), and environmental

improvements (E). The F and E components are supported by other projects specifically focused on trachoma or integrated into broader projects related to water, sanitation, and hygiene (WASH) promotion. USAID began providing support for “A” under the ENVISION project and “S” under the MMDP Project (both now complete). Overall, 23 out of 24 HDs requiring MDA reached the criteria to stop MDA in FY17 and 3,380,924 people are no longer at risk for trachoma. The final HD (Kolofata)<sup>4</sup> is awaiting new baseline mapping when security allows. Twenty-three HDs (all but Kolofata<sup>5</sup>) undertook trachoma surveillance surveys (TSS) in FY19, and results indicated that Goulfey HD (6.91% TF) and Makary HD (10.01% TF) warranted additional MDA rounds, which began in FY20.

### Baseline trachoma mapping

USAID provided support for trachoma mapping from 2010 to 2012 using the WHO simplified grading system. Of 197 HDs, a total of 134 HDs in the south of the country (covering seven regions) were not suspected of being endemic. The MOH considered trachoma to be unlikely in these seven regions because no cases of TF were reported by the MOH at the time of the mapping and because of a good water supply. Cameroon therefore organized mapping in the remaining 63 HDs in the Far North, North, and Adamaoua regions and later, on recommendation from the WHO, in six HDs of the East region<sup>6</sup>. This additional mapping was carried out in the Minawao camp, along with areas of the East region, but results did not show trachoma prevalence that warrants treatment in those areas. Of these 63 HDs, 41 HDs had TF <5%; 5 HDs had TF 5%–9.9%, and the remaining 17 HDs were TF ≥10%.

In March 2020, the MOH and Helen Keller–Cameroon attended a trachoma workshop led by FHI 360 on conducting trachoma desk reviews<sup>7</sup> in districts that were not previously mapped because they were considered unlikely to be endemic for trachoma. The workshop discussed ways countries may develop a process to document the trachoma situation to use in the trachoma dossier to justify reasons for not considering certain areas as suspected to be endemic for trachoma in the dossier. At the time of the original baseline mapping, it was thought that trachoma was unlikely to be a public health problem in seven of the ten regions of Cameroon, which is why WHO did not advise mapping in all regions (considering the associated costs); however, the data used for this decision are not well-documented. In January 2021, an MOH representative presented Cameroon’s desk review process/plans at the *Réseau Africain Francophone des Experts du Trachome* (RAFET) meeting.

A planning workshop at the national level in June 2021 launched activities in support of a situation analysis in Cameroon. The objective was to plan the trachoma situation analysis in seven unmapped regions of the country and identify the working methodology (appropriate to the country’s context) to develop the data collection tools, the variables to be researched, the various sources of data, and the keys to analyzing these data.

Following this planning meeting, the national program, with Helen Keller support, proceeded to collect existing data over a ten-year period (from 2010 to 2019) and carry out a situational analysis of these data.

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<sup>4</sup> Kolofata HD received its trachoma MDA using azithromycin eye drops in 2008–2010 implemented by *Ophthalmo Sans Frontières* (OSF). TF was <5% following the three years of treatment. However, a follow-up survey two years after the treatment was stopped indicated that TF was 5.2%. Given those results and the amount of time that has passed since the last survey (2013), the PNL Cé believes the HD warrants a new baseline mapping survey using the standard Tropical Data methodology.

<sup>5</sup> As noted above, Kolofata undertook a follow-up survey two years after a previous survey had indicated TF <5% as part of the azithromycin eye drop trial. However, this was before the WHO guidance on TSS was given.

<sup>6</sup> The recommendation was made in light of the trachoma endemicity in neighboring Central African Republic, where trachoma endemic HDs in that country border on HDs in the East region of Cameroon.

<sup>7</sup> The PNL Cé is referring to this process as a “situation analysis” rather than a desk review, so “situation analysis” will be used throughout this workplan.

An algorithm for ranking districts was also developed to prioritize where further data collection would be needed. This enabled the PNLCé to complete a ranking of the HDs. The team identified 15 priority HDs out of 134 where additional data would be collected during the field investigation phase (i.e., interviews will be held with district level eye care personnel and review of registers to extract data on trachoma cases treated (for example, TT surgery). Priority was given to HDs that share borders with a district with a known TF prevalence. Once this desk review is completed there will be a meeting at the national level to discuss the findings from the desk review and work on the development of field data collection tools, as well as organizing training of surveyors to implement the fieldwork. In FY22, each of the 15 HDs identified as warranting more information will be re-visited. The other data under review is from the desk review, which was done predominantly from Yaounde with regions submitting their data to the national level.

## MDA

From 2008 to 2010, Cameroon conducted trachoma MDA in Kolofata HD using azithromycin eye drops with support from Ophthalmo Sans Frontières (OSF). MDA with azithromycin tablets and syrup was also conducted from 2011–2016 in 23 HDs<sup>8</sup>. By 2016, in accordance with WHO guidelines, all 23 targeted HDs completed the required rounds of treatment and moved on to conduct TIS; all TIS indicated TF <5% among children 1 to 9 years of age. However, in FY19, three out of 23 HDs that conducted TSS had TF ≥5% (Goulfey: 6.91%, and Makary & Fotokol: 10.01%). In FY20, the country planned to restart MDA in these districts: round one of one in Goulfey and one of three in Makary and Fotokol. This was delayed due to the COVID-19 pandemic and took place in May 2021. The FY21 MDA campaign (round two targeting Makary and Fotokol HDs) will take place in November 2021. The third MDA round targeted Makary and Fotokol HDs is planned six months later as part of the FY22 work plan.

## Surveys

From 2014 through 2017, the MOH carried out trachoma impact surveys (TIS) in the 23 HDs where MDA was warranted. All 23 HDs reached the criteria to stop MDA (TF <5%). As mentioned above, trachoma surveillance surveys (TSS) were completed in those 23 HDs in 2019; all but three districts in the Far North region maintained TF <5% (Goulfey–6.91% and Makary & Fotokol HDs–10.01%). These districts warrant one and three rounds of MDA, respectively, followed by additional impact and surveillance surveys.

An impact survey funded by OSF was conducted in Kolofata HD in the Far North region following treatment from 2008–2010 with azithromycin eye drops. TF prevalence was 3.1% after two rounds of treatment. However, the methodology used differed from WHO guidance. Another survey in 2013 (again, not using WHO methodology) indicated that TF was 5.2%, with four communities showing a prevalence ≥10%. Thus, MDA (azithromycin eye drops) was conducted in these four communities. The PNLCé planned a re-mapping in Kolofata HD due to the non-standard survey methodology used in impact surveys funded by OSF and the results indicating TF was now slightly over 5% TF. Due to the ongoing security issues in Kolofata, the re-mapping has been postponed several times. It should be noted that the ongoing insecurity led to creation of an internally displaced persons (IDP) camp in Mora HD (bordering Kolofata) in 2015. The MOH originally wanted to survey this camp during the planned re-mapping. Following further discussion with Helen Keller, Tropical Data, and FHI 360, it was decided that only Kolofata HD would conduct the re-mapping and the IDP camp would be targeted for operational research (not via Act | West funding). The re-mapping was included in the FY20 work plan but became a carry-over activity, given both the delay due

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<sup>8</sup> Treatment and surveys took place in 22 HDs. However, the number of districts has increased to 23 following redistricting in 2021.

to COVID-19 and the ongoing insecurity. The MOH is finalizing the draft protocol as the survey is tentatively scheduled for August 2021.

### **TT surgery**

Sightsavers has provided support for TT surgeries in the Far North region since FY13. In addition, the USAID-funded MMDP Project provided technical and financial support to MOH for TT surgeries in the Far North and North regions from FY15 to FY19. Under this project, 887 TT surgeries (of the 983 confirmed cases), and capacity building on TT surgery was a major focus, including the role out of the HEAD START simulator. The MMDP project also supported six TT-only surveys in Cameroon, which has aided the country in updating the burden data for TT.

In FY19, the country implemented TT surgery campaigns in four HDs (Guidiguis, Tokombere, Meri, and Mokolo refugees camp) with Accelerate project financing. In FY21 the MOH implemented TT surgery campaigns in Mokolo and Rey-Bouba HDs with Accelerate funds, and the country is planning to conduct additional TT surgery campaigns in FY22 in Mada and Makary HDs (again using Accelerate project financing).

### **Plan and justification for FY22**

#### **MDA (budgeted under FAAs 1-6 and Helen Keller Program)**

The FY21 MDA targeting Makary and Fotokol HDs is still in preparation and is planned for November 2021, which will be followed by th

e FY22 MDA to be conducted in May 2022. The MDA campaign encompasses several events including: review/planning meetings at national and regional level, training sessions for health staff and community-based distributors, a social mobilization/awareness component, mass distribution of azithromycin and TEO targeting 229,801 people, and the supervision of activities. Supervision will be conducted following the same methodology described below in the supervision of the OV MDA. In addition, the TSS investigations (investigating the results of the FY19 TSS), which will be carried out prior to the FY22 MDA, may help pinpoint some areas where increased supervision, use of the supervisor's coverage tool (SCT), involving more CDDs, or improving social mobilization may be needed.

#### **DSA (budgeted under Helen Keller Program)**

##### ***Trachoma Impact Survey in Goulfey***

The TIS in Goulfey originally planned for FY21 will be re-programmed to FY22. Following the TSS results, which showed Goulfey having a TF prevalence of 6.91%, the national program implemented one round of MDA in Goulfey in May 2021 (as part of FY20 carry-over activities). The TIS should be implemented at least six months after MDA, which will fall in the FY22 period.

##### ***New trachoma baseline mapping in the Kolofata HD***

Prior to the first MDA in 2008, the trachoma prevalence in Kolofata HD among children aged 1 to 9 was  $\geq 30\%$ . OSF then conducted three mass treatment campaigns from 2008 to 2010 using azithromycin eye drops. An impact survey conducted in 2010 revealed a decrease in the TF prevalence to 3.1%. In January 2013, a trachoma prevalence study was conducted in 41 villages in the district, showing an increase in prevalence to 5.2% and 4 villages in the district had  $TF \geq 10\%$ . The PNLCé chose to conduct another MDA in communities whose TF prevalence was  $\geq 5\%$ , using azithromycin eye drops.

The last treatment (only in a few villages) was in 2013, and no surveys have been conducted due to security issues and logistical challenges in implementation in the area. An impact survey was originally planned for 2015, then further postponed to FY17, FY19 and FY20 with the aforementioned security issues. The country had planned to conduct a survey there under the FY20 work plan; however, it was further delayed due to a ripple effect in scheduling from the COVID pause on activities and the need to define the survey and develop proper SOPs for implementing the survey in the COVID context. The protocol and SOP were drafted and shared with Helen Keller and FHI 360 in August 2021; however, the RDPH in the Far North region recommended further postponing the survey until no sooner than mid-October 2021 due to extreme and unpredictable weather conditions that could hinder the quality of implementing the survey. This activity is therefore being re-programmed to FY22 to allow greater flexibility.

Initially the trachoma survey in Kolofata HD was labelled as an impact survey and it would also be conducted in the Mora IDP camp. In consultation with FHI 360 and Tropical Data, the survey was re-classified as a new baseline mapping since it has been considerable time since the initial mapping and treatment. In this consultation, it was also agreed with the national program to proceed with the survey in Kolofata first, then address the Mora IDP camp later and/or explore doing OR to understand the situation in the camp. Act | West will support the PNLCé in the implementation of the new baseline mapping in Kolofata in FY22.

For the COVID-19 preventive measures, please refer to the **LF DSA section**, which provides information on the SOP for DSAs in the COVID-19 context. In addition to the measures adapted from the LF DSAs, preventative measures for trachoma surveys will include wearing of a loupe/visor. The additional safety considerations will be reviewed by the MOH, Helen Keller, FHI and USAID prior to the protocol development and approval to move forward with implementation.

#### **Trachoma dossier development (budgeted under Helen Keller Program)**

The PNLCé held a meeting in May 2019 (with participants from USAID, FHI 360, Helen Keller, Sightsavers and the NTD CCU of the MOH) to move forward with development of the trachoma elimination dossier. During this meeting, three working groups were set up: one to focus on the Surgery component (headed by Sightsavers), a second to focus on the Antibiotics component (headed by Helen Keller–Cameroon), and a third to focus on trachoma surveys (headed by the NTD CCU). Each group collected information about the country achievements and highlighted remaining steps to meet the dossier requirements. A review meeting for these working groups took place on August 20, 2019; the PNLCé recommended that all groups should update their respective sections of the draft dossier by including the work done prior to USAID's support, especially under OSF. The PNLCé organized one assessment meeting in November 2020, in which participants from the MOH, Helen Keller, Sightsavers, and WHO evaluated progress towards development of the dossier. In the group led by Helen Keller, participants listed all the HDs which conducted MDAs by indicating their initial TF prevalence, their respective number of MDA rounds completed, and the programmatic coverage reported during each MDA round from 2011 to 2016.

In FY22, Act | West will continue to provide technical assistance (TA) for the dossier development by supporting two one-day meetings to bring together the CCU (three staff), the national program (three staff), Helen Keller (four staff), and Sightsavers (three staff). Participants will update the narrative and continue populating the Excel table with new trachoma information as it becomes available. They will also discuss weaknesses and/or delays noticed during the MDA implementation and how to solve them in order to remain on track toward elimination of the disease.

## Other trachoma interventions (budgeted under Helen Keller Program)

### Quality Improvement Model Application in Makary

Act | West will support the PNLCé to use quality improvement (QI) model in Makary (health district targeted for trachoma MDA in FY22), including Root Cause Analysis (RCA) and the drivers' diagram to determine next steps for QI. Findings from the trachoma situation analysis including F& E data analysis will also inform the QI application. The repeat MDA for trachoma is being targeted for the QI model as part of the response to the persistent trachoma issues in Makary. Further details can be found in Appendix 6 on the QI activities.

### Trachoma situational analysis

To contribute to the trachoma situational analysis work<sup>9</sup> which started in FY21 (see the **trachoma background section**) the country will conduct the following activities:

- A meeting at the national level to discuss all the data collected so far
- The development of data collection tools (note: in FY21 Act | West shared the tools developed for Benin and Senegal for similar analyses with the PNLCé, which will be the base for the tools development in Cameroon, and a meeting was held in September 2021 to review these tools and develop a plan for adapting the tools for the Cameroon context; there are no costs proposed for the finalization of the tools for FY22)
- A training of surveyors that will implement field investigation
- The field investigation in 15/134HDs

### *Trachoma TSS ≥5% investigations in Goulfey, Makary, and Fotokol HDs*

In FY22, as part of the Act | West learning agenda and as discussed at the “persistent trachoma” meeting in June 2021, Act | West (with the assistance of WHO and Tropical Data, among others) will support the PNLCé to investigate two potential drivers for persistent trachoma: survey quality and MDA coverage. The PNLCé will take the lead in this activity, which includes planning, overseeing development of the protocol, and validating the final report. The PNLCé will utilize the Act | West-developed tool for trachoma DSA failure as the basis for the investigation plans and protocol development, with technical support from FHI 360 and Helen Keller. Among the topics proposed, the following aspects will be analyzed during the investigation:

- Survey quality
  - Review of TSS data, TIS data, cluster-level data, as well as confidence intervals, with emphasis on survey quality (may include Kousseri HD in addition to Makary +Fotokol and Goulfey, given proximate geographies and similar district-level MDA data.) However, in Kousseri, TF <5% at TSS.
    - Review of the training prior to survey implementation

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<sup>9</sup> This situational analysis is the same as trachoma mapping desk reviews that have been conducted in Benin and Senegal, also with Act | West support. However, the PNLCé added a preliminary step of bringing the regions in question together to plan out data collection at the district level, given the size of Cameroon. This step did not happen in the other countries, as the scope of the work was much smaller.



- Review of graders and scores to ensure that the TSS survey team were able to identify TF reliably
- Review of clusters from both the previous TIS and FY19 TSS results, to look for any patterns in the distribution
- MDA coverage
  - Examine sub-district level coverage data (if possible)
- Investigate population movements in the surveyed regions (i.e., the northern regions of Cameroon have experienced population migration, insecurity, and instability)
- Compare F&E data in the surveyed regions from baseline, TIS and TSS, as the PNCLé has indicated that there was a recent cholera epidemic in this area and WASH activities may not have been sufficiently implemented.
- These HDs may be good candidates for taking samples for serological and PCR testing, but discussions with USAID and CDC are needed before this can happen.

## 2.3 Onchocerciasis

### Previous and current FY activities and context

#### Background and mapping

Cameroon's national onchocerciasis strategic plan aims to eliminate OV by 2025. OV is endemic in all ten regions, with 117 of 197 HDs considered meso-endemic or hyper-endemic (see Table 1 below). The PNLO was established in 1993 and developed a national strategic plan for the elimination of OV in Cameroon. The program has received financial support from USAID since 2010 through the NTD Control Program, ENVISION, and now through Act | West. The PNLO has employed the CDTI strategy for OV treatment. In 2017, the PNLO established the National Committee for the Elimination of Onchocerciasis and Lymphatic Filariasis (NCEOLF), which coordinates OV elimination activities. The first meeting of the committee was held in January 2018. This led to creation of three subcommittees: the first to develop guidelines for OV elimination in Cameroon, the second to define quality assurance standards for operations, and the third to draft the national strategic plan for OV elimination.

#### MDA

The first OV control activities began in 1987 with mass distribution of IVM in the North region. This was expanded to the South and Center regions between 1990 and 1992 using CDTI. Cameroon expanded OV control activities to five regions through the CDTI strategy and, from 1999 onwards, switched to CDTI in all ten target regions. *Loa* is known to be endemic in eight of ten regions in Cameroon. As a result, individuals treated with IVM who have a high load of *Loa* are at risk of SAEs. The risk is higher during the first round of treatment. Cameroon reported many cases of SAEs during the early years of IVM distribution. To minimize the risk, the CDDs are trained not to automatically administer IVM to a person who has never been treated. In those cases, a test for *L. loa* is performed before treatment at the referral hospital, in collaboration with the district health unit. The number of SAEs declined significantly after several treatment cycles. Year by year, the country has gained considerable experience in managing SAEs.

Since the start of the LF program, IVM has been administered alone in 12 HDs and in combination with ALB in 105 HDs as part of the integrated treatment of LF and OV. Of the 117 endemic HDs receiving IVM treatment, 91 are co-endemic for OV, LF and *L. loa*, and 12 for OV and *L. loa*.

Table 1 shows OV endemicity levels in all HDs. Results from the rapid epidemiological mapping of onchocerciasis (REMO) classified health areas from the surveyed HDs depending on the prevalence of nodules (hypo: 0–19%; meso: 20%–29%; hyper: 30% and above). A district is considered mixed if it has areas with more than one of the three levels of endemicity.

**Table 1. Endemicity of OV in Cameroon**

| Endemicity Rates | # Districts | Comments                                 |
|------------------|-------------|--|
| Non-endemic      | 4           | None are under treatment                 |
| Hypo-endemic     | 76          | None are under treatment                 |
| Meso-endemic     | 4           |  |
| Hyper-endemic    | 61          |  |
| Hyper/meso/hypo  | 28          | Mixed hyper, meso- and hypo-endemic area |
| Meso/hypo        | 7           | Mixed meso- and hypo-endemic area        |
| Hyper/meso       | 9           | Mixed hyper- and meso-endemic area       |
| Hyper/hypo       | 8           | Mixed hyper- and hypo-endemic area       |
| <b>Total</b>     | <b>197</b>  | <b>117 under treatment</b>               |

Since IVM distribution has been implemented for many years, the risk for SAEs after administration has been reduced. To reach the goal of elimination, it is necessary to extend the IVM MDA to the 76 hypo-endemic HDs. This expansion could increase the number of SAE cases in areas where IVM has never been administered. The MOH has planned to map these hypo-endemic HDs if treatment is needed. This will include mapping in IVM-naïve areas and impact assessments in areas where LF MDA with IVM and ALB has been conducted. The PNLO has not yet been able to complete the mapping due to lack of funding. For the moment, all meso-endemic and hyper-endemic HDs are part of the MDA. In addition, if an HD has mixed endemic profiles (some combination of hyper/meso/hypo), only hyper- and meso-endemic areas within the HD will be included in the MDA campaigns with IVM.

### **Plan and justification for FY22**

#### **MDA (budgeted under regional FAAs and Helen Keller Program)**

The PNLO will carry out the remainder of FY21 MDA activities in the first quarter of FY22 (see Appendix 13 for details). The PNLO also plans to conduct the next round of annual OV MDA in the 117<sup>10</sup> eligible HDs during FY22. The MDA campaign includes: review/planning meetings at national and regional levels, training sessions for health staff and community-based distributors, a social mobilization/awareness component, mass distribution of the drugs themselves to the eligible populations in endemic

<sup>10</sup> Recent redistricting increased the number of HDs to be treated.



communities, and monitoring of activities. MDA activities are budgeted in the regional FAAs and are described either below or in the appendices.

MDA for OV is organized every year in hyper- and meso-endemic communities. It targets all those over 5 years of age. In FY22, it will target 9,193,011 persons among the 11,491,264 total population at-risk in the 117 OV endemic HDs. Before the start of this treatment, the CDDs will count all the residents in the households of each community. Based on this census, the CDDs will receive the IVM tablets from the health center nurse to treat the eligible population according to guidelines from the training session. CDDs will use either a door-to-door method or population grouping in a village, respecting COVID-19 barrier and prevention measures. At the end of the campaign, the CDDs use their respective registers to write summary reports.

### **Supervision of MDA**

To ensure quality assurance of the community-based MDA, several supervisors will conduct field trips during the campaign: the nurses in charge of the health areas, the members of the HD management teams, the NTD staff of the RDPHs, the MOH central level, and NGOs. In 2015, the MOH developed a quick survey form, with ENVISION support, that is currently used to provide coverage trends. In addition, the Supervisor's Coverage Tool (SCT) was introduced by ENVISION in Cameroon and will continue to be used during field supervision. Supervisors will also utilize the COVID-19 checklist for MDA.

### **Routine annual community data collection and review in the villages of the 117 OV-endemic HDs and the trachoma MDA HD**

In order to improve the quality of data collected at the field level by the CDDs, data collection and review meetings will be organized in each village by the health staff at the health area level, during the ten days when they travel through the villages in their respective areas. During these sessions, the health agent will gather all the CDDs from the village to provide support in data verification and report preparation; each CDD will return his or her community treatment register along with the remaining drugs. The review sessions aim to remove most of the errors in data collection before they are sent to a higher level of the health system.

### **Routine annual meetings in the 117 OV HDs and the one trachoma MDA HD on the analysis of the data collected during MDA campaign**

The health area agents will take part in a data review meeting at the HD level to analyze the data summary obtained from the communities. The performance of each HD will be assessed with the help of the health area staff whose closeness to the CDDs and communities can help to explain any reasons for poor coverage and propose remedial actions. At the end of these meetings, the health area staff will work with the CDDs for any required adjustments before the regional review/planning meeting. Act | West will provide financial support by covering the per diems and travel costs of health area staff and the costs of a coffee break. Act | West will also finance the supervision of this activity at the central level (PNLO, CCU, NGO).

## DSA

Act | West will not support any OV surveys in FY22.

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

#### **3.1 System strengthening**

##### **Data security and management**

To collect data, the MOH and its partners use CDD registers, health area data summary sheets, health district data sheets, and regional databases. These tools are updated and reproduced each year prior to MDA, except for CDD registers which are updated and reproduced every three years (with the last update in 2018). The flow of data collected from the community level to the central level is as follows:

1. The CDD collects data at the community level using the CDD register. At the end of the campaign, he/she writes a report and submits it to the health agent in the health area along with the register.
2. The health agent collects the reports from each CDD in their respective coverage area and fills out the summary data sheet that is submitted to the HD. A copy is kept in the health center.
3. The HD analyzes the data and inserts them into the electronic data sheet (Excel sheets) before submission to the RDPH.
4. The RDPH collects the Excel sheets from each HD and completes the NTD regional datasheet before submission to the central level.

As previously reported in the FY21 work plan: at each level, the manager performs data analysis and feedback to improve data quality. Past supervision showed CDD reports contained several inconsistencies, which were attributed to the level of education among CDDs and a lack of access to calculators for basic arithmetic. In addition, the CDD register often contained incomplete information. Therefore, the summary written by the health area nurse using the CDD reports contained inconsistent data. At the health area and HD levels, newly assigned staff have had difficulties with data analysis.

These issues will be considered in the FY22 MDA and will be addressed as follows: four health center staff from each health area will visit villages just after the MDA to assist CDDs in filling in registers and making required calculations. This is in addition to the supervisors from the central, regional, district, and health area levels who will also assist CDDs while they are filling in the registers.

At the end of data collection, CDD registers are kept at the health center level. The summary data sheets are kept in file folders at the health areas level and in electronic NTD data folders in the computers at the health district and RDPH levels. At the central level, the MOH has started using DHIS2 for data storage as part of the school-based deworming campaign in the Center region (funded by another donor) and used it for six health districts in the West region for OV MDA. This will continue in FY22.

##### **Targeted TA to strengthen the NTDP's data policies and procedures (Deloitte/Helen Keller)**

Following completion of the data security analysis during Q1 of FY22, Deloitte will organize a two-day "presentation and validation meeting" with the CCU and other MOH staff to further discuss and validate findings and make policy recommendations on how to secure the collection, transfer, and storage of data in support of the CCU's priority to secure data in DHIS2. Recommendations will be limited to policy and procedures, building upon MOH's guidance, and will not include the purchase of additional software or hardware. These recommendations will result in the updating, adoption and implementation of MOH guidance or if needed the creation of a simplified NTDs data security policy SOP that can be distributed

amongst CCU staff. Once the NTDP has prioritized the most critical recommendations and identified needed support from Act | West, Deloitte will work with the MEL Team and Helen Keller to support rollout and implementation of this SOP, which could include orientation session and the creation of easy reference job aids related to data security. (*Two-day presentation meeting budgeted under Helen Keller*).

### **Regional workshops on the NTD data processing in the DHIS2 (budgeted under Regional FAAs) – ON HOLD**

The MOH CCU and the national NTD programs, with support from partner NGOs, have already held two meetings during which participants identified the NTD indicators to include in the DHIS2. Following these meetings, the modules for the NTD indicators were integrated in the DHIS2—including treatment, training, surveys, and drug management data. In the pilot phase, started in FY20, several districts began data entry into DHIS2. In FY22, the MOH CCU will facilitate regional workshops in the 10 remaining regions and will share lessons learned from the pilot districts on data entry and quality. These two-day workshops will bring together regional data managers, NTD regional focal points, and HD Management teams. They will be led by the CCU and national NTD programs to build capacity and share lessons learned in the entry and analysis of data in DHIS2.

### **3.2 Drug management**

For FY22, IVM for the OV MDA will be donated to the PNLO by the Mectizan® Donation Program (MDP). For the trachoma MDA, Zithromax® will be donated to the PNLCé by the International Trachoma Initiative (ITI) and Act | West will purchase tetracycline eye ointment (TEO). Act | West will also purchase filariasis test strips (FTS) for the LF surveys (TAS3).

The drugs (IVM, Zithromax® and TEO) and diagnostics (FTS) are sent to Cameroon where they are exempt from customs duties at the point of entry (airport or port). These points of entry (ports or airports) often have no appropriate storage spaces to preserve drugs and diagnostics. In order to reduce storage delays and due to limited financial resources from the MOH side, Act | West will provide financial support to a local freight forwarder responsible for the transportation of the medicines and FTS from the points of entry to the National Purchasing Center for Essential Drugs and Products (CENAME). (**Budgeted under Helen Keller Program.**)

The drugs and the FTS will be transported to the regional level from the CENAME storage point through the RFHP. The NTD regional focal point manages the inventory at the regional level. After the HDs obtain the drugs from the regional level, they supply drugs to the health areas which, in turn, supply the CDDs. The District Medical Officer (DMO) and the Chief of the health area manage the inventory at the district level and at the health area level, respectively. The costs of the logistics needed to transport the medicine from CENAME to the communities are borne by the state. FTS kits are stored at CENAME until the beginning of the LF surveys.

Expired drugs are stored at the RFHP level and destroyed with approval from the appropriate appointed commission. Tracing the drugs in the field remains a major challenge. The MOH, Helen Keller, and other NGOs (IEF, PersPective, and Sightsavers) will work to strengthen the tracking of drugs delivered to the field during the MDA supervision. They will check that all drug deliveries and returns are accompanied by a sign-off document. They will also ensure that communities with multiple CDDs have designated one CDD to be accountable for community drug management during the MDA campaign. The designated CDD will receive the quantities of drugs allocated to the community and will distribute them to other CDDs. To improve the return of the remaining stocks, the MOH, Helen Keller, and other aforementioned NGOs will verify, during field visits, that health area personnel receive the balance of their fees for data collection

only after they have submitted treatment data and the remaining physical stocks of drugs. **(This work is taken into account in the supervision budgeted under Helen Keller Program, the IEF/PersPective/Sightsavers subawards, and FAAs to the central and regional levels of the MOH.)**

In addition to participating in the drug order preparation and validation meetings at the central level, Helen Keller and partner NGOs will provide TA to the Regional Delegations of Public Health in developing their respective drug allocation plans in order to decrease the drug loss rates and avoid large stocks of unused tablets.

### **Evaluation of NTDs warehouse facilities**

In FY21, FHI 360 and WHO's Expanded Special Project for Elimination of NTDs (ESPEN) facilitated a webinar for participants to discuss possible solutions to overcome challenges regarding the warehousing of NTD drugs. One of the main recommendations was that NTDPs should institutionalize self-assessments of warehousing. In FY22, Act | West will provide technical support to the NTDP/MOH to conduct these self-assessments, which will target the national warehouse, the ten regional warehouses, and six district-level warehouses (representing 5% of the total districts). The districts will be selected randomly. FHI 360 will also provide TA to implement these evaluations, especially the tools and the methodology. **(No budget required beyond LOE from Act | West.)**

### **National workshop to finalize the NTD drug order (budgeted under Helen Keller Program)**

During the FY22 OV MDA, Act | West will provide technical support to the CCU to finalize the NTD drug order through a national workshop. The CCU, in consultation with all NTD programs, submits a joint drug order to the WHO. The quantities are estimated based on data from the previous year. The order is then analyzed and approved by WHO. The workshop will help ensure that the drug application is submitted in a timely manner and with accurate data. Act | West will cover the costs for coffee breaks for 27 participants for a one-day working.

### **Reverse logistics**

At the end of each MDA, the remaining stocks of drugs must be collected by the health area nurses. They must take them to the HD level, and the HD level staff must bring them to the regional level where they are repackaged by lot number, expiration date, and quantity. This reverse logistics process often highlights some weakness, especially when the recovery of the remaining drugs is not mentioned in the terms of references (TORs) of field supervisors. In FY22, the MOH will ensure that the recovery of unused drugs is described in the TORs of all the supervisors involved in any field activity implemented after the drug distribution. Act | West will support NTDP to incorporate it in the MDA supervisors' training accordingly. This activity will have no specific costs since Act | West is already providing funds for the field visits. Briefings will also take place at each level prior to field visits to ensure that those involved understand their responsibilities.

### **Technical assistance to monitoring and management of Adverse Events (AEs) and Serious Adverse Events (SAEs)**

SAEs occur mainly in people taking IVM for the first time and who have high *Loa loa* parasite loads. To reduce the risk of SAEs, IVM is not given to new *Loa loa*-endemic HDs or Health Areas. In HDs where IVM has already been distributed for years, the CDDs are asked to identify the few members of the communities who are taking IVM for the first time and refer them for testing for *Loa loa* to verify that their parasite load is low and permits treatment. Otherwise, those members will not receive IVM. Despite all these precautions, some SAEs may occur.

To ensure the proper management of SAEs in FY22, Helen Keller and NGO partners will continue to strengthen their assistance to regional delegations of public health for the following:

1. Routine training at every level and specific training targeting personnel of referral hospitals
2. IEC/awareness-raising for communities about the first signs of SAEs and measures to be taken in case of their occurrence
3. Supervision for early detection and treatment of any SAE cases

Technical expertise for the care of SAE patients will continue to be provided by the Technical Advisor for Loasis, in collaboration with the CCU and the supporting NGO. Any SAE will be reported to WHO, the drug donation programs, and FHI 360 within 24 hours of their notification.

### **3.3 Sustainability**

#### **Previous and current FY activities and context**

Cameroon organized several advocacy meetings with government officials from FY16–FY19 at the regional and district levels to improve implementation and mobilize local resources in the fight against NTDs. The meetings brought together the heads of the MOH and other ministerial departments, including mayors, religious and traditional authorities, and private sector managers. These advocacy meetings have led to the following results:

1. The MOH covers the cost transporting drugs from the central level CENAME to the regional level. Each state from there on covers for the cost to transport the drugs to the communities.
2. Several regions mobilized resources to support their CDDs in 2016, however the amount was not sufficient. Community fundraising for CDDs in the Littoral Region raised \$6,000. The Far North Region raised cash and in-kind contributions in the amount of \$5,000, which breaks down as follows: contributions from the city halls of Petté and Kolofata in the amount of \$500, in-kind donations with an estimated value of \$270, and financial contributions from households in the amount of \$4,300. In total, \$11,000 was mobilized in 2016 to motivate the CDDs. Resources have been mobilized since FY16, but the data have not been systematically reported and documented. In FY21, it was determined in preparation for the Domestic Resource Mobilization (DRM) workshop that the DMO would be responsible for documenting DRM community contributions as a part of their role in sensitizing and supervising NTD programs. These data about community contributions would then be reported to the national level.
3. The Cameroon Armed Forces increased security during health campaign activities in the HDs located in areas with insecurity, notably in the Far North Region.

The World Bank funds a Performance Based Financing (PBF) program that is in the process of expanding to all regions in Cameroon. The PBF program aims at improving quality and access to primary health care. Among other strategies, it incentivizes community health workers to provide high quality services. As a result of local advocacy for NTD programs, an incentive for CDDs was implemented to improve the quality of implementation in the East region in 2016. The region mobilized \$4,900 through PBF subsidies for this purpose. In September 2020, Act | West facilitated a workshop to determine the feasibility of including NTDs into the PBF system in Cameroon. The workshop was led by the MOH, the National PBF Technical Unit, and Act | West partners. The workshop leveraged materials from the World Bank best practices for PBF and developed NTD indicators that could be included in the PBF program. The goal was to sustainably finance CDD incentives for high quality and efficient service delivery. Unfortunately, after the workshop, the PBF Technical Unit could not integrate the CDD incentive in their system, due to the campaign nature of MDA activities.

Advocacy meetings were planned with mayors in FY20 to encourage support for NTD programs and to provide logistic support to health district teams during MDAs. These meetings ended up being held with private companies from the Littoral, Central, and West regions, which resulted in the network for private companies supporting NTDs. However, mayors will be targeted in future meetings in other regions. In FY21, Act | West also supported the MOH technically and financially for an advocacy meeting targeting private firms. The main purpose was to discuss solutions to increase CDDs' commitment and motivation. The enterprises that attended set forth the first network of private firms supporting the MOH in the fight against NTDs. This platform will hold regular discussions to propose actionable solutions to support the NTD national program, beyond the CDDs' motivation.

With regard to CDD motivation, one of the suggestions from the advocacy meeting with the CCU was a "minimum package" of gift-in-kind (bottle of cooking oil, soap, wheat flour, salt, pasta) to be donated by the private companies. This approach will continue to be analyzed during discussions about the creation of the above-mentioned network; the MOH will also engage with the Ministry of Finance to discuss the tax implications associated with the minimum package. The idea is that once the network is established, companies can apply for tax exemption for donating the minimum package of gift-in-kind goods.

Additionally, the CCU conducted a domestic resource mobilization (DRM) workshop in FY21 with Act | West support that brought together multisectoral stakeholders to discuss priorities and approaches for DRM. Participants attended from the PNLO, the PNLISHI, the PNL Cé, the Ministry of Primary Education (MINEDUB), the Ministry of Secondary Education (MINESEC), Department of Financial Resources and Heritage, and NGOs supporting the NTDs. Together, stakeholders outlined shared priorities between NTD programs and the MOH. Challenges to DRM were identified and action plans were developed to address barriers to resource mobilization. The workshop was the first of a series of DRM activities introducing the topic and advocacy approaches, which will be built upon in FY22. The workshop also highlighted the need to use the tool for integrated planning and costing (TIPAC) for data entry and analysis in order to centralize program costing and planning data and understand funding gaps to bolster advocacy materials.

### **Plan and justification for FY22**

#### ***Advocacy meetings at central, regional, and district level (Helen Keller)***

In FY22, Act | West will provide technical and financial support using the data and analyses from TIPAC to the CCU and other NTD programs to advocate for budgetary contribution to NTDs interventions within the MOH budget. Act | West will support one advocacy meeting targeting parliamentarians to raise their awareness about the NTD social and economic consequences and solicit their commitment to increasing government resources dedicated to the fight against NTDs in the country.

In addition to the meeting with parliamentarians, Act | West will also support:

- A one-day advocacy meeting at the central level to foster sustainability and joint integration of NTD supervision with other health domains to improve efficiency and maximize human resources for health; this meeting will target other health priorities. Non-health decision makers will be targeted to support integrated communication through women's groups and dissemination of NTD messages at the community level.
- A one-day advocacy meeting at the regional level (in the North West and the South West regions) to improve mayors' contributions to NTD activities, especially given that these two regions are progressively returning to safety after four years of a social crisis that led to internal displaced populations that jeopardized NTD activities.



- A one-day advocacy meeting at the district level (in a sample of 25/189 districts) to improve support by local communities and individuals. These will look at the estimated community cash and in-kind contributions for NTD programs and documentation of these as part of the total domestic resources for NTDs.

Six months after each of these meetings, a committee made of CCU and Helen Keller staff will follow up on the recommendations in to assess the progress made and evaluate possible barriers to implementation the commitments. This will not be a formal meeting, but rather follow up during routine visits to the district or regional level and lessons learned will be shared at the post-MDA meeting (see below).

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

##### **4.1 Schistosomiasis**

###### **Mapping and MDA**

The first national STH/SCH epidemiological mapping was conducted in 1985–1987 with the first national MDA for SCH and STH in schools launched in 2007 supported by the Ministries of Basic Education and Secondary Education using praziquantel (PZQ) donated by Johnson & Johnson from Children Without Worms. Cameroon adopted a national strategy of treating school children once every year. USAID support for SCH/STH began in 2010, starting with a second epidemiological mapping in 2010–2012, which identified 153 HDs as endemic (prevalence  $\geq 1\%$ ). PZQ was added to the mebendazole (MEB) distribution in schools where SCH was endemic. Cameroon currently receives donations of PZQ from Merck through WHO.

###### **SCH surveys**

In FY18, SCH impact assessment surveys were conducted in 12 HDs with the support from ENVISION, an additional 12 HDs were surveyed with Sightsavers funding, and Good Neighbors further funded 8 HDs. Results from these surveys showed that only two out of 32 HDs had a prevalence between 10-49% and no HDs went above the threshold for treating both SAC and adults ( $>50\%$ ). All remaining 30 HDs surveyed were below the threshold for treatment. In FY19, Act | West planned to conduct SCH/STH surveys in another 47 HDs. However, the survey did not take place because of calendar conflicts with the school-based deworming campaign.

The PNLSHI is exploring further opportunities to support SCH-STH impact surveys in the remainder of the country. They intend to use the results to determine where MDA is needed and strengthen the health system operational capacities to meet the countries elimination goal.

###### **Plan and justification for FY22**

###### **MDA**

No MDA is planned for SCH in FY22 with USAID funding. SCH MDA is being supported by Sightsavers in seven of the ten regions in Cameroon.

###### **DSA**

No DSA is planned for SCH in FY22 with USAID funding.

#### 4.1 Soil-Transmitted Helminthiasis

##### Previous and current FY activities and context

##### **Mapping and MDA**

The first STH epidemiological mapping took place with SCH. -With the launch of LF MDA in the country, school-aged children received a second round of ALB in the LF endemic HDs. Parents of children who were not enrolled in school took their children to schools to be treated during school-based deworming. Children 1 to 5 years of age were also treated twice a year as part of the Action Week of Health and Nutrition for Infant and Kindergarten (SASNIM), during which mebendazole (MEB), was provided to children under 5 years of age. Of the 32 HDs that conducted impact assessments in FY18, only two districts met the prevalence threshold for once-a-year treatment (20%–50%) and two districts for twice-a-year treatment ( $\geq 50\%$ ). All four of these districts were in the East region. The remaining districts surveyed fall below the threshold for annual treatment. (Please refer to Table 6a for USAID supported STH coverage data.)

##### **Plan and justification for FY22 MDA**

No MDA is planned for STH in FY22 with USAID funding. Deworming is being supported through the tripartite agreement between the MOH, Ministry of Education, and municipalities to support distribution of drugs to children in school. Sightsavers is supporting deworming in seven regions (Adamaoua, East, Littoral, West, North, Far North, and South). Good Neighbors will no longer support the deworming in the Center, given the end of KOICA funding in FY22. Consequently, the Center, the North West, and South West will not have funding for deworming in FY22.

##### **DSA (budgeted under FAA 12 and Helen Keller Program)**

No DSA is planned for STH in FY22 with USAID funding.



## APPENDICES

### Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country

The table (A1) is attached separately.

### Appendix 2. Strategic Planning

***National Annual Meeting for the Review/Planning of NTD activities (budgeted under Helen Keller Program and subawards to Sightsavers, PersPective, and IEF)***

**Location: Kribi (in the South region)**

At the end of each MDA campaign, the MOH organizes a national meeting aimed at evaluating all NTD activities (PC and non-PC NTDs) carried out during the past year and to plan activities for the coming year. Participation in this meeting is multisectoral. It includes the principal representatives of MOH, Ministry of Secondary Education (MINESEC), Ministry of Basic Education (MINEDUB), the Ministry of Water and Energy, the Ministry of Communication (MINCOM), the representatives from the Association of United Communes and Cities [*Communes et Villes Unies du Cameroun*; CVUC], WHO, NGO partners, Regional Delegates and NTD Focal Points of MOH. This meeting provides the opportunity to review and validate the results of the activities carried out by the CCU, the National NTD Control Programs, and the 10 RDPHs. The MOH also reports the results of special studies, so that all participants are present during the discussions to adjust their treatment strategies and intervention zones accordingly. Discussions also focus on sharing best practices identified during the MDA campaigns and the proposals for improvements during future campaigns. Act | West provides TA during the meeting by sharing its expertise and experience through Helen Keller staff and partner NGOs (i.e., IEF, PersPective, and Sightsavers) who provide support to the NTD program in Cameroon. Act | West, through Helen Keller and the NGO partners, also shares a summary of comments and observations obtained during its supervision activities.

The following specific topics will be covered in FY22:

- Validation of the 2021 MDA data
- Review the results of FY21 impact surveys and the impact on future NTD activities
- Solutions to improve OV coverage in low performance HD (if any)
- Preparation of the LF and trachoma elimination dossiers

This meeting is co-financed by the MOH and its partners. Meeting participants will designate an NTD Ambassador who will be charged with raising awareness about NTDs. Given that he/she will also be an opinion leader, this Ambassador will help disseminate the health messages about NTD control/elimination. The Ambassador will be identified utilizing a selection form that asks key questions to identify appropriate representatives.

The MOH provides vehicles for the transportation of MOH participants. In FY22, Act | West will provide financial support to cover the expenses of participants involved only in the PC NTDs. This three-day

meeting will bring together 35 persons (drivers included) including representatives from the MOH (central and regional levels), the WHO Country Office, partner NDOs (IEF, PersPective, and Sightsavers International), and Helen Keller country staff.

***Regional Annual Meetings for the Review/Planning of FY22 NTD activities (Budgeted under FAAs 1–8, Helen Keller Program and subawards to Sightsavers, PersPective and IEF)***

**Location: in the 10 regions of the country**

At the end of the MDA campaign, as soon as all the MDA data are available at the regional level, review/planning meetings are held in the 10 regions of the country. Outputs from these meetings will be used at the national meeting described above. Team members from the central level MOH; management teams of the RDPH and the HD; regional representatives of the CVUC; representatives from Helen Keller, WHO, and other NGOs participate. They carry out an in-depth MDA data analysis to address any reported issues such as low coverage. The two-day meetings also allow the various national programs to share with the regions the results of specific studies led by the central level, as well as the programmatic decisions taken on the basis of these studies. During the meetings, Act | West and representatives of the MOH at the central level provide support to each RDPH in the development of their detailed action plans, from which lists of NTD activities are included in the Annual Work Plan for the regions and HDs. Pharmacists from MOH at the central level will also participate, to review drug management with the data managers of each HD. The regional meetings also provide the opportunity to designate regional NTD champions who will work with the NTD Ambassador to tackle all negative rumors that may jeopardize the NTD activities, especially in the context of the COVID-19. Act | West will cover all the activity costs. The NTD champions are identified utilizing a selection form that asks key questions to identify appropriate representatives.

***FY23 Work Planning Meeting (budgeted under Helen Keller Program)***

**Location: Yaoundé**

This workshop will take place in Yaoundé in June–July 2022. Participants will include the CCU staff, the National NTD program officials, and representatives from WHO, Helen Keller, FHI 360, USAID, and other partner NGOs. The main objective will be to define and plan all activities to be implemented in FY23. The MOH, with support from Helen Keller and the NGOs, will integrate these activities into a detailed and budgeted work plan consistent with the national NTD Strategic Plan, WHO guidelines, and USAID priorities. This activity will be fully funded by Act | West. The workshop will last two days with attendance of 34 people.

***Two coordination meetings for the NTD technical committee (budgeted under Helen Keller Program)***

In FY22, Act | West will support coffee breaks and stationery for two one-day meetings of the NTD technical committee. Each meeting will be attended by 23 participants including staff from MOH CCU, PNLO, PNL Cé, PNL SHI, Helen Keller, IEF, PersPective, Sightsavers, and CRFILMT. During these meetings, the participants will evaluate the activities planned during the previous period in order to update the annual NTD roadmap, restate objectives, and revise activity timelines according to the local context. These meetings will also provide an opportunity to address potential bottlenecks impeding implementation of NTD activities progress on LF and trachoma elimination dossiers.

***Support to the PNL Cé to validate the strategic plan for the elimination of trachoma 2022-2026***

The TAP meeting, which took place in June 2019, enabled the country to gather and review historical trachoma data related to all components of the SAFE strategy, aiming to define inputs to use during the development of the trachoma elimination dossier. While the TAP is focused on the collection of historical data and development of the trachoma elimination dossier, the most recent trachoma strategic plan (which expired in 2019) focused on activity implementation for the elimination of trachoma by 2023. As the country moves towards the elimination of the disease, a new strategic plan should be developed to address the current needs of the country, such as setting a trachoma national surveillance system, not only in the HDs which conducted MDAs but in the whole country. Act | West will provide technical and financial support for the organization of one two-day validation workshop of the new strategic plan 2022-2026. The participants will come from the CCU, PNLCé, WHO, Sightsavers and Helen Keller. This activity was initially planned in FY21 and is requested for re-programming to FY22. The re-programming gives the opportunity to bring in more consultation from the Act | West consortium to include sustainability and quality improvement lenses to the development of the strategic plan.

### **Appendix 3. NTD Secretariat Support**

No support with USAID funding is planned for NTD secretariat in FY22.

### **Appendix 4. Building Advocacy for a Sustainable National NTD Program**

See advocacy activities already described in the narrative under IR2.

### **Appendix 5. Social Mobilization to Enable NTD Program Activities**

#### ***Production of IEC materials (budgeted under Helen Keller Program)***

Past MDA campaigns revealed that health workers use posters as they organize awareness campaigns, while the CDDs make more use of interpersonal communication. FY21 field supervision indicates that even though CDDs are progressively well-known in their respective communities, population confidence increases as they see CDDs wearing uniforms with health messages and logos when visiting households to distribute the drugs. Therefore, Act | West will continue to finance the manufacture of T-shirts for the CDDs during their field work but adjust the design to make them more eye-catching. During their training session, each CDD will receive a T-shirt bearing a message related to the disease and treatment, and leaders of the health areas will brief CDDs on the content of the message printed on the item. Thus, the T-shirts will act as both a means of ensuring the visibility of the CDDs and ensuring their credibility in the community, along with promoting specific messages.

In addition, Act | West will continue to support the production and distribution of posters prior to MDA. Posters will rely on pictures and graphics to the extent possible (as some community members have

limited reading skills). They will be placed in public places at the beginning of the MDA campaign. Each community will receive an average of three posters.

***Sensitization at district level for the Community-Based MDA (budgeted under the regional FAAs)***

To inform people about the start and end dates of the MDAs in the targeted health districts and encourage communities to participate in NTD program activities, Act | West will fund:

- message broadcasts on community radio stations (one radio station per HD).
- support for town criers who go around the villages to inform communities by megaphone
- production of banners (one per arrondissement)

Use of these materials/channels aims to increase acceptance by the local populations of the mass treatment campaigns. To continue evaluating the effectiveness of these channels, NGO supervisors and MOH staff from the central and regional levels will use the opportunity of several planned field visits (supervision of routine trainings, supervision of the drug distribution stage, visiting districts for data collection) and use of the SCT to ask respondents how they learned about the MDA. The banners, town criers, and local radio broadcasts will also be used during sensitization done by the health districts.

**Table A2: IEC activity/materials, messages, and supporting rationale**

| <b>IEC Activity or Material to be supported</b> | <b>Key Messages (as applicable)</b>  | <b>Location and Frequency</b>  | <b>How this material/message is effective in increasing MDA participation</b>  |
|---|--|--|--|
| Banners (see FAA section, Appendix 8)           | <ul style="list-style-type: none"> <li>• Provides dates and location of MDA</li> </ul>                               | Hung in 360 Arrondissements three weeks before MDA.  | When people see a banner, they know an event will take place soon. Act   West would like to use this to let people know when the MDA will start and help people to adjust their respective work schedules to be available when the CDD visits their household. |
| T-Shirts  | <ul style="list-style-type: none"> <li>• Identification of CDDs as official distributors for MDA campaign</li> </ul> | CDDs wear T-shirts daily during the drug distribution period. T-shirts must be produced at least one month before the beginning of CDD training. | During past MDA supervision some people said CDDs were not as visible as vaccinators of the immunization program (who wear yellow smocks when visiting households).  |
| Town criers (see FAA                            | <ul style="list-style-type: none"> <li>• Provide dates and location of MDA</li> </ul>                                | Five days prior to MDA, then every   | Coverage surveys showed that town criers were  |

|  |  |  |  |
|--|--|--|--|
| section, Appendix 8)                                 | <ul style="list-style-type: none"> <li>● Outline that Mectizan®, Zithromax, and TEO are free and safe in preventing OV and trachoma, respectively</li> <li>● Remind what to do to avoid being at-risk to a severe adverse event (SAE)</li> </ul> | day during the drug distribution period in that district.  | among the primary sources of information about the MDA.  |
| Local radio broadcasts (see FAA section, Appendix 8) | <ul style="list-style-type: none"> <li>● Provide dates and location of MDA</li> <li>● Call in Q&amp;A show to reduce fears about NTDs</li> </ul>   | In each local station in the targeted districts starting one month prior to MDA until the end of the campaign in the listening area. | Coverage surveys showed that radio was a primary source of information about the MDA.  |
| Posters  | <ul style="list-style-type: none"> <li>● Show some consequences of OV and trachoma affecting the body</li> <li>● Outline that Mectizan®, Zithromax, and TEO are free and safe in preventing OV and trachoma, respectively</li> </ul>             | Three posters by villages, printed at least one month before the beginning of the training of health personnel.                      | Posters are used by the health personnel when they are conducting sensitization meetings. Posters are also used by CDDs during interpersonal communication with community members. During these discussions, health personnel and CDDs will encourage people to swallow the drug to avoid the conditions shown in the posters. |

***National workshop to prepare the 2022 World NTD Day (budgeted under Helen Keller Program)***

**Location: Mbalmayo, Center region**

The first step of this celebration will be a national two-day workshop to bring together communication focal persons from the central and regional levels of MOH. It will take place in Mbalmayo (in the Center region) and aim to:

- design a launch radio and TV spot that will be broadcast throughout the country two weeks before the start of the NTD MDA campaign
- translate the spot into major official languages (English, French, and Ffuldé)
- choose the different channels and media that will be used for broadcasting
- propose a slogan for the 2022 campaign, which will be reviewed and approved by the Minister of Public Health
- develop an NTD press kit for the press conference to be chaired by the Minister of Public Health on World NTD Day (January 30, 2022)

The MOH NTD CCU, Helen Keller, and the other NGOs (IEF, PersPective, and Sightsavers) will attend total of 23 persons). Specific activities associated with the celebration itself include:

- the press conference of the Minister of Health, followed by a visit to the photo exhibition stands, results of studies carried out the previous year and NTD publications, and a lunch (Act | West)
- the National Program Managers attending interactive radio / TV broadcasts (Act | West)
- the production of banners, T-Shirts, and caps with the NTDs slogan
- the sporty ramble (participants will wear T-shirts and caps)
- the reward given to the best CDDs in each region by the Minister of Public Health

Costs will be shared across partners. Act | West will support the press conference of the Minister of Health and attendance by National Program Managers at interactive radio/TV broadcasts. Other activities will be covered by donors identified during the preparatory workshop for the celebration.

## Appendix 6. Training

### ***MDA training (budgeted under FAAs 1–8, Helen Keller Program and subawards to Sightsavers, PersPective, and IEF)***

Routine training sessions are organized by the MOH at the beginning of each annual MDA campaign. They target nurses from health areas, CDDs, and community representatives and aim to refresh knowledge among existing CDDs and provide newly appointed participants with skills and tools to conduct successful MDA campaigns.

### ***OV/trachoma MDA training of nurses and community representatives (budgeted under FAAs 1–8, Helen Keller Program and subawards to Sightsavers, PersPective, and IEF)***

This training will focus on how to organize and follow up the work done by CDDs. To improve the planning of CDDs' training and ensure better attendance, nurses will be asked to identify several training sites, to avoid making CDDs travel many miles. Trainers (normally DMOs) will conduct practical exercises to illustrate how to fill in the registers and other data collection tools (including the SCT) and how to perform data analysis and drug management. At the end of the training, each trainee will develop an action plan including the number of training sites for CDDs (plus the number of CDDs per site), specific actions to implement regarding sensitization and social mobilization, and the proposed schedules of the census and the drug distribution. The supervisors will come from the MOH central and regional levels and from NGOs (Helen Keller, PersPective, IEF, and Sightsavers). Training will address topics mentioned above as well as issues reported from the previous MDA campaign, as well as orientations on DHIS2. The purpose is to inform the nurses about the key NTD indicators to be uploaded at the district level and explain the tools that used to collect the indicators. In FY22, Act | West will also continue the Quality Improvement (QI) Model in six HDs, with implementation of learning sessions at the district level.

### ***OV/trachoma MDA training of CDDs (budgeted under FAAs 1-8, Helen Keller Program and subawards to Sightsavers, PersPective, and IEF)***

During the theoretical part of the CDD trainings, facilitators will discuss OV and trachoma treatment regimens, data, and drug management. Topics will include sensitization of the target population and

CDDs' role in SAE management. Practical exercises will focus on the reporting process, especially the filling in of registers. The two-day training will be facilitated by nurses from the Health Area level. Participants will work in groups for practical exercises, including using the dose pole and data collection tools. Role plays will simulate situations they might encounter in the field. The trainers will make IEC materials available and ensure that participants understand the messages, to better transmit them to the target population. The trainers will ensure that the registers are available in sufficient quantities for the CDDs.

Training supervision will be provided by regional and HD staff and staff from PNLO, CCU, and NGOs (Helen Keller, PersPective, IEF, and Sightsavers).

### ***QI learning sessions***

In FY21, Helen Keller provided technical support to the CCU to organize the national training of coaches for the FHI 360 QI model. FHI 360 also facilitated remotely. Participants attended from the PNLO, PNLCé, the NTDs regional focal points for the Littoral, Far North, and Centre regions, Helen Keller-Cameroon NTDs staffs, and the NGOs supporting NTDs. Presentations and work groups focused on QI concepts, tools, and processes. Participants and facilitators agreed to implement the QI model in two HDs in each of the following regions in FY21: the Centre, Littoral, and Far North. In the Far North, the QI model will target only the HDs implementing the trachoma MDA. Implementation was integrated with the FY21 activities in order to limit additional costs. The regional NTDs focal points for the targeted regions will select the pilot HDs and include the QI model in the TORs for their activities. In FY22, Act | West will support learning sessions in the selected HDs. Act | West anticipates no additional costs for these sessions since the plan is to have them embedded in the MDA routine training schedules.

### ***National training of MOH central level staff on data analysis/GIS and archiving***

Data for LF surveys are largely analyzed by the Helen Keller country office. For trachoma surveys, only one person from the MOH is involved in data analysis. For MDAs, only one person (the CCU data manager) is involved in data analysis. The purpose of this training is to share data analysis skills with other personnel at the MOH central level (CCU and NTD national programs). Analysis is generally done through Excel sheets and basic graphics. The MOH would like to move to another step. In fact, location data is essential in helping health systems professionals create more effective strategic plans. Enhanced health system strategic planning involves allocating resources; responding in real time; adjusting long-term goals while considering environmental, physical, and demographic trends; and improving crisis management. The MOH would like to use geographic information system (GIS) technology to collect information in real time and feed it back into operations dashboards. The country should also be able to develop their own map to better inform planning and implementation of NTD activities. With regard to archiving of data, since the beginning of activities to fight NTDs, the country has generated thousands of data points related to the various components of the program (surveys, trainings, treatments, and communication among others). As the country is moving towards eliminating some of the targeted diseases, the MOH staff should be able to ensure good data storage (physically and electronic copy). This will also save time when the national committees for elimination of OV/LF and trachoma hold their meetings. To address these various issues, Act | West will fund a national two-day training in FY22. It will take place in Mbalmayo (in the Center region) and 17 persons will attend.

### ***DSA training***



The PNLO will submit the training protocol to Act | West for comments one month before the start of the survey, during the planning phase. The training of trainers at the national level will be done by staff from the Center for Research on Filariasis and other Tropical Diseases (CRFiMT) with the help of the PNLO and NGO partners. The NGO partners will be responsible for training surveyors at the regional level prior to their conducting field data collection at the HD level. These trainings include a pre-test and a post-test to evaluate performance. During field data collection, two laboratory technicians are assigned to each EU, as well as a supervisor (who is also a team leader) and a driver. Community members are also involved as mobilizers. Electronic field data collection (EDC) will be done with smartphones. Act | West will provide technical support for the smartphones equipped with ODK (Open Data Kit) Collect technology. The remote server will be hosted on ONA (mobile data collection platform), a platform upon which the MOH will have access to monitor the data collection in real time.

Prior to the implementation of the TAS3, Act | West will provide technical and financial support for a refresher training of trainers at the central level. Trainees will be MOH personnel from the PNLO and from the NTD CCC. The purpose of this two-day training session is to update their respective skills in using the diagnostic tools (FTS), the ODK technology, and in organizing the field work (especially given the COVID-19 context). Ten people will participate in the training, and they will be responsible for supervising the regional training of laboratory technicians and the field data collection phase.

For the trachoma surveys, the PNLCé will submit the protocols to Tropical Data at least one month prior to the beginning of the survey. The selected principal investigator (PI) will also conduct a training, bringing together the selected graders and recorders. Graders will be trained on the WHO trachoma grading system, and recorders will be trained on the EDC.

***Meetings in 20 HDs (2 HDs per region) with community representatives to strengthen their participation in the NTD Program (Budgeted under Regional FAAs as part of the IR1 Training activity for “Training of Health Personnel for the MDA Campaign”) (Helen Keller)***

This activity began in FY21 and will be gradually scaled up. The management team of each health area will select a representative from their community be part of a *Comité de Santé de l’Aire de Santé* (COSA). These meetings will bring together the COSA at the HD level. The National Program will choose two HDs per region (the HDs with the highest and lowest FY21 coverage, respectively). For budget considerations, the meetings will take place right after the routine trainings of health personnel and COSA. One additional day will be added for specific discussions with invited COSAs. The purpose of these meetings is to recall the roles and responsibilities of the communities in the NTD Program (selection and recruitment of CDDs with encouragement to recruit more women, strengthening of community contributions in order to motivate CDDs). Participants will also define a roadmap for strengthening community participation for the upcoming NTD campaigns to enhance accountability and identify opportunities to strengthen civil society engagement in NTD programs. Staff from the PNLO, the CCU, the regional level, and NGOs (Helen Keller, IEF, PersPective and Sightsavers) will also attend.



Table A3: MDA–DSA-related training (IR1 and IR3)

| Training groups   | Training title                                 | Training topics   | Number to be trained | Number of training days | Location                    | Other funding partners (if applicable) & component(s) they support |
|---|--|---|----------------------|-------------------------|-----------------------------|--|
| Surveyors   | Training of Surveyors (TIS in Goulfey)         | WHO trachoma grading system<br>EDC use<br>Field practice  | 6                    | 5                       | Far North region            | N/A  |
| Surveyors   | Training of Surveyors (re-mapping in Kolofata) | WHO trachoma grading system<br>EDC use<br>Field practice  | 6                    | 5                       | Far North region            | N/A  |
| National supervisors + Teams of surveyors (lab. technician, graders, and recorders) | LF DSA training                                | LF knowledge<br>Organization of the field work<br>Using of FTS<br>Using the WHO trachoma grading system<br>Using smartphones for EDC<br>Social mobilization   | 50                   | 2                       | National and Regional level | N/A  |
| Health Area nurses  | OV/trachoma MDA training                       | Disease knowledge (including prevention of COVID-19 transmission)<br>Control strategies<br>Social mobilization activities; monitoring<br>Drug management<br>Minor AE (MAE) and severe AE (SAE) management<br>M&E and data management<br>Report writing<br>Orientation on DHIS2<br>QI learning session | 1,930                | 2                       | HD                          | MOH– Providing training halls                                      |
| CDDs  | OV/trachoma MDA training of CDDs               | Disease knowledge (including prevention of COVID-19 transmission)<br>Census<br>Drug distribution<br>Social mobilization<br>AE monitoring, Referring MAE and SAE<br>Drug management<br>Data recording  | 38,100               | 2                       | Health Areas                | MOH– Providing training halls                                      |

|  |   |   |    |   |               |     |
|--|---|---|----|---|---------------|-----|
| MOH Central level (CCU and NTDs national programs) | National training of MOH central level staff on data analysis/GIS and archiving | Data analysis<br>Development of maps<br>Using a GIS<br>Archiving techniques | 25 | 2 | Central level | N/A |
|--|---|---|----|---|---------------|-----|

## Appendix 7. Short-Term Technical Assistance

Table A4: Short-term technical assistance

| IR category (1, 2, 3) | Task-TA needed (Relevant Activity category) | Why needed  | Technical skill required; source of TA                    | Number of days required and when | Funding source                         |
|-----------------------|---|---|---|----------------------------------|--|
| 1                     | Data management training facilitator        | Upgrade and extend the data management skills to all the MOH staff of the CCU and the national programs | Expertise in data management, in the utilization of a GIS | 7 days                           | Helen Keller<br>Country budget<br>STTA |

## Appendix 8. Fixed Amount Awards

Table A4: FAA recipients, activities to be funded, and dates of applications

| FAA recipient (split by type of recipient)  | Number of FAAs | Activities   | Target Date of FAA application to USAID |
|---|----------------|--|---|
| <i>Regional FAAs:</i> Regional Delegation of Public Health for the East (FAA #01), the Far North (FAA #02), the North (FAA #03), the South West (FAA #04), the North West (FAA #05), the Center (FAA #06), the West (FAA #13), the Littoral (FAA #14), the Adamaoua (FAA #15) and the South (FAA #16) | 10             | <ul style="list-style-type: none"> <li>Annual regional meeting for the review/planning of NTD activities</li> <li>Social mobilization</li> <li>Training of health personnel for MDA campaign</li> <li>Training of CDDs for the MDA campaign</li> <li>Supervision of MDA campaign</li> <li>Annual community data collection and review in the villages implementing MDA campaign</li> <li>Annual meetings (at the HDs) about the analysis of the data collected during MDA campaign</li> </ul>                                | <i>November 2021</i>                    |
| <i>PNLO (FAA #08, FAA #09)</i>  | 2              | <ul style="list-style-type: none"> <li>Attending annual regional review and planning meetings</li> <li>Supervision of the Training of Nurses for the Community-based strategy</li> <li>Supervision of the Training of CDDs for the Community-based strategy</li> <li>Supervision of the Community-based drug distribution</li> <li>Supervision of the data collection and data review in communities</li> <li>Supervision of the data analysis at the district level</li> <li>Planning and implementation of TAS3</li> </ul> | <i>November 2021</i>                    |
| <i>CCU (FAA #07)</i>  | 1              | <ul style="list-style-type: none"> <li>Attending annual regional review and planning meetings</li> <li>Supervision of the Training of Nurses for the Community-based strategy</li> <li>Supervision of the Training of CDDs for the Community-based strategy</li> <li>Supervision of the CDDs</li> <li>Supervision of the data collection and data review in communities</li> <li>Supervision of the data analysis at the district level</li> <li>Meetings for the trachoma &amp; LF elimination dossier</li> </ul>           | <i>November 2021</i>                    |

## Appendix 9. Timeline of Activities

Attached.

## Appendix 10. Maps

Attached.

## Appendix 11. Country Staffing (Prime + Subs as applicable)

Attached.

## Appendix 12. Additional tables/annexes (optional)

Attached is the latest and historical LF-OV-loa loa endemicity data that has been validated by the MOH. The letters of validation have been included, as well.

The table below provides further details about the HDs targeted for the LF DSA in FY22 (TAS3).

**Table A6: HDs targeted for the LF DSA in FY22 (TAS3)**

| EU#          | HD               | Region    | HD 2022 estimated Population | EU 2022 estimated Population |
|--------------|------------------|-----------|------------------------------|------------------------------|
| EU10         | Bankim           | Adamaoua  | 117,034                      | 278,008                      |
|              | Banyo            | Adamaoua  | 160,974                      |                              |
| EU11         | Ngaoundere Rural | Adamaoua  | 163,876                      | 234,109                      |
|              | Dang             | Adamaoua  | 70,233                       |                              |
| EU12         | Bafia            | Centre    | 175,707                      | 247,480                      |
|              | Ndiki            | Centre    | 48,466                       |                              |
|              | Ebebda           | Centre    | 23,307                       |                              |
| EU13         | Ntui             | Centre    | 139,645                      | 261,886                      |
|              | Yoko             | Centre    | 46,242                       |                              |
|              | Sa'A             | Centre    | 75,999                       |                              |
| EU14         | Obala            | Centre    | 145,707                      | 262,181                      |
|              | Monatele         | Centre    | 52,795                       |                              |
|              | Mbandjock        | Centre    | 63,679                       |                              |
| EU16         | Maga             | Far North | 198,670                      | 519,461                      |
|              | Moulvoudaye      | Far North | 159,113                      |                              |
|              | Vele             | Far North | 161,678                      |                              |
| EU17         | Tokombere        | Far North | 159,775                      | 448,943                      |
|              | Mora             | Far North | 289,168                      |                              |
| EU18         | Kousseri         | Far North | 409,773                      | 409,773                      |
| <b>Total</b> |                  |           | <b>2,661,841</b>             | <b>2,661,841</b>             |

### Appendix 13. FY21 activities planned in FY22 due to COVID-19

List below, by IR, any activities that are planned for FY21 due to COVID-19 delays.

**Table A7. FY21 Rollover Activities**

|  | Budget category(s)  | Brief activity description   |
|--|---------------------|--|
|  | Strategic Planning  | 1. Regional Annual Meeting for the Review/Planning of FY21 NTDs activities (From FAA#1 to FAA#8 and From FAA#13 to FAA16)  |
|  |                     | 2. 2nd meeting of the National Committee for the Elimination of OV and LF  |
|  |                     | 3. Validation meeting of the strategic plan of OV elimination  |
|  | MDA Coverage        | 4. Trachoma MDA in Makary and Fotokol (2 HDs following redistricting in Makary HD)   |
|  |                     | 5. OV MDA in 97 HDs (102 HDs following redistricting)  |
|  | Supervision for MDA | 6. Supervision of FY21 Mass Distribution of Ivermectin, Zithromax and TEO in the Communities of the 102 OV and 2 trachoma endemic HDs (From FAA#1 to FAA#8 and From FAA#13 to FAA16)   |
|  |                     | 7. Annual community data collection and review in the villages of the HDs endemic to OV and trachoma for the FY21 MDA (From FAA#1 to FAA#8 and From FAA#13 to FAA16)                   |
|  |                     | 8. Annual Meetings (at the HDs level : 102 OV HDs and 2 trachoma HDs) about the analysis of the data collected during FY21 MDA campaign (From FAA#1 to FAA#8 and From FAA#13 to FAA16) |
|  | Dossier Development | 9. Two meetings for the trachoma elimination dossier (FAA#7)   |
|  |                     | 10. Two meetings for the LF elimination dossier (FAA#7)  |

### Appendix 14. Budget (confidential)

Attached separately

### Appendix 15. Budget Narrative (confidential)

Attached separately