



Act to End Neglected Tropical Diseases | West

FY 2022 Work plan-Cote d'Ivoire
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Table of Contents

ACRONYMS LIST	3
NARRATIVE	6
NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT	6
IR1 PLANNED ACTIVITIES: LF, TRA, OV	7
IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES	18
1. 18	
2. 19	
ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING	20
1. 21	
2. 26	
3. 27	
IR 3 PLANNED ACTIVITIES: SCH, STH	28
APPENDICES	30
Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country (including non-USAID-supported partners)	30
Appendix 2: Strategic Planning Support	30
Appendix 3: NTD Secretariat Activities	30
Appendix 4. Building Advocacy for a Sustainable National NTD Program	31
Appendix 5. Social Mobilization	34
Appendix 5b. GESI Activities	34
Appendix 6. Training	37
Appendix 7. Short Term Technical Assistance	39
Appendix 8. Fixed Amount Awards	40
Appendix 9. Timeline of Activities	41
Appendix 10. Maps	41
Appendix 11. Country Staffing (Prime + Subs as applicable)	41
Appendix 12. Additional tables/annexes (optional)	41
Appendix 13. FY21 activities delayed/rescheduled to FY22 due to COVID-19	42
Appendix 14. Budget (confidential)	42
Appendix 15. Budget Narrative (confidential)	43

ACRONYMS LIST

AE	Adverse Event
ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
BMGF	Bill & Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CENI MTN CP	Committee of National and International Experts for PC-NTDs (Equivalent to an OV expert committee)
CIND	Integrated NTD Database
CMU	Universal Health Coverage
CNER	National Committee on Ethics and Scientific Research
CSAS	Head of Health Service
CSE	Epidemiological Surveillance Manager
DGS	Office of the Director General of Health
DHIS2	District Health Information System 2
DIIS	Directorate of Computer Science and Health Information
DOLF	Death to Onchocerciasis and Lymphatic Filariasis
DQA	Data Quality Assessment
DR	Regional Directorate
ECD	District Management Team
ERS	Regional Health Team
ESPC	Front-Line Health Facility
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
FAA	Fixed Amount Award
FHI 360	Family Health International 360
FTS	Filariasis Test Strip
GET	Global Elimination of Trachoma
GTMP	Global Trachoma Mapping Project
HD	Health District
HKI	Helen Keller International
HSS	Health Systems Strengthening
IEC	Information, Education and Communication

IVM	Ivermectin
LF	Lymphatic Filariasis
LNSP	National Public Health Laboratory
LOE	Level of Effort
LSTM	Liverpool School of Tropical Medicine
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
MMDP	Morbidity Management and Disability Prevention
MSHP-CMU	Ministry of Health, Public Hygiene and Universal Health Coverage
NPSP	New Public Health Pharmacy
NTDP	Neglected Tropical Disease Program
OCP	Onchocerciasis Control Programme
OV	Onchocerciasis
PC	Preventive Chemotherapy
PGP	Pharmacy Preparer-Managers
PNDAP	National Program for Development of Pharmaceutical Activity
PNLMTN-CP	National Program for Control of Preventive Chemotherapy-Neglected Tropical Diseases
PNLSGF	National Program for the Control of Schistosomiasis, Soil-transmitted Helminthiasis and Lymphatic Filariasis
PNSO-LO	National Program for Eye Health and Onchocerciasis Control
PNEL	National Leprosy Elimination Program
PNLUB	National Buruli Ulcer Control Program
PNETHA	National Program for the Elimination of Human African Trypanosomiasis
PNEVG/EA	National Guinea Worm Eradication Program / Water and Sanitation
PZQ	Praziquantel
RDT	Rapid Diagnostic Test
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery, Antibiotic therapy, Facial cleanliness, Environmental improvements
SCI	Schistosomiasis Control Initiative
SCH	Schistosomiasis
SOP	Standard Operating Procedure
STH	Soil-Transmitted Helminths

TAS	Transmission Assessment Survey
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation – Follicular
TIPAC	Tool for Integrated Planning and Costing
TR	Trachoma
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
WASH	Water, Sanitation, Hygiene
WHO	World Health Organization

NARRATIVE

NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Côte d'Ivoire has been working towards the control and elimination of neglected tropical diseases (NTDs) since 2000. However, minimal progress was made until 2015, due to civil war, political instability, and funding limitations. Once stability came to the area, USAID expanded its funding to support NTD control and elimination efforts. Despite this “late” start in program implementation, mapping of lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), and soil-transmitted helminthiasis (STH) is complete. Trachoma mapping, which began in 2015, is still not complete. To date, 60.17% or (68/113) of health districts (HDs) have been mapped for trachoma and the National Program for Control of Preventive Chemotherapy-Neglected Tropical Diseases (PNLMTN-CP) plans to complete this mapping by 2023 with support from partners (see trachoma section below). The first pre-transmission assessment survey (pre-TAS) for LF was conducted in 2020 in 46 HDs, of which 37 HDs successfully passed.

Since March 2014, Cote d'Ivoire has put in place the policy of universal health coverage to improve the quality of life of the population through access to health care. In April 2021, as part of the strengthening of this action, the Universal Health Coverage (CMU) has been included under the Ministry of Health and Public Hygiene's (MSHP) portfolio (this ministry is now called The Ministry of Health, Public Hygiene, and Universal Health Coverage (MSHP-CMU)).

In 2016, the MSHP CMU merged two existing preventive chemotherapy neglected tropical disease (PC-NTD) programs—the National Schistosomiasis Control Program, Soil-transmitted Helminthiasis and Lymphatic Filariasis (PNLSGF) and the National Eye Health and Onchocerciasis Control Program (PNLSO-LO)—to create a single program, the PNLMTN-CP, under the Office of the Director General of Health (DGS). Furthermore, in 2020 Côte d'Ivoire committed to sustaining NTD interventions through the development of an NTD sustainability plan. In 2021, Cote d'Ivoire became one of the first in Act | West countries to have developed and validated its three-year sustainability plan (2021–2023) with technical and financial support from USAID, as part of the elimination and control of PC-NTDs.

The Ministry of Health and Public Hygiene's current NTD Master Plan runs from 2016 to 2020 and covers five PC-NTDs: LF, OV, SCH, STH, and trachoma and five case-management NTDs (Buruli ulcer, Guinea worm disease, human African trypanosomiasis, leprosy, and yaws). The process of developing the new 2021–2025 Master Plan began in 2020 under the leadership of the DGS with technical and financial support from WHO, Act | West and other stakeholders. The validation workshop is expected in early FY22. MSHP-CMU's goal is to eliminate LF, trachoma, and OV by 2030, and to control SCH and STH. Support from Act to End Neglected Tropical Diseases West (Act | West) aligns with these goals, with the difference that support for OV is focused on control rather than elimination.

At the administrative level, the last health redistricting was in August 2019 and the number of HDs is now 113 in 33 health regions (HRs).

COVID-19

The implementation of the FY20 and FY21 workplan activities was significantly impacted by the COVID-19 pandemic. Since the beginning of June 2020, the government of Côte d'Ivoire (GOCI) has taken strong actions to help contain the spread of the virus in the country, including the launch of the COVID-19 vaccination campaign on March 1, 2021, with more than 504,000 doses of the AstraZeneca vaccine.

The activities proposed in the workplan for the fourth year of the Act | West program assume the GOCI has been able to stabilize the COVID-19 situation. The integration of barrier measures will be systematically considered in the implementation of activities, in accordance with the guidelines developed by the PNLMTN-CP (*see National Guidelines for the implementation of PC-NTD Activities as part of Appendix 12*)

NTD Partners in Country

The United States Agency for International Development (USAID) initiated support for NTD control and elimination in Cote d'Ivoire in 2016, first via the END in Africa Project (FY16–FY18), then through Act | West (FY19–FY23). In FY22, Act | West consortium partners in Cote d'Ivoire will be FHI 360, as lead implementer, with technical assistance (TA) from the AIM Initiative (AIM) and Deloitte. Other partners supporting the PNLMTN-CP are the World Health Organization (WHO) Cote d'Ivoire, which provides technical support; Sightsavers (via the Accelerate project) for trachoma (management of trachomatous trichiasis (TT)); Schistosomiasis Control Initiative Foundation (SCIF) for SCH. In addition, the Bill & Melinda Gates Foundation (BMGF) is funding the REACH (Resiliency through Azithromycin for Children) project, for azithromycin mass drug administration (MDA) for the prevention of childhood mortality (via FHI Partners) and DOLF (Death to Onchocerciasis and Lymphatic Filariasis) Project (via PNLMTN-CP).

It should be noted that the contribution of Sightsavers/ ASCEND and END Fund from 2016–2020 ensured the implementation of LF, OV and STH MDAs in 31 endemic HDs. The ASCEND project in 2020 supported the implementation of SCH activities and address some aspects of morbidity via LSTM and health system strengthening via Mott MacDonald. However, in 2021, ASCEND support ended. (*See also Table 1_List of all partners supporting NTDs in-country*).

IR1 PLANNED ACTIVITIES: LF, TRA, OV

i. Lymphatic Filariasis

Previous and current FY activities and context:

LF mapping was conducted from 2000–2014. In 2016 the MSHP-CMU remapped selected HDs that were considered non-endemic, (where the number of villages surveyed was less than two and/or the number of people tested was less than 100). The results showed that 99 of the 113 HDs are endemic for LF (considering recent health redistricting). The general context of endemicity shows that among the 99 LF endemic HDs, 90 are co-endemic with OV, and nine other HDs are endemic for LF only and receive the combination albendazole (ALB) and ivermectin (IVM) treatment during MDA. Among the 99 HDs, 35 are co-endemic with STH and receive the combination therapy IVM+ALB.

In FY21, Act | West will support an integrated LF/OV/STH MDA in 99 HDs in strict compliance with COVID-19 barrier measures. MDA is planned to take place in the first quarter of FY22 due to the delay in the delivery of Ivermectin. It is important to note that 30 of the 99 HDs were originally supported by Sightsavers through ASCEND and END Fund funding from 2016-2020. In FY21, these 30 HDs formerly supported by the ASCEND project through Sightsavers were approved by USAID to be covered by Act | West.

In FY20, with technical and financial support from Act | West, Côte d'Ivoire organized the pre-transmission assessment survey (pre-TAS) for the first time in 46 eligible HDs that completed five effective MDA cycles. Given the challenges posed by COVID-19, this survey was delayed but finally took place in strict compliance with the recommended preventive measures. The results showed that of the 46 HDs, nine (9) failed the pre-TAS and will therefore continue with the LF MDA. In FY21, pre-TAS was conducted in an additional 33 eligible HDs that have completed five rounds of LF assessment through 2020. Preliminary results show failure in one of 33 HDs (Gagnoa 1). In total, ten HDs out of 89 have failed pre-TAS (9 in FY20 plus one in FY21). The PNLMTN-CP will conduct a survey to investigate the causes of pre-TAS failure in 2021 with technical and financial support from Act | West. The purpose is to help the PNLMTN-CP understand the reasons for failure, determine what was missed during MDAs and why, and develop tailored strategies for effective engagement of communities and drug distributors during the two required rounds of future MDAs.

The Death to Onchocerciasis and Lymphatic Filariasis (DOLF) project is conducting a clinical trial in three HDs (Abengourou, Akoupé and Agboville) with funding from BMGF to compare therapeutic combinations based on Moxidectin and Ivermectin to find a best therapy to eliminate *bancrofti* microfilaria. This operational research was extended to an additional five HDs (Bongouanou, Arrah, Lakota, Divo, and Fresco).

LF morbidity management is well on track. In FY19, AIM Initiative with support from the Act | West program, in collaboration with the PNLMTN-CP, conducted a situational analysis on LF and trachoma morbidity management. AIM Initiative also conducted a pilot phase of case findings for LF morbidity during the LF/OV/STH MDA in two HDs (Divo and Lakota) in FY20 where 81 cases were detected including 55 lymphoedema (with 1 case of breast lymphoedema). The scale-up is planned in 10 other HDs during the FY21 MDA. AIM Initiative also provided support to develop and validate a strategic plan for to guide efforts to address LF and trachoma morbidity data and services gap in FY21. To foster the mainstreaming of morbidity data into the national health system, AIM initiative continued to support the NTDP in the process of collecting LF morbidity data through the DHIS2 platform in accordance with WHO recommendations.

The ASCEND program via LSTM conducted a training of PNLMTN-CP members on the management of morbidity cases in 2020. In FY21, they conducted two sensitization and mobilization workshops for administrative and customary authorities, followed by the evaluation of three operating rooms for hydrocele surgery in the HDs of Akoupé and Abengourou. The planned surgery of 465 cases of hydrocele in these two HDs has been suspended due to recent constraints related to funding cuts.

Please see Tables 2a-b: LF USAID supported LF coverage and DSAs for FY20-FY22

FY22 Planned Activities

LF/OV/STH MDA in 10 HDs and OV-only MDA in 87 HDs (*Budgeted under FAA 5, 6, 8, and 10*)

Act | West will provide technical and financial support to conduct integrated LF/OV/STH MDA in 10 HDs incorporating COVID-19 measures. The FY22 MDA will be the second MDA for nine HDs and the first for one HD (Gagnoa) after the pre-TAS failures in FY20 and FY21, respectively. Drugs will be distributed over five days. This integrated MDA will be conducted at the same time as the OV-only MDA in 87 other HDs.

FY22 LF/OV/STH MDA will cover the following:

- 10 LF/OV/STH HDs
- 87 OV-only HDs

Duplication of forms and sheets for LF/OV/STH MDA (Budgeted under FAA 3)

In FY22, Act | West will financially support the PNLMTN-CP to conduct duplication of forms and sheets used for MDA. The different forms and sheets to be duplicated for use in the MDA are by category and type (regional level, district level, peripheral health unit level, and distributors level) involved in the distribution. The different categories include inventory management forms; supervision forms; gas/fuel distribution forms; per diem distribution sheets; training handouts for CDDs, supervisors, pharmacists, and M&E Officers; distribution tally sheets; and distribution and summary sheets for each level.

Purchase of supplies and materials for LF/OV/STH MDA in 97 districts (Budgeted under FAA 7)

Act | West will purchase 11,069 dose poles, 3,163 spoons for distribution of drugs, and 31,625 markers for identification of treated persons.

Supervision of LF/OV/STH MDA (Budgeted under FAA 2, 9 and 10)

The supervision during MDAs includes supervision for training, distribution of drugs, drug management, and data collection and management. It is carried out in cascade fashion by actors from the central level to the peripheral level (the PNLMTN-CP, HRs, HDs, ESPC). Supervisors from the central and regional levels will provide technical assistance during site visits, participation in NTDP's supervision, and verifying compliance to standard procedures during drug distribution.

In FY22, Act | West (FHI 360) will provide technical and financial support to the PNLMTN-CP to conduct the following activities:

- Supervision of training for supervisors and CDDs for LF/OV/STH MDA in 97 HDs
- Supervision for LF/OV/STH MDA implementation in 97 HDs

Annual validation of LF/OV/STH MDA data at regional level (Budgeted under FAA 1)

The data quality control process includes verification, validation, and comparison of data. The data collected by CDDs are verified by comparing the information collected during the MDA with the information in the various data collection tools. Validation allows the various actors to compare the data available at different levels of the system and produce a single information source at the central level. This happens during a regional workshop with the District Management Team (ECDs) and Regional Health Team (ERSs) that are coordinated by the PNLMTN-CP.

In FY22, Act | West will provide support to the PNLMTN-CP to conduct a one-day LF/OV/STH MDA data validation meeting at regional level two weeks after the end of the MDA in collaboration with each of the 31 regions. Participants will include Regional Health Team (ERS) (DR, CSAS, CSE and pharmacist) and the District Management Team (EDCs) (DD, CSAS, CSE and pharmacist) who carried out the activity. The meeting will be organized by each region under the supervision of the PNLMTN-CP. The purpose of this data validation is to consolidate, check, and analyze the MDA data from the 97 HDs and to produce quality data.

Workshop to monitor the implementation of the CIND in 67 HDs, and expansion to an additional 30 HDs (Budgeted under FAA 7)

Training on CIND to capture data collected during mapping, MDAs, and surveys into the health information system, including the implementation of a pilot phase in 12 HDs, started in 2016. The PNLMTN-CP, with Act | West support, conducted the training of epidemiological surveillance managers (CSE) where they

were briefed during the workshop on the CIND tool, which was installed on their computers; they learned about NTDs, how to enter data and generate reports and participated in filling their respective district data for inclusion in the national CIND. Since then, the PNLMTN-CP uses CIND for data security and storage. In FY22, Act | West (FHI 360) will continue to provide technical and financial support in 97 HDs (67 HDs supported by USAID plus 30 HDs formerly supported by Sightsavers), for a total of 97 HDs. It is important to note that the 30 HDs will be trained in the last quarter of FY21 with USAID funding (FY21 carryover). In addition, the PNLMTN-CP plans to integrate these data into the national DHIS2 database in the medium term.

LF DSA FY22 Planned Activities

Pre-TAS in 20 HDs *(Budgeted under FAA 11)*

In FY22, pre-TAS will take place in 20 LF endemic HDs that will receive the fifth round of MDA in FY21 (July/August). Act | West will support training of the NTDP and field staff in the implementation of pre-TAS in all 20 HDs.

TAS 1 in 32 HDs (27 EUs) *(Budgeted under FAA 20, 21 and 22)*

Act | West will provide support for the implementation of transmission assessment surveys (TAS 1) in 32 HDs after successful FY21 pre-TAS. These activities will take place in strict compliance with the preventive measures against COVID-19 and the directives issued by the PNLMTN-CP.

In consultation with the LF Technical Advisor and the PNLMTN-CP, the 32 HDs conducting TAS 1 in FY22 will be grouped into 27 evaluation units. The following factors were used:

- Baseline prevalence: grouped districts with similar baseline prevalence.
- Geographical location: districts that shared boundaries, within the same region, in most cases with similar ecological characteristics; and
- Population: evaluation units (EU) to be about 500,000 population.

For all Act | West supported DSAs, the PNLMTN-CP in collaboration with FHI 360 will draft survey protocols per WHO guidelines and submit to the National Committee on Ethics and Scientific Research (CNER) for approval. ESPEN will also be involved in protocol development for LF-related surveys, prior to the review by CNER, the national body that oversees research practices. The PNLMTN-CP will use ESPEN Collect for LF-related surveys.

Supervision for pre-TAS and TAS 1 *(Budgeted under FAA 11 and 21)*

PNLMTN-CP and FHI 360 staff will provide joint supervision of the personnel conducting Act | West-supported planned FY22 pre-TAS and TAS 1 surveys. They will conduct field visits to survey sites to ensure adherence to the survey protocol and to standard operating procedures, to assist in problem-solving, and to ensure availability of necessary supplies. Additionally, FHI 360 will provide technical support for compilation and analysis of the data collected.

Quality Improvement for MDA data quality *(Budgeted under FAA 23)*

In FY19, Act | West and the PNLMTN-CP conducted a data quality assessment for the integrated LF, OV, and STH MDA in two HDs to review and validate the quality of the data collected during the previous MDA campaign. The DQA investigation found the following: i) lack of data management procedures; ii) inadequate documentation of data collection errors (data gaps are resolved without record); and iii) no personnel assigned to cross-check the data. These findings were shared with the organizational units (districts, health centers, localities) involved in the MDA. In summary, the FY19 results from the DQA has

shown coverage data discrepancies. This prompted the NTDP to implement the FHI 360 Quality Improvement (QI) model to proactively address the challenges including the lack of adequate procedures to detect incorrectly recorded MDA data. As part of the implementation of the QI model, the NTDP has planned the training of selected QI coaches in the last quarter of FY21, under the facilitation of Act | West Implementation Management Lead. This training will set up the QI coaching system to facilitate implementation of QI model in the country with Act | West support.

The QI consists of systematic and continuous actions that lead to measurable improvement in health care services. These were adopted by FHI 360 and adapted to NTD Programs viewed as a complex system with many processes. The QI involves the use of methodology including identification of a problem and formation of QI teams to test and implement a package of change ideas. Through a systematic monitoring and coaching system, the action plans are reviewed, and best practices retained for scaling up to new sites. In practice, the QI model process is based on a framework that consists of three phases: 1) designing the action plan upon agreed aim and areas of improvement and establishing teams to implement it; 2) testing the implementation of the changes; and 3) identifying new sites to scale up best practices that come out the second phase.

During the first phase, defining aim and areas of improvement requires a situation analysis step to establishing the extent of the problem. The DQA provides the groundwork of the situation analysis and the challenges identified are the areas identified as the areas for improvement through the QI framework. QI tools will be methodologically used to map out the data collection process, management/verification, and data flow; determine the root cause and drivers of the data issues; and categorize the issues by health categories. QI tools include the Root Cause Analysis tool that allow users to trace a problem to its origins and the Health System Issues Analysis which is used to categorize the causes. Most importantly, the Plan-Do-Study-Act (PDSA) cycle will provide a procedure to test changes of ideas identified and monitor performances methodically to show improvement.

As part of initiation of QI model, selected QI coaches (NTD staff from national, regional and some HD levels) to be trained on the QI model to put in place the QI coaching system. The trained coaches will in turn train and mentor the QI teams at the sub-district level to develop proper QI action plans using the appropriate QI tools and templates. Each QI team is composed of the personnel involved in NTDs at the district medical offices, the peripheral health centers, one CDD, and one community leader. QI coaches will facilitate a systematic measurement system and determination of baseline performance to be undertaken by the QI teams. Since these QI team members provide inputs into micro-planning and are the ones to implement it, the QI action plan will focus on improving performance. The aim is to promote systematic and continuous actions by the local NTD team at the sub-district level that lead to measurable improvement by using a QI framework for the regular activities and ownership.

In FY21, it was planned to conduct the training of selected coaches by the NTDP. This training is the first step in establishing a coaching system. After the training, which will now take place in Q1 of FY22 as FY21 rollover, the trained coaches will develop the coaching action plan with a timeline of each activity including forming the QI team, train the QI team members the QI model and the different tools including root cause analysis to determine the root causes of each challenge particularly the data related challenges identified by the DQA. In addition, the coaches will facilitate the whole QI process in the country including but not limited to facilitate the development by QI team members the QI action plan with monitoring system based on established performance indicators. As of time this workplan is written the training of coaches has yet to be conducted and we hope to implement it by the end of FY21.

In FY22, with technical and financial support from Act | West, the trained coaches will train, and mentor QI teams established at the sub-district level to develop QI action plans using appropriate QI tools and platform. The following activities will be implemented:

- **Establishment of QI Teams at the sub-district:** Each QI team is composed of staff involved in the fight against NTDs in the district offices and peripheral health centers, and at least one CDD and one community leader. Under supervision of QI coaches, QI teams will undertake a systematic measurement to determine baseline performance. The goal is to promote systematic and continuous actions that lead to measurable improvement using a QI framework for regular activities and ownership by the local sub-district NTD team.
- **Facilitation of learning sessions (LS):** Three LS will be facilitated by the QI coaches in FY22. Typically, the LS is a 2- to 3-days session where the QI teams gather to establish the collaborative understanding of the QI platform. It creates a safe space to exchange experiences of the QI activities, build capacity in QI model, and analyze the outcomes of the QI action plans. In FY22, at least three learning sessions will be implemented:
 - 1st learning session: Build capacity of the QI teams on the following: use of the QI tools (training 2 -3 days after Annual Microplanning Meeting); and to conduct root-cause analysis, identifying ideas of change and establishing baseline performance of the QI action plan including monitoring system.
 - 2nd learning session: Will be held before the FY22 MDA campaign to ensure that the QI plan of action is finalized, and baseline performance indicators have been collected properly and the monitoring system is functioning.
 - 3rd learning session: An evaluation session where each QI team will present the results and outcomes of the QI action plans, best practices will be determined, and plans will be made to scale-up these best practices to new sites.
- **Coaching visits:** Between the learning sessions, QI coaches will visit the QI team members and provide them with corrective actions, mentorship, and coaching to implement the QI platform as intended. Ideally, these visits will be conducted during other NTD field activities as the coaches are involved in the daily NTD program activities.

The expected outcomes of the quality improvement process are to identify key gaps, develop an action plan using the QI framework, implement quality improvement strategies, establish a monitoring system, record lessons learned, and scale up strategies that work. QI action plans will be implemented locally, and any best practices confirmed through the quality improvement process will be used to train local team members in old and new districts during the scale-up phase.

ii. Trachoma

Previous and current FY activities and context:

Trachoma remains the only PC-NTD in Côte d'Ivoire where baseline mapping has not yet been completed. A total of 68/113 HDs were mapped using the Global Trachoma Mapping Program (GTMP) platform in 2015 and Tropical Data from 2017–2021. In FY21, 11 HDs were recently mapped (these HDs are included in the above count of HD mapped). Preliminary results indicate that trachoma is not a public health problem in these 11 HDs. Based on the available results of the mapping, a total of 40 HDs have been identified as trachoma endemic (TF \geq 5% in children aged one to nine years). Of these, 16 HDs had a TF

prevalence $\geq 10\%$ (warranting three treatment rounds) and 24 HDs had a TF prevalence between 5–9.9% (one round of treatment). After FY21, a total of 45 unmapped HDs in Cote d'Ivoire will remain. Below, 10 additional HDs are proposed for baseline trachoma mapping in FY22.

Although the NTDP plans to map an additional 10 HDs in FY22, it is critical at this stage to conduct a data analysis and review to identify gaps and priorities for the completion of trachoma mapping in the country. For example, of the remaining unmapped HDs, 11 are in large urban areas (Abidjan and Yamoussoukro), which may not require mapping. Act | West, through the Trachoma Technical Advisor, will work with the NTDP and other relevant stakeholders from other countries to do this.

All 40 known endemic HDs will have received at least one round of treatment by the end of FY21. Thirty-three out of 40 HDs will have completed their treatment cycles by the end of FY21. Of these 33 HDs, 15 HDs recently completed TIS in FY21 (awaiting results); 1 other HD due for TIS will undergo TIS by the end of FY21; and 13 other HDs will be due for TIS in FY22 (six months after the FY21 trachoma MDA underway in September 2021). Five other HDs have had a TIS with TF <5% and stopped MDA. The reason the total number of HDs listed here adds up to 34 instead of 33 HDs is because in one HD, one EU recently completed TIS in FY21 and the second EU of that HD will undergo TIS in FY22 (and thus, the HD appears to be double counted). This leaves 7/40 endemic HDs in need of continuing MDA in FY22 (planned below).

, Of the five HDs that have stopped MDA, three have sustained the elimination threshold of TF <5% among children one to nine years of age via trachoma surveillance surveys (TSS) (Bouna, Doropo, Téhini); the two others will conduct TSS by the end of FY21 (Séguéla and Kani) All of the TIS and TSS were carried out with the support of Act West and with Tropical Data.

An updated trachoma action plan (TAP) was developed in FY20 with technical and financial support from Act | West and Accelerate during a three-day workshop in Yamoussoukro, with participation from representatives of MSHP-CMU's senior management team and other ministries such as Education, Water and Sanitation, and partners such as FHI 360, Sightsavers, and the International Trachoma Initiative (ITI). One of the strong recommendations that emerged was to begin the process of developing the trachoma elimination dossier. A trachoma elimination dossier meeting is planned for FY21 with technical and financial support from Act | West in collaboration with the Trachoma Technical Advisor. The PNLMTN-CP will use this opportunity to hold also conduct its FY21-planned one-day TAP progress review meeting.

With the support of Sightsavers/AcceleraTE, the Facial cleanliness (F) & Environmental change (E) component of the SAFE (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement) strategy started in 2019 with the implementation of three activities: (i) a WASH/NTDs situational analysis; (ii) population of the BEST¹ strategic planning tool; (iii) and the establishment of a WASH / NTD coordination platform. This process began in FY21 with the identification of targeted WASH behavior change interventions in two HDs (Man and Touba). Sightsavers, in collaboration with FHI 360, WHO, and the CDC, is also supporting the implementation of operational research (OR) in two HDs (Nassian and Bangolo). The impetus for the OR was due to the peculiar epidemiology of trachoma in Cote d'Ivoire wherein there are certain districts with TF prevalence of nearly 30% and in those districts (and almost universally), there is very little or no TT. The OR will collect eyelid swabs and dried blood spots for infection and serological testing, respectively. The results will help the NTDP to better understand the epidemiology and may help to understand further mapping needs. FHI 360 was involved in the development of the OR

¹ BEST is a framework developed by the NNN; it stands for Behaviour, Environment, Social inclusion and Treatment: <https://www.ntd-ngonetwork.org/the-best-framework>.

design and protocol and provided technical support in monitoring the implementation of this operational research. This OR will not impact the MDA plans in these HDs.

In addition, Sightsavers will support the transition plan for management of TT through the training of two surgeons and support for the purchase of equipment and consumables for the management of surgical cases.

Please see Tables 3a-b: TR (USAID supported TR coverage and DSAs for FY19-FY21)

FY22 Planned Activities

Trachoma MDA in 7 HDs *(Budgeted under FAAs 13 and 14)*

In FY22, Act | West (FHI 360) will technically and financially support the PNLMTN-CP to conduct trachoma MDA in 18 HDs (23 EUs) including (a) training of CDDs and supervisors (see Appendix 6); (b) awareness-raising and social mobilization (see Appendix 5); (c) distribution of drugs, data collection and reporting; (d) management, procurement of essential drugs and products and management of adverse effects; and (e) supervision. Note below that there are an additional 10 HDs being proposed for mapping in FY22; should MDA be warranted in those HDs, it will be planned in FY23.

Drugs are distributed over five days during trachoma MDA including:

- Tetracycline eye ointment (TEO): children under six months and pregnant women (two tubes per person)
- Zithromax syrup: children from 6 months to 7 years of age
- Zithromax tablets: population ages 7 and above

Duplication of forms and sheets for TRA MDA *(Budgeted under FAA 14)*

In FY22, Act | West will financially support the PNLMTN-CP to duplicate forms and sheets used for trachoma MDA.

Purchase of supplies and materials for trachoma MDA in 7 HDs *(Budgeted under FAA 16)*

Act | West will purchase 3,426 dose poles, 3,426 spoons for distribution of drugs, 3,426 MDA bags, and 3,426 markers for identification of treated persons.

Supervision during trachoma MDA in 7 HDs *(Budgeted under FAA 12 and 14)*

In FY22, Act | West (FHI 360) will provide technical and financial support to the PNLMTN-CP to conduct supervision during the supervisor trainings and CDD training for trachoma MDA in 7 HDs. In addition, Act | West will provide support for the cascade supervision for trachoma MDA in 7 HDs integrating COVID-19 measures.

Trachoma DSA FY22 Planned Activities

Annual Validation of trachoma MDA data at the regional level *(Budgeted under FAA 13)*

In collaboration with each of the 7 HDs, Act | West will provide support to the PNLMTN-CP to conduct a one-day trachoma MDA data validation meeting at the regional level two weeks after the end of the MDA. Participants are Regional Health Teams and the District Management Teams who carried out the activity. These meetings are organized by each region under the supervision of the PNLMTN-CP. The purpose of

this data validation is to consolidate, check, and analyze the MDA coverage data from the 18 HDs and produce quality data.

Trachoma Mapping survey in 10 HDs (15 EUs) (Budgeted under FAA 19 and 24)

In FY22 Act | West will provide support to PNLMTN-CP to conduct Trachoma Mapping survey in 10 HDs. At the writing of this workplan in July 2021, the districts, which were proposed in agreement between the NTDP and FHI 360, are Arah, Akoupé, Bouake Nord-Ouest, Bouake Sud, Tiebissou, Soubré, Gagnoa 2, Sinfra, Sassandra, and Gueyo. These are priority districts given their contiguity with endemic districts and those already mapped. However, this mapping will only take place following a discussion on the Sightsavers-supported OR and the planned discussion between the NTDP and partners on prioritizing further mapping needs referenced above. Should MDA be warranted in these HDs, it will be planned in FY23.

TIS in 13 HDs (12 EUs) (Budgeted under FAA 16 and 17)

A total of 20 HDs are either currently undergoing or completed MDA in September 2021. Of these 13 will have completed either their one (and only) or third of three trachoma rounds. Thus, they will all be eligible for TIS six months later. In FY22, Act | West will provide support to PNLMTN-CP to conduct TIS via the Tropical Data platform in those HDs. **TIS supervision costs are also included in FAA 16.**

Partner Supported Activities

In FY22, Sightsavers will continue to support the NTDP to conduct the NCE activities, with the implementation of targeted WASH behavior change interventions in eight (8) HDs (Man, Touba, Bangolo, Guiglo, Odienné, Minignan, Boundiali and Zouan-Hounien).

iii. Onchocerciasis

Previous and current FY activities and context:

Mapping was carried out in part by the Onchocerciasis Control Program (OCP) from 1974–2002 and by the African Program for Onchocerciasis Control (APOC) in 2014. Currently, following the last redistricting in 2019, 97 HDs are endemic for OV, including 90 HDs that are co-endemic for LF and seven (7) HDs which are endemic for OV only (Mankono, Dianra, Kounahiri, Minignan, Kaniasso, Bocanda, and Kouassi-Kouassikro supported by Sightsavers). A cross-border meeting of six countries (Côte d'Ivoire, Burkina Faso, Mali, Guinea, Guinea Bissau, and Senegal) held in Saly in Senegal in 2019 also recommended that the countries update their data on OV and the mapping of productive breeding places. USAID (via END in Africa) supported epidemiological impact surveys using Ov16 rapid diagnostic tests (RDTs) in four HDs in FY16 and six HDs in FY17, surveying 300-500 people per village, in ten villages, in each HD.

The country follows WHO guidelines for stopping MDA and checking for the elimination of human OV. To this end, all hyper-, meso- and hypo-endemic HDs receive MDA. The combination ALB-IVM treatment is used in HDs that are co-endemic with LF. IVM alone is used in the seven (7) HDs that are endemic for OV-only. In FY21, the PNLMTN-CP has planned to conduct OV MDA in all the 97 HDs endemic with the support of Act | West. This includes ten HDs co-endemic for LF and OV (Doropo, Téhini, Touleupleu, Adzopé, Akoupé, Yakassé-Attobrou, Alépé, Gueyo, Zouan-Hounien and Gagnoa 1) failed the LF pre-TAS between FY20-21. These 10 HDs will continue to receive IVM/ALB for an additional two years.

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

FY22 Planned Activities

LF/OV/STH MDA in 97 HDs (Budgeted under FAAs 5, 6, 8, and 10)

In FY22, Act | West will technically and financially support the PNLMTN-CP to conduct OV MDA in 97 HDs (87 HDs are OV-only). The costs are described above in the LF section under FY22 Planned Activities.

Organize a Committee of National and International Experts for PC-NTDs (CENI MTN-CP / OV Expert Committee) meeting (Budgeted LOE only)

Current guidelines on OV elimination (WHO, 2016) recommend starting with an analysis of the OV situation in most of the former OCP/APOC supported countries by simultaneously implementing a national epidemiological and entomological survey to definitively confirm the status of each HD. The CENI MTN-CP, which, as mentioned, is focused on OV, was established by Order No. 0001 MSHP / CAB of January 22, 2018. This committee held its first meeting in November 2018 and issued the following recommendations:

- Map OV breeding sites
- Map for OV elimination in HDs that have not yet initiated OV MDA (will necessitate the availability of OV16 rapid tests)
- Integrate epidemiological assessments of OV during LF TAS
- Advocate to have the newer, more reliable tests made available to Côte d'Ivoire.

To redefine OV elimination strategies in the context of the LF rollback with the start of pre- TAS and TAS evaluations in the country, the NTDP will organize in FY22 a second CENI MTN-CP/OV Expert Committee meeting, with technical support from Act/West and WHO. This one-day meeting will be followed online by the invited international experts. The NOEC meeting would be an opportunity to improve and consolidate the strategic plan for OV elimination, which will be integrated into the overall NTD control/elimination strategy of the country.

iv. MMDP (LF and trachoma):

Previous and current FY activities and context:

The PNLMTN-CP has carried out very few MMDP activities for either LF or trachoma. In 2019, Act | West's technical assistance partner, AIM Initiative, provided support to carry out a situational analysis of MMDP activities for LF and trachoma. In March 2020, as part of the ASCEND program, a consultant from LSTM carried out an in-person training workshop for all of the PNLMTN-CP team on the management of morbidities linked to LF /lymphoedema management.

In FY20, AIM Initiative provided technical support to PNLMTN-CP for the development of an MMDP strategic plan. The purpose is to guide deployment of interventions towards achievement of MMDP requirements for LF and trachoma dossier submission. This plan will also facilitate the integration of MMDP services into the national health system. During the FY20 MDA, The NTDP initiated a pilot phase of improved case finding for LF morbidity during the LF/OV/STH MDA in two HDs (Divo and Lakota) with AIM support. The NTDP plans to expand this activity in FY21 in 10 other HDs (Sikensi, Kong, Zoukougbeu, Tiébissou, Béoumi, Prikro, Guitry, Yakassé-Attobrou, Gueyo and Ferkessédougou). Finally, Act|West through AIM Initiative provided support to the NTDP to conduct a workshop to update morbidity management tools.

In terms of activities via other funding sources and partners, in FY21 as part of a research project funded by COR-NTD, in collaboration with AIM Initiative, an active search for LF-related morbidity cases was conducted in the Bongouanou HD. The study is ongoing. Also, a training of two local trainers and four surgeons to perform hydrocelectomies on 465 men with hydrocele in Akoupé and Abengourou HDs had been planned with ASCEND. This plan has now been suspended due to the cessation of funding from FCDO through ASCEND. With the support of Sightsavers via the Accelerate project, TT surgery was performed in two static sites (CHRs of Korhogo and Duekoue). Out of 36 suspected TT cases expected, 20 presented for services, nine were confirmed as TT (two men and seven women) and underwent surgery and postoperative follow-up. Note that the TT elimination threshold has been met in but six HDs, and TIS data are pending in all of those HDs. Due to this, there is not a large need for active TT case searching and large-scale camps.

FY22 Planned Activities

Explore cost-effective ways to include case search during MDA (*Budgeted under AIM Initiative*)

In FY22, Act | West will technically and financially support the PNLMTN-CP to explore cost-effective ways to integrate case finding within LF MDA campaigns.

This follows activities conducted in FY20 and FY21 to implement a cascade training approach to train CDDs to identify LF morbidity cases during MDA. This activity confirmed the underestimation of LF morbidity data identified during the 2019 MDA, where only three cases were found across all treated districts compared to 81 in two districts in 2020 after CDDs received training with technical assistance from AIM via Act | West, and the need to train CDDs on how to search for these cases. After the 2021 MDA, training will have been conducted in nine HDs.

Although the new approach to case identification tested during the FY20 and FY21 MDAs has improved case detection, it is expensive given the need for additional training, production of tools, and support for additional CDDs to sustain the activity. From discussions in country and following the FY22 workplan checkpoint meeting with USAID in June 2021, further exploration is required to identify innovative and cost-effective alternatives to scale-up case detection. This activity will bring together stakeholders to discuss the lessons learned from implementation over the 2 years, various alternative approaches (including those used in other settings), their sustainability and cost implications, culminating in a recommendation for implementation in Côte d'Ivoire and other countries. The following activities will take place:

An initial 3-day meeting will be held with about 25 participants including stakeholders from the NTDP, FHI 360, AIM, representatives of CDD supervisors, to discuss lessons learned from the case searches conducted during the past 2 years of MDA, as well as challenges, particularly associated with cost. Following the meeting, stakeholders will gather information on possible alternatives in preparation for the second meeting. After the initial meeting, a 2-day meeting (about 25 participants) will be held to review the most feasible suggestions and plan for implementation. Both meetings will be held in Yamoussoukro so those supporting case search in the regions/districts can more readily attend.

Other planned AIM Initiative activities for FY22 are described in the Governance Activities section of IR2. The NTDP has prioritized morbidity management through routine service of the health system as long-term sustainable approach. This activity will contribute to improving the service delivery and provide relevant data that will inform engagement with policy makers and decision makers at country level.

Partner Supported Activities

- **Sightsavers will support:**
 - Training for two TT surgeons at the national level.
 - Implementation of the TT transition plan.
- **AIM Initiative will conduct the following activities in FY22 with its own funding:**
 - Mapping of morbidities related to LF and other NTDs to case management (leprosy, buruli ulcer, and yaws).
 - Development of a national policy on case management of LF and Trachoma related morbidities.

v. IR1 Dossier status (LF and TR):

Previous and current FY activities and context:

In FY20, the trachoma technical lead, in collaboration with the NTDP, planned training on the use of the WHO trachoma elimination dossier templates (narrative and datasheet) and the initial entry of available data into the datasheet, including training on trachoma dossier templates and requirements. This training has been delayed due to COVID-19 restrictions and is planned to take place in Q4 of FY21.

Regarding the LF dossier, the PNLMTN-CP wants to focus on successful implementation of pre-TAS and TAS1 in FY21 also in FY22 and therefore, the PNLMTN-CP would prefer to have the LF dossier training in FY23.

FY22 Planned Activities

Follow up meeting for Trachoma Dossier (*Budgeted under FHI tab IR 1 Dossier Development*)

In FY22, Act | West will technically and financially support the PNLMTN-CP to conduct a follow-up meeting for the trachoma dossier and complete data entry of available data into the datasheet during the orientation sessions. FHI 360's HQ-based Trachoma Technical Advisor will serve as facilitator. Act | West will collaborate with Sightsavers (AccelerATE), who will also be providing support for dossier development.

c) IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

Improving Core NTD Program Functions

1. Data Security and Management

As part of the implementation of the MDAs, the MSHP-CMU, through the PNLMTN-CP, organizes data validation workshops in each health region (HR) with the regional health teams (ERS) and the district management teams (ECD). The PNLMTN-CP compiles these validated data and sends them to the MSHP-CMU/DGS for feedback, information and decision making. Local health and administrative authorities also receive the reports.

For data security, the PNLMTN-CP uses the CIND for data entry, security, and storage. From 2016 to 2020, the PNLMTN-CP rolled out training for CSEs in 75 HDs and 23 HRs, strengthening their knowledge of IT

tools for data processing. In FY20, the PNLMTN-CP with technical support from Directorate of Computer Science and Health Information (DIIS) and financial and technical support from Act | West successfully integrated the PC-NTDs MDAs data into DHIS2 (national health database). Currently, the selected indicators in DHIS2 relate to mass treatment: geographic and therapeutic coverage by disease, totaling ten indicators.

In FY22, Act | West will technically and financially support the PNLMTN-CP to continuously improve the data security and management through the following activities: 1.) Quality Improvement for MDA data (Budgeted under FAA 23): activity described in section IR1, LF; and 2.) Workshops to monitor the implementation of PC-NTDs data in DHIS2 (Budgeted under FAA 23): activities described in section IR2, b) *Prioritized functions activities.*

Targeted TA to strengthen the NTDP's data policies and procedures (Budgeted under FHI IR 2 Data Security and Management)

The NTDP has requested technical assistance from Act | West, and this is currently Phase 2 of the process, which began in FY21. In Q3/Q4 of FY21, Deloitte reviewed MOH data policies and guidance (which includes some data security guidance for different levels of the health pyramid), assessed current NTDP data policies and documentation, and synthesized key findings into a Phase 1 report. In Phase 2, Deloitte will organize two days working sessions with the NTDP and other MOH staff to further discuss and validate the finding and make policy recommendations as to the secure collect, transfer, and storage of data and security in those processes. Recommendations will be limited to policy and procedures, building upon MOH's guidance, and will not include the purchase of additional software or hardware. These recommendations will result in the updating, adoption and implementation of MOH guidance or if needed the creation of a simplified NTDs data security policy SOP that can be distributed amongst NTDP staff. Once the NTDP has prioritized the most critical recommendation and identified needed support from Act | West, Deloitte will work with the MEL Team and FHI 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.

2. Drug Management

a) Quantification of NTD drugs

The PNLMTN-CP quantifies its needs based on the target populations of the endemic HDs and the stock of drugs available at the level of the PNLMTN-CP, the NPSP and the HDs pharmacies, before starting the drug procurement process. The drugs are donated free of charge by the pharmaceutical companies and are exempt from customs duty upon arrival in Côte d'Ivoire. However, there are costs associated with delivery, including insurance and storage fees. Ivermectin and Albendazole are supported by WHO to the desired storage point, the PNLMTN-CP office. The PNLMTN-CP then coordinates the delivery of drugs to the endemic HDs before the MDAs. For Zithromax, the NPSP provides storage and oversees transport to the targeted HDs. In FY20 and FY21, Act | West continued to financially support warehousing and distribution costs for Zithromax, as in previous years, under the contract with the NPSP. The PNLMTN-CP in collaboration with Act | West has initiated advocacy meetings with the NPSP to sign a memorandum of agreement (MOU) to facilitate the management of MDAs.

In FY22, Act | West will continue to provide the same support to the PNLMTN-CP in accordance with the MOU. The MOH plans to initiate discussions to review its system of drug management in collaboration with its partners for the storage and transportation of Zithromax.

b) Availability or reliability of storage or transportation to the last mile

The PNLMTN-CP works in collaboration with the HDs and the NPSP from reception in the NPSP or PNLMTN-CP warehouses to distribution to the populations in the villages and city neighborhoods. In addition, pharmacists, or pharmacy managers (PGP) exercise supervision at several levels (regions, health districts, health zones) to ensure enough medicines and supplies of consumables, as well as appropriate storage and distribution conditions for the population. All stages of the supply chain are supervised by the PNLMTN-CP.

FY22 Planned Activities**Transportation of drugs (IVM and ALB) and material for LF/OV MDA in 97 HDs (*Budgeted under FAA 1*)**

In FY22 Act | West will support the costs of transporting drugs for the MDA from the Central level to the HDs. Costs covered include truck rental, per diems, truck loading and unloading fees, and fuel.

Transportation of drugs and material for trachoma MDA in 7 HDs (*Budgeted under FAA 13*)

The PNLMTN-CP oversees the delivery of drugs to endemic health districts at least two weeks before the MDA. Zithromax and TEO are stored in the NPSP warehouse, and the NPSP is responsible for transporting them to the HDs. In FY22, Act | West will support the costs of transporting drugs for the MDA from the central level to the HDs. Costs covered include truck rental, per diems, truck loading and unloading fees, and fuel. Discussions on high costs of NPSP and other providers will take place in FY22 between the stakeholders to explore ways for addressing these constraints.

Reverse logistics for trachoma MDA and supervision of reverse logistics (*Budgeted under FAA 12*)

After the MDA, all remaining drugs are returned to the HDs. The remaining drugs are quantified, and the data transmitted to the NMCP-CP to prepare for reverse logistics. The empty Zithromax boxes and vials from last year are no longer incinerated but recycled for domestic use according to the new ITI recommendations. Indeed, after the campaign, once the inventory is completed in the district pharmacy, the empty boxes and vials will be marked with indelible ink and then redistributed to the population under the supervision of the PNLMTN-CP. Thus, in FY22, financial support from Act | West will only be needed to bring the remaining drugs back to the HDs.

d) Management, procurement of essential drugs and products and management of adverse reactions

During MDA, adverse reactions are reported on case notification forms prepared by the PNLMTN-CP. Nurses are responsible for reporting these cases. Thus, the reports produced by the peripheral levels and sent to the PNLMTN-CP, include information on the nature, the number of cases presenting with undesirable effects and the management carried out to mitigate the side-effects. Districts notify and monitor all cases of AE and, of course, any SAE reactions. The information is then escalated to the central level for follow-up. In FY22 the MOH/PNLMTN-CP will continue to support HDs in providing a supply of drugs for management of cases of adverse events for the LF plus OV and/or STH. This strategic decision is still in alignment with the transition for a NTD sustained program.

1. ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING**Previous and current FY activities and context:**

Since 2019, the PNLMTN-CP has been engaged in a process of developing a sustainability plan to lay out the foundation for sustaining the achievements the country made in the fight against PC-NTDs. This

process has taken place in several stages and has led to the political validation of a three-year sustainability plan (2021-2023). Cote d'Ivoire used the USAID's five phases to guide its sustainability planning process. During phase 1 (sensitization meeting) of this process, the Côte d'Ivoire NTDP brought together multi-sectoral stakeholders in a sensitization meeting to gain their buy-in on sustainability from the MSHP leadership and national stakeholders and discuss the process and the needed technical assistance to implement a sound technical approach. During phase 2, the PNLMTN-CP with support from Act | West conducted situational analyses and a self-guided assessment using the SMM (Sustainability Maturity Model). The analysis of the NTD financing component made it possible to determine the costs of the NTD interventions, the sources and needs of financing as well as the gaps to be filled. The analysis of multisectoral collaboration and the analysis of barriers made it possible to identify possible multisectoral coordination mechanisms to better understand the problem of integration. The self-guided assessment allowed the PNLMTN-CP to quantify its achievements and identify priority activities needed for sustainability.

In FY20, Côte d'Ivoire with support from Act | West completed Phase 3 of the sustainability approach with the political validation of the Sustainability Plan. This Sustainability Plan is an important input to the NTD Master Plan over the next three years. For FY21, the PNLMTN-CP has started phase 4 which represents the implementation of the Sustainability Plan. Thus, the planned activities included, among others, the setting up of a multisectoral Technical Working Group (TWG), the organization of a roundtable (public and private) for the mobilization of domestic resources, the sensitization meeting with the ministry in charge of education, the review of normative documents for the fight against PC-NTDs (national policy framework document, national guidelines, logistics management), the establishment of a framework agreement between the PNLMTN-CP and the NPSP for the management of PNLMTN-CP drugs and the development of NTD awareness messages to be integrated into programs with common targets.

1. Governance activities:

Provide technical support (HSS area) and financial support to the development and validation of the NTD Master plan (*Budget under FAA 23*)

The process of developing the NTD Master Plan started in 2020 with the development of the NTD Master Plan 2021-2025 roadmap. The development of the Master Plan is coordinated by the DGS. WHO, Act | West, ASCEND, ANESVAD who provide technical and financial support to the process and have established a technical working group with the DGS, the five NTD programs (National Leprosy Elimination Program (PNEL), National Buruli Ulcer Control Program (PNLUB), National Program for the Elimination of Human African Trypanosomiasis (PNETHA), National Guinea Worm Eradication Program / Water and Sanitation (PNEVG/EA) and PNLMTN-CP) and other stakeholders. This process includes three steps: (i) review of the previous 2016-2020 plan, (ii) development of the new 2021-2025 plan, and (iii) validation and dissemination of the plan. All these steps will benefit from the technical and financial support of the various partners involved in the fight against NTDs.

In FY21, a consultant has been recruited to facilitate the process, and has worked in close collaboration with the technical working group. This will assist in facilitating the coordination and create synergies between different funding sources and technical support entities. The DGS has agreed with partners (ASCEND, FHI 360, ANESVAD and ALM) on a cost-sharing mechanism and has developed a matrix with responsibilities and needed resources (funding, TA etc.) at every step of the process.

In FY22, Act | West will continue to provide technical support on the HSS area in the Master Plan development process. The Act | West team in Cote d'Ivoire will support national stakeholders identify

sustainability interventions identified in the Sustainability Plan to prioritize in the new NTD Master Plan. Furthermore, Act | West will provide financial and technical support to the MOH to conducting a 3-day workshop to validate the Master Plan. Lastly, Act | West will provide financial support to print out 300 copies and disseminate the new NTD Master Plan (2021-2025). This activity was included in the FY21 workplan but due to the extension of the process, it has been reprogrammed as a new activity in the FY22 workplan.

Organize one thematic meeting with the DGS and other health programs (PNN, PNSSU-SAJ, PNLN, PNSO) for NTD services integration (Budget under FAA 23)²

To strengthen the coordination of NTD interventions with other health programs, the PNLMTN-CP will organize thematic meetings to discuss integration opportunities and action to overcome the issues related to intra-sector services integration and coordination. The meetings will be chaired by the DGS.

In FY22, the NTDP requests Act | West support to:

- Organize one meeting to discuss practical approaches to leverage opportunities within other health programs for services integration and contribution to NTD interventions. This one-day meeting will involve about 35 participants and will be held in Abidjan.
- Develop a document that shows the health programs with which there are synergies and complementarities in interventions using the results of the Landscape Analysis that identified potential platforms for integration. This document should clearly identify areas of collaboration and integration strategies.

This meeting will be supported by Act | West as an initial accompaniment. The MOH is committed to support technically and financially the follow-up and take over in subsequent years. While Act | West will provide financial and technical support, the NTDP will leverage MOH infrastructure to lower the cost of the meeting.

Provide technical and financial support to the one annual coordination meeting of the multi-sectoral TWG for the fight against NTDs and integration platforms for deworming (Budget under FAA 23)

As part of the implementation of the Sustainability Plan, it was imperative for the program with the support of its partners to establish a multi-sectoral coordination mechanism for NTDs by integrating all NTD programs, other health programs, key sectors, technical and financial partners that play or could play a role in the fight against NTDs. In FY21, the PNLMTN-CP with Act | West support developed an approach to establish the TWG and plans the organization of a workshop that defined its missions, composition, functioning and formalization. In FY22, one annual meeting of the TWG will be organized. This meeting will allow for the development and monitoring of the TWG's action plan and tools to monitor implementation of the decisions and to measure the progress made in the implementation of the sustainability plan. Act | West will provide financial and technical support to the PNLMTN-CP to organize one (1) meeting as an initial accompaniment to ensure that coordination and collaboration with all sectors whose role is relevant for the implementation of the Sustainability Plan and are well established and functional. Subsequently, through the domestic resource mobilization interventions included in the sustainability plan, the TWG will be able to identify other channels and sustainable resources for funding these meetings. MOH/NTDP ownership and leadership on the functioning of the TWG has been an important topic of discussion along the process of developing and validation the TOR of the TWG multisectoral and the sustainability plan development. Act | West will further discuss with the NTDP the need for MOH to take over future funding of the meetings to ensure the functionality of the platform is not heavily dependent to donors' support.

² This activity is on hold until further discussion with USAID.

Follow up on the resource mobilization roundtable and review of progress made by each committed government agency or partner (*Budget under FAA 23*)³

In the fight against NTDs, external funding represents most of the support. To best prepare the NTDP to anticipate the scarcity of the resources, the sustainability plan stressed the need to leverage integration opportunities, stimulate integration of NTDs into policies, plan budgets and reinforce cross-sectoral based interventions. The implementation of these interventions will be at all levels of the health pyramid with participation of the public and private sectors, civil society and will need commitment of decision makers and mobilizing resources at national level.

In FY21, the PNLMTN-CP plans, with technical and financial support from Act | West to organize a roundtable for domestic resource mobilization with public and private sector as well as civil society under the aegis of the senior authorities of the MSHP-CMU. The objective of the roundtable is to share the Government's sustainability priorities, the resources needed to achieve the sustainability goals and mobilize all stakeholders for its financing and implementation over the period 2021-2023. In FY22, the multi -sector TWG will build upon the outcomes of the FY21 round table for domestic resources mobilization to follow up on commitments. This follow-up will be done through individual meetings with the focal points and the decision makers of each entity. During the third quarter of FY22, the TWG will organize a meeting with technical and financial support from Act | West to review the status of support and plan future interventions.

Organize a workshop to review progress towards implementation of the sustainability plan together with multi sector TWG, government agencies, partners and other national relevant stakeholders that committed to support the sustainability plan (*Budget under FAA 23*)

Cote d'Ivoire has developed and validated a Sustainability Plan that has been circulated to all stakeholders. This plan guides the development of actions and other strategic plans. The implementation of this plan started in 2021 and has enabled the organization of several activities including domestic resource mobilization with decision makers.

In FY22, the support of Act | West will be necessary to review the financial resource mobilization activities and the key actions to be carried out to achieve the sustainability objectives within the framework of the multisectoral approach. Also, the PNLMTN-CP plans with the support of Act | West to organize a 3-day workshop that gathers all the stakeholders to appreciate the level of achievement of the objectives of the implementation of the sustainability plan, to identify the challenges and to adopt the recommendations in the optics of the maintenance of the assets and of the achievement of all the objectives of the plan in the long term. During this 3-day workshop, the TWG will take the opportunity to review the status of support and plan future interventions

Organize a TIPAC review including data update (*FAA 23*) (*TA from Deloitte*)⁴

The Cote d'Ivoire NTDP has used TIPAC consistently for the past few years with Act | West support, using the annual activity to gain a clear understanding of program costs and funding gaps. The NTDP staff includes experienced TIPAC users and was able to complete FY21 data entry together with FHI360 team in Cote d'Ivoire without any assistance. The NTDP intends to continue to use TIPAC for routine financial analysis and integrated program planning. However, during previous TIPAC workshops, the NTDP expressed challenges the tool itself. These challenges include

³ This activity is on hold until further discussion with USAID and pending bilateral agreement.

⁴ This activity is on hold until further discussion with USAID.

- Data entry is extremely time and energy consuming (takes 5+ full days).
- The tool is heavy and moves slowly to move from one activity to the other (especially when the number of health districts is high).
- The tool only allows one user at a time for data entry.
- The tool needs as well to be updated to include recent WHO disease guidelines.

Also, the finalization of the sustainability plan and its detailed implementation plan and budget will require further internal discussion within the NTDP to align the activities with the cost classification, categories of activities cost, to ensure consistency across users within the NTDP.

For these reasons, the Cote d'Ivoire NTDP has included in the Sustainability Plan (year 1 activity) a pause and reflect session to improve the value of the TIPAC. The NTDP requested Act | West support to facilitate the TIPAC pause and reflect and participate in the FY22 TIPAC update to have a shared understanding of the structure of cost classification, activities allocation and funding to ensure consistency in the data analysis and interpretation of reports.

In FY22, Deloitte will support the NTDP to conduct an in-depth, module-by-module, analysis and review of TIPAC to explore ways to address these issues improving the value of TIPAC for the NTDP and facilitate FY22 TIPAC Data Entry during a 5-day workshop. Simultaneously, the NTDP will review the Sustainability Plan, previous TIPAC data, and other strategic planning documents for information gaps that can be filled with financial data from TIPAC and support FY22 TIPAC Data Entry. This will ensure that the NTDP considers how existing programmatic data can be linked with TIPAC data to provide a complete picture of NTDP financial needs and be integrated in routine strategic planning and decision-making. At program level, Act | West will use the lessons learned from this exercise to improve process in countries that are less advance with TIPAC and its potential support to sustainability plan implementation.

Organize a workshop to analyze TIPAC data for domestic resource mobilization advocacy (FAA 23) (TA from Deloitte)⁵

TIPAC is a budgeting tool that the NTDP in Cote d'Ivoire intends to use on an annual basis to inform programmatic and financial decisions. The NTDP plans to complete TIPAC data entry and analysis for FY21 data in FY21 Q4 or as a carryover activity. The data entry will support the costing of PCT-NTDs needs in the Master Plan (2021-2025) and serve as input for the round table for domestic resource mobilization in support to the sustainability plan (FY21 carry over). The NTDP has indicated interest in continued use of TIPAC in FY22 to have up to date, accurate information for FY22 advocacy purposes. Following the pause and reflect/FY22 data entry activity described above, Deloitte will provide technical support to the NTDP to conduct a 4-day TIPAC Data Analysis workshop for FY22 data in Q2. In line with the NTD Sustainability Plan, the FY22 TIPAC data analysis will focus on pre-identified parameters based on specific NTDP priorities in specific districts or regions. FHI360 and Deloitte will also support the NTDP to further discuss scenarios related to the implications of a changing donor environment. During this activity, the NTDP will leverage existing program financial data to create targeted messages to engage relevant stakeholders in advocacy activities. The analysis will complement the work accomplished in the FY21 domestic resource mobilization roundtable and support other FY22 advocacy activities (e.g., follow up on Roundtable, meetings with cross-sector stakeholders and NTDP Champion), as the NTDP will be able to leverage findings on program costs and funding gaps to continue messaging to relevant stakeholders on the potential impact of resource mobilization and to maintain commitment from relevant, cross-sectoral stakeholders.

⁵ This activity is on hold until further discussion with USAID and pending bilateral agreement.

Health Insurance and MMDP coverage assessment (*Budgeted under AIM Initiative*)⁶

In 2019, results of the LF and trachoma MMDP situational analysis in Côte d'Ivoire, conducted with technical support from AIM Initiative under Act | West, indicated that there is no national patient health insurance policy for MMDP services. The universal health coverage (UHC) program does not cover chronic diseases such as LF. Surgery related to hydrocele and trichomatous trichiasis (TT) are covered by private insurance plans. However, most people with these conditions are poor and cannot afford costs associated with private health insurance.

Côte d'Ivoire introduced UHC in 2020 to improve the affordability of health services for its population. To benefit from the UHC, every individual must contribute financially. However, according to the policy, there are certain exclusions to the contribution requirements for populations considered vulnerable. To ensure that people affected by NTDs will benefit from Côte d'Ivoire's UHC, it is important to clarify whether NTD patients, specifically those with significant morbidity or disability, will be considered part of the vulnerable population exempt from paying the contribution in the UHC policy and whether MMDP services are included. The UHC system is currently being transferred under the authority of the MOH, policy updates and modifications will continue in the coming year as the plan is reviewed. It does not appear the UHC work is imminent. When the UHC work is initiated by the MOH it will present an opportunity to ensure appropriate MMDP aspects are discussed and adequately included.

In FY20, AIM began supporting the NTDP to improve LF MMDP case finding during MDA, and these cases will require management. Also, the NTDP's MMDP strategic plan, currently under development, specifically mentions the need for inclusion of the MMDP into the UHC benefit package.

Therefore, in FY22, the PNLMTN-CP is requesting support from Act | West to provide technical and financial assistance to assess the feasibility of integrating MMDP into the UHC. The following activities will be conducted:

- Development of a methodological framework to assess the possibilities for coverage of LF MMDP services by the UHC based on AIM's experience in Ghana and the findings of the MMDP situational analysis.
- A 2-day kick-off meeting in Abidjan will be held with 15 participants from the PNLMTN-CP and other stakeholders to review and approve the methodology.
- Following approval of the activity and methodology, AIM in collaboration with the NTDP will conduct the data collection and analysis. This will include a desk review of policy documents and key informant interviews with providers, the MOH, and stakeholders from the national health insurance fund. AIM will prepare a comprehensive report on the findings and recommendations.
- A 2-day validation meeting will be held in Abidjan to review the results. It is estimated that 30 people will attend.

Integration of modules on the management of trachoma and LF in the basic training curriculum for health workers (*Budgeted under AIM Initiative*)⁷

Côte d'Ivoire has a health system that covers the entire country, but not all health facilities have human resources trained to provide morbidity management related to PC NTDs per WHO guidance. This lack of trained personnel was confirmed by the situational analysis conducted by the PNLMTN-CP with the support of AIM Initiative via Act West in FY20. One of the recommendations of this situational analysis is

⁶ This activity is on hold pending further discussion with USAID and pending bilateral agreement.

⁷ This activity is on hold until further discussion with USAID and pending bilateral agreement.

to integrate the MMDP modules into the curricula of health training institutions. This activity was subsequently included in the MMDP strategic plan for disease management and the sustainability plan.

For FY22, the PNLMTN-CP, with technical support from AIM, will conduct a targeted desk review and situational analysis to (i) identify existing training institutions, (ii) understand their missions and objectives, (iii) analyze the content of existing modules, and (iv) study the processes of curriculum revision and the feasibility of integrating training modules related to LF and trachoma disease management. The following activities will take place:

- An initial 1-day planning meeting will be held in Abidjan to review the activity. An estimated 15 people will attend this meeting from the NTDP, National Institute for the Training of Health Workers, AIM and FHI 360.
- Following the inception meeting, AIM will conduct the key informant interviews and complete a desk review of existing curricula.
- A 2-day review meeting will be held with the NTD Program to discuss the initial findings, specifically gaps in the existing curricula to arrive at recommendations and proposed next steps for the curriculum revision. An estimated 15 people will attend the meeting held in Abidjan.
- AIM will prepare a full report on the findings and a 1-day dissemination meeting will be held in Abidjan with participants from the NTD program, training institutions, AIM and other stakeholders and partners. An estimated 25 participants will attend.

2. Prioritized functions

Follow up on the formalization process of the collaboration framework between the Ministries of Health and Education for the integration of NTDs (*Budgeted under FAA 23*)⁸

Within the framework of the implementation of free drug distribution campaigns, two-thirds of the PNLMTN-CP target populations are school-age children in primary, secondary and even higher education. As part of the operationalization of the Sustainability Plan priorities, in FY21 the PNLMTN-CP initiated a process with the Ministry of Education to formalize the collaboration in the implementation of distribution activities, to ensure sustainability of interventions in the fight against NTDs. As recommended by the results of the situational analysis conducted during FY20 with the support of Act | West, the PNLMTN-CP has set up a multi-sector technical groups (TWG) including the Ministry of Education (MOE) and other sectors whose interventions impact the fight against NTDs.

In FY22, the multisectoral TWG plans to hold two technical/ negotiation meetings. These meetings will be an opportunity for the MOH/NTDP, the MOE, and the executive committee of the cross-sector coordination mechanism to hold technical discussions and develop the collaboration framework between the Ministry of Health and the Ministry of Education to strengthen the provision of NTD services through the school platform and integrate NTDs into relevant education policies and interventions. The planned meetings are expected to lead to the signing of an inter-ministerial decree. The PNLMTN-CP is requesting support from Act | West for FY22 to organize an expanded meeting with all relevant stakeholders to review the progress of the process.

Workshops to monitor the implementation of PC-NTDs data in DHIS2 (*Budgeted under FAA 23*)

After the implementation of the FY20 MDAs, the epidemiological surveillance, and data management staff (CSE) of the HDs, as part of their routine activities, initiated a first phase of data entry from these campaigns into DHIS2. To ensure the data entry is compliant with the guidance of the DHI-2 team, the

⁸ This activity is on hold until further discussion with USAID and pending bilateral agreement.

NTDP in collaboration with the DIIS and with the technical and financial support of Act | West, organized a follow-up workshop in February 2021 to verify and control the data entered in the DHIS2 and identify possible malfunctions (FY20 carryover activity). This workshop was attended by CSEs from 18 HDs chosen according to good and bad performance criteria. At the end of this workshop, two strong recommendations were made: i) support the PNLMTN-CP to assign and de-assign the forms to the facilities and be able to analyze the data entered; ii) plan an orientation and retro data entry workshop for all other HDs.

Similarly, after the FY21 MDA campaigns, a second follow-up workshop is planned with the financial and technical support of Act|West to verify and check the data entered in the DHIS2 and identify any malfunctions. However, DIIS strongly recommends that all country programs that complete the process of integrating data into DHIS2 complete a package of activities. These activities allow two DHIS administrators to measure program performance in terms of database input (completeness and timeliness of data) and ensure that all country programs have their data in DHIS2, and that the data is of good quality.

c

In FY22, considering the recommendations and as part of the sustainability and ownership of DHIS2 by the PNLMTN-CP, technical and financial support from Act|West is requested to carry out the following activities:

- A training workshop for the PNLMTN-CP team on DHIS2 data analysis for decision making
Workshop to develop the coherence matrix for NTM-CP data in DHIS2 and the guide for using the coherence matrix. Workshop to develop the NTDP data management procedures manual in DHIS2.

3. Other activities

FY22 Planned Activities

Organize two (2) advocacy sessions with policy makers in collaboration with the NTD champion and the leadership of the multi-sector TWG to maintain momentum and support to sustainability plan (*Budget under FAA 23*)

An NTD Ambassador is essential to obtain and maintain political commitment to the fight against NTDs. Indeed, developing an alliance with a respected figure who has a history of working with government officials, policy makers, and who is committed to supporting communities is an additional resource for raising the voice of NTDs. In FY21, FHI 360 provided technical assistance to the MOH through the PNLMTN-CP to identify a leading advocacy figure to be nominated as NTDs champion in Côte d'Ivoire.

In FY22, the PNLMTN-CP, with support from Act | West through the multi-sectoral TWG and the Ambassador, plans to hold two high level advocacy meetings at national level with decision makers (parliamentarians, union of town halls, general councils) to increase visibility of NTDs and obtain their endorsement and commitment in the implementation of the sustainability plan. To maximize the influence of the NTD Ambassador, a video profile will be created, where they talk about their personal relationship with NTDs and why it's so important to CIV citizens and the county's overall wellbeing to end NTDs. This could be used in TV/radio spots, at MDA launches, to raise community awareness prior to DSAs, and to educate the community on NTDs and their treatment/prevention, and for social media.

HMIS Documentation (TA from Deloitte)⁹

⁹ This activity is on hold until further discussion with USAID.

This activity was planned for FY21 and is currently on hold. With regards to the progress Cote d'Ivoire has made with integration of NTDs data in DHIS-2, Act West is requesting USAID support to help the NTDP to document the process of integrating NTD data into the national HMIS, related stakeholders within the MOH, and rationale for selecting specific NTD indicators. The documentation will capture lessons learned from the process. For example, Cote d'Ivoire started with MDA indicators and requested additional support to include LF/trachoma morbidity data. The country team is currently exploring the best way to capture WASH data. Also, the initial trainings targeted the CSE (data entry) and along the process, the NTDP noticed the need to involve program managers at national level to improve use of the DHIS2 platform and the data generated for decision making. The lessons learned from the various choices and their implications are useful resources that can help improve the process in other countries and help the NTDP refine his process. This documentation will position the NTDP, Act | West, and USAID to have a clear, common understanding of the process, stakeholders, and rationale both within the program and externally with partners and MOH decisionmakers around the NTD integration into the national HMIS.

TA to provide high quality photos/videos to document field activities, promote country program and get more visibility of the NTDP's achievements (*Budgeted under FHI tab IR 2 Other activities*)

To provide engaging first-hand testimonials, stories, quotes, and visual content to support NTD awareness and advocacy activities, including NTD sustainability meetings and advocacy; information, education, and communication (IEC) activities and events; social mobilization and community engagement activities; and ad hoc events such as World NTD Day, as well as to respond to frequent requests from Act | West headquarters for high quality photos of NTD activities and success stories. FHI 360 will hire photojournalists to accompany the technical team to document several NTD field activities, including at least one MDA and one DSA, during FY22. In addition to capturing high-quality photos and videos of field activities, the photojournalists will interview a variety of NTDP stakeholders, partners, and beneficiaries (e.g., CDDs, nurses/community health workers, teachers, community leaders, community members of different ages/professions) to gather multiple perspectives and first-hand accounts and experiences. Act | West Côte d'Ivoire will coordinate closely with the Act | West program headquarters communications team on the photojournalist's terms of reference and specifications for interviews, photos, and videos to ensure that country and headquarters needs are met and maximize the use of visual resources and resulting interviews.

e) IR 3 PLANNED ACTIVITIES: SCH, STH

i. Schistosomiasis

Previous and current FY activities and context:

For FY21, SCIF has planned to conduct SCH in school-aged children in 36 HDs, in adults in five HDs, and the integrated SCH/STH treatment in 14 HDs.

Please see Tables 5a-b: SCH (USAID supported SCH coverage and DSAs for FY20-FY22)

FY22 Planned Activities

While SCIF will continue to support SCH MDA, Act | West will support the PNLMTN-CP's effort in strengthening the environment through reinforcing cross-sector collaboration and partnership but also supporting the country to identify and use cost effective and long-term delivery platforms.

Please see TABLES 5c-d: SCH (Ongoing partner support for SCH MDA and DSAs FY20-FY22)

Partner Supported Activities:

SCIF will support SCH-only MDA in 36 HDs and integrated SCH/STH MDA in 14 HDs.

ii. Soil-Transmitted Helminths

Previous and current FY activities and context:

STH mapping has been linked to SCH mapping and has shown that all 113 HDs in the country have endemic STH. Per the WHO-recommended strategy for STH control, the 40 HDs with prevalence >20% require MDA.

Of 40 HDs endemic for STH, seven are co-endemic for LF and nine are co-endemic for SCH. SCIF will support MDA for SCH and STH in 14 HDs and STH alone in 24 HDs.

Please see TABLES 6a-b: STH (USAID supported STH coverage and DSAs for FY19-FY21)

FY22 Planned Activities

For FY22, Act |West will support LF/OV/STH MDA in 10 HDs however these HDs are below the treatment threshold. All of the other 27 HDs originally supported by USAID for LF MDA will have reached five rounds of MDA and will have completed their pre-TAS after FY21 MDA.

Please see Tables 6c-d: STH (Ongoing partner support for STH MDA and DSAs FY20-22)

Host Government/Partner Supported Activities:

SCIF will support integrated SCH-STH MDA in 14 HDs and STH-only MDA in 24 HDs.

APPENDICES

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

See attached in separate excel document.

APPENDIX 2: STRATEGIC PLANNING SUPPORT

CY22 Implementation and operational plan validation workshop (3 days, 24 participants) (Budgeted under FAA 1)

Location: TBD

FHI 360 will support the NTDP in conducting a 3-day workshop outside Abidjan to validate Côte d'Ivoire's national PC-NTD consolidated implementation plan (PAO) for calendar year (CY)22. Participants usually include representatives of the MSHP's senior management team, USAID, and the Act | West Program led by FHI 360 and other partners. Key outputs related to the plan include definition of goals for 2021, a costed dashboard, a calendar for monitoring and evaluation (M&E) and validation of the document.

Progress review meeting of CY22 implementation and operational plan (1 day, 22 participants) (Budgeted under FHI tab under IR 1 Strategic Planning)

Location: Abidjan

The PNLMTN-CP will bring together its partners during a 1-day meeting in Abidjan in mid-year. The purpose of this workshop is to present the level of progress of activities, identify the challenges for achieving the objectives of the operational action plan. In addition, it will capture all new activities of intervention partners that have occurred during the said year.

FY23 Work plan workshop (5 days, 25 participants) (Budgeted under FHI tab IR 1 Strategic Planning)

Location: Abidjan

In FY22, Act | West (FHI360) will provide technical and financial support to conduct the FY22 work plan validation and budgeting meeting among partner and MOH to discuss corresponding budgets. This meeting will involve MSHP-CMU and implementing partners to support the PNLMTN-CP.

FY22 Annual Review Meeting of Act | West-supported FY22 NTD activities (2 days, 57 participants) (Budgeted under FAA 4)

Location: Yamoussoukro

The NTDP plans to hold a 2-day annual review meeting involving the directors of 31 health regions, end of FY21 in Yamoussoukro to review all activities conducted by the NTDP with USAID and other partners support during the year.

Organize three quarterly coordination meetings with FHI 360 as part of the follow-up of the Act | West program (1 day, 17 participants) (Budgeted under FHI tab IR 1 Strategic Planning)

To improve coordination and planning of activities in FY22, Act | West will provide technical and financial support to organize one coordination meeting per quarter with the NTDP. This will be a 1-day meeting with members of the NTDP, FHI360, and technical partners involved in the fight against NTDs as needed.

APPENDIX 3: NTD SECRETARIAT ACTIVITIES

Institutional support for the NTD Secretariat (*Budgeted under FHI tab IR 1 NTD Secretariat*)

Besides technical and financial support for implementation of NTD interventions, Act | West provides support to the NTDP secretariat to build and maintain the NTDP's operational capacity. In the FY21, Act | West provided support of for office supplies (ream A4 paper, envelopes of various sizes, pens, storage boxes, inks for printers), communication, internet service, maintenance of the generator set and refrigeration cabinets, office and computer equipment (2 i7 core laptops, 8GB of RAM).

In FY22, Act | West (FHI 360) will continue to provide technical and financial support for the following activities:

- Renew contract with a reliable local internet provider to ensure uninterrupted internet service, facilitating effective program implementation,1. and communications expenses (telephone, internet, other electronic services).
- Procure office supplies and office equipment for day-to-day coordination of NTD program activities including workshops and other coordination meetings.
- Provide for generator set and the air conditioner running expenses (fuel and maintenance).

APPENDIX 4. BUILDING ADVOCACY FOR A SUSTAINABLE NATIONAL NTD PROGRAM

Organize the World NTD day in collaboration with the other partners and the NTD champion (*Budgeted under FAA 23*)

To strengthen advocacy for a sustainable national program against NTD's in the country, in FY22 Act | West will provide technical and financial support to the PNLTMN-CP to co-organize the World NTD Day with all other NTDs programs and their various partners. This important event, under the lead of the MOH/DGS, will see the participation and involvement of the champion of the fight against NTD-CP in the sensitization, the social mobilization around the event, as well as the mobilization of domestic financial resources with the MOH, political authorities, influential personalities and other organizations and partners. The support includes the purchase of communication kits (stands, T-shirts, posters, leaflets, etc.) for this activity.

APPENDIX 5. SOCIAL MOBILIZATION TO ENABLE NTD PROGRAM ACTIVITIES

Table A1: Social mobilization channels, messages, and rationale

IEC Activity or Material to be supported	Key Messages (as applicable)	Location and Frequency	Briefly describe how this material/message is shown to be effective at increasing MDA participation
<i>Launch banners</i>	<ul style="list-style-type: none"> - Indicate the location of the launch. - Provide the dates of the MDA. - Specifies the targeted diseases of the MDA and the stakeholders -Emphasizes the free nature of the distribution 	<ul style="list-style-type: none"> - Use in HD targeted for launch - 1 time during the entire MDA campaign 	Yes - motivates the massive participation of the population towards the launch site

<i>Posters:</i> 10,887	Provides information on the targeted diseases (definition, transmission, clinical signs, complications, prevention, treatment), target populations, drugs, contraindications, side effects, precautions to be taken before taking drugs and insists on the free nature of the campaign	Post only once in health centers, schools, public services, markets, places of worship, bus stations, etc. One week before the start of the MDA and for the duration of the MDA	Yes - allows good community acceptance and participation
<i>Flyers:</i> 123,531	Provides information on the targeted diseases (definition, transmission, clinical signs, complications, prevention, treatment), target populations, drugs, contraindications, side effects, precautions to be taken before taking drugs and insists on the free nature of the campaign	Distributed once only to MDA actors (community distributors, supervisors, administrative authorities) for awareness raising in primary schools, colleges and high schools and in public services and within the community during the MDA Campaign.	Yes - allows good community acceptance and participation
<i>T-shirts and caps:</i> 72,747 for CDDs; 700 for coordinators	- Identification of CDDs as official distributors for NTD campaign - Provides guidance on targeted diseases, implementing partners and a slogan "Together we fight neglected tropical diseases"	- CDDs and supervisors wear t-shirts daily during the campaign - In all HDs during MDA once	Yes - Identification of CDDs and supervisors as official actors for the NTD campaign
<i>Town criers:</i> 8606	- Providing dates and location of MDA - Drugs are safe at preventing NTDs	- 5 days prior to MDA, then every day during MDA in that district	-Coverage surveys showed that town criers were a primary source of information about the MDA
<i>National television</i>	Information on the dates of the campaign, the HDs concerned and the target populations	Before, during and after the MDA campaign in each targeted HD 3 times a day for 2 weeks before the onset of MDA and during MDA	Coverage surveys showed that national TV was a good source of information for populations
<i>Local radio broadcasts</i>	Provides dates and location of MDA, #NTDs, other social media	Before, during and after the MDA campaign at national level and in each targeted HD in French and in local language	Coverage surveys showed that radio was a primary source of information about the MDA

		3 times a day for 2 weeks before the onset of MDA and during MDA	
<i>MDA activities launch ceremony</i>	<ul style="list-style-type: none"> - Provide the dates of the MDA. - Specifies the targeted diseases of the MDA and the stakeholders - Emphasizes the free nature of the distribution - Drugs are safe and effective at preventing NTDs 	1 day prior to MDA	

As in years past, awareness-raising and social mobilization activities will be carried out in FY22 MDA. These activities will affect all levels of the health system and all social layers.

- The PNLMTN-CP will strengthen the capacities of the prefects of regions, departments, and sub-prefects on the basic concepts of the PC-NTDs and provide them with the reasons to advocate for their constituents to participate in MDA, and include MDA in the priorities of their respective agendas. The involvement of these prefects in sensitization and social mobilization has enabled greater participation of communities in the MDA
- Posters will be produced in sufficient quantity and posted in health centers of endemic districts, administrative services, places of worship (mosques and churches), primary schools, colleges and high schools, markets, and other public places in villages and city districts.
- Flyers will be produced in sufficient quantity and be distributed in schools, public services, places of worship, and high traffic areas such as markets, bus stations, etc. These leaflets will also be used by community distributors and town criers to raise awareness among the population.
- Commercials will be broadcast in French on national television during prime time, shortly before and during the MDA campaign. These spots will specify the targeted HDs, the eligible population, and the duration of the MDA.
- In each endemic health district, local radios will be used to disseminate information in the most widely spoken local languages. Sensitization and social mobilization by local radios in local languages is considered very important because a segment of the population is illiterate. In collaboration with the departmental directors of health, sensitization and community mobilization meetings will be organized by the prefects of regions and departments assisted by the sub-prefects. These regional and departmental prefects and the sub-prefects who are well-known in their constituencies can significantly encourage populations to take medication.
- T-shirts will be produced in sufficient quantity. They are considered very important by the communities and the actors of the MDAs, as they allow CDDs and other actors to be identified during MDA and facilitate their access to households.
- Town criers will be called upon to disseminate information about the organization of the MDA in local languages in villages, camps, and city neighborhoods not covered by radio waves. They will also provide guidance on the COVID-19 situation and communicate on preventive measures for COVID-19 and convince the various populations to participate massively in activities to combat NTDs.
- The PNLMTN-CP plans to hold the MDA launch ceremony in Daloa HD this FY22. The 1-day event is organized in a target HD on the eve of the start of the integrated LF / OV / STH campaign in collaboration with the health and prefectural authorities. It is a day of awareness and social

mobilization aiming to mark the event at the HD level and by extension at the national level. It brings together all the implementing partners, the central level (DGS and PNLMTN-CP), regional and district, as well as the authorities and customary chiefs and the populations.

(a) Awareness-raising and social mobilization for LF/OV/STH MDA

Information and sensitization of communities takes place before, during, and after the campaign. The administrative (prefects and sub-prefects), customary, religious authorities, and management committees of health centers and schools (COGES) and local communities are mobilized for better ownership of the campaign. Community mobilizers are called upon to bring information to the population in the most remote hamlets of the health district. This outreach is done through T-shirts stamped with slogans and logos, flyers, and posters showing the seriousness of the various pathologies. Messages in French and local languages are designed and broadcast on the most popular local radios in the health district. The HD is responsible for implementing all awareness raising activities. A communication focal point is responsible for communication related to the MDA in the health district (switching to local radio, organization of awareness meetings with the prefectural body). TV spots are designed and broadcast on national television and radio by the PNLMTN-CP.

In FY22, Act | West (via FAAs) will technically and financially support the PNLMTN-CP to conduct the following activities **(Budgeted in FAA 2)**:

- PC-NTD MDA Launch Ceremony
- Develop and produce advocacy and IEC materials integrating COVID-19 measures for LF/OV/STH MDA in 97 HDs
- Broadcast TV spots for LF-OV-STH MDA in 97 HDs
- Broadcast radio spots in HDs (LF-OV-STH MDA in 97 HDs)
- Social mobilization toward the community by public criers, and governors (community information meetings) for LF/OV/STH MDA in 97 HDs

(b) Awareness-raising and social mobilization for trachoma MDA

In FY22, Act | West (via FAAs) will technically and financially support the PNLMTN-CP to conduct the following activities **(Budgeted in FAA 12)**:

- Develop and produce of advocacy and IEC materials integrating COVID-19 measures for TR MDA in 7 HDs
- Broadcast TV spots for TR MDA in 7 HDs
- Broadcast radio spots for TR MDA in 7 HDs
- Social mobilization towards the communities by public criers and governors (community information meetings) for TR MDA in 7 HDs

APPENDIX 5B. GESI ACTIVITIES**Gender Equality and Social Inclusion (GESI) activities:**

As part of the strategies to ensure Act | West and its partners are equitably addressing the needs of men, women, boys, and girls in the Neglected Tropical Diseases (NTDs) control and elimination activities, the program engaged two FHI 360 gender advisors to conduct a gender analysis and create a gender strategy. The gender analysis was completed in 2019 and included qualitative research and desk review, including in-country fieldwork in a subset of program implementation countries—Côte d'Ivoire, Sierra Leone, and Ghana—and development of a gender strategy and set of associated recommendations for the program based on the literature review and qualitative research.

Proposed Activities for FY22

In FY22, Act | West will technically and financially support the PNLMTN-CP to conduct the following GESI activities:

1. ***Incorporate GESI sessions during the annual MDA Training of Trainers:*** The PNLMTN-CP carries out a series of cascading capacity building of all the actors involved before each MDA. These capacity building efforts target supervisors within the regional team and the PNLMTN-CP program and CDDs under the supervision of district and regional teams. Recognizing gaps in knowledge at all levels around gender equity and social inclusion in NTD programming, we will conduct an interactive, participatory session for all PNLMTN-CP national and regional staff, as well as any FHI 360 Act West staff in the country office who haven't already been trained on GESI, during the MDA training of trainers. The trainings are cascaded from the national level to the HD management teams and then CDDs. These trainings will be conducted in April/May 2022 for the ToT and cascaded down to the district and CDD level during the various FY22 MDAs.
2. ***Integrate GESI components into all planned revisions of NTD and MDA awareness raising materials (i.e., posters, flyers):*** Act | West will support PNLMTN-CP to review and revise current and planned behavior change communication messages. We propose using this opportunity to ensure new SBC materials are gender-sensitive in the review process for these materials with a goal of improving their disability inclusiveness, as well as tailored messages geared towards men and women of different age categories that address the most recognized barriers for each sex and age group to participation in MDA. This activity will be conducted in Q2 of FY22.
3. ***Revision of MDA Tools:*** Act | West will support the PNLMTN-CP to adjust MDA tally sheets and district, regional, and national data aggregation tools to add new data fields to collect sex and age of CDDs. In the current state, aggregate data is collected on the sex of CDD training participants, a proxy for those who actually serve as CDDs. More accurate demographic data on CDDs will provide a baseline measurement and will help guide strategy adjustments needed to increase the number of female CDDs in certain districts and will provide justification for inclusion of more women as CDDs and other MDA workers based on an analysis of performance by district. The activity is planned for Q1 of FY22.
4. ***Address gender parity in MDA Steering Committees:*** As part of the existing MDA Steering Committees, the project will advocate with PNLMTN-CP for women to have at least 30% representation in these committees. The PNLMTN-CP will work with the governors and heads of the

regions and districts who are responsible for recruiting for these committees to include more women as members. This advocacy will be led by the Act | West CIV Project Manager and will be reinforced through the GESI ToT activity discussed above. It will be conducted prior to the FY22 MDA in April/May 2022.

APPENDIX 6. TRAINING

Table A2: Summary of groups, topics, numbers to be trained, and location of Act | West training

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Name other funding partner (if applicable) and what component(s) they are supporting
			New	Refresher	Total Trainees			
MDA-DSA related training (IR1 and IR3)								
Supervisors	LF/OV MDA Supervisor training	<ul style="list-style-type: none"> MDA supervision and monitoring SCM and SOP for MDA drug mgmt. Social mobilization for MDA Record keeping and reporting after MDA GESI Topics 	0	2799	2799	1	Health District	
CDDs	LF/OV MDA CDDs training	<ul style="list-style-type: none"> SCM and SOP for MDA drug mgmt. Social mobilization for MDA Record keeping and reporting after MDA GESI Topics 	0	31625	31625	1	Health Center	
Supervisors	TRA MDA Supervisor training	<ul style="list-style-type: none"> MDA supervision and monitoring SCM and SOP for MDA drug mgmt. Social mobilization for MDA Record keeping and reporting after MDA GESI Topics 	0	299	299	1	Health District	

CDDs	Trachoma MDA CDDs training	<ul style="list-style-type: none"> SCM and SOP for MDA drug mgmt. Social mobilization for MDA Record keeping and reporting after MDA GESI Topics 	0	10,278	10,278	1	Health Center	
Technicians	LF DSA	<ul style="list-style-type: none"> Pre-TAS TAS 	30 75	0	30 75	3	Health District	
Trachoma surveyors	Trachoma survey (Impact/Surveillance / Mapping) - training of surveyors	Eyelid examination technique, Data recording forms, Survey technique	0	TIS (24) Mapping (30)	TIS (24) Mapping (30)	5	Health District	
CSEs regions and Health Districts	Training of Region and district data managers on CIND (30 HDs)	Notions on using CIND, data entry.	34	0	34	4	Health region	
Regions and Health Districts	Training of Region and district Teams	QA/QI implementation	42	0	42	5	Health region	
Health Systems Strengthening related training (IR2)								
NTDP staff	Training NTDP staff to analyze data from DHIS2	DHIS2	8	0	8		Central level	

The PNLMTN-CP before each MDA will carry out a series of cascaded training of all the actors involved. These training efforts target supervisors under the supervision of the regional team and the PC-NTD program and CDDs under the supervision of HDs and regional teams.

The CSEs of 10 regions and 30 HDs (34) will be trained to entry the MDA campaign data into CIND. These are the health districts that were initially supported by Sightsavers but never received this training.

For the Pre-TAS and TAS surveys, technicians will be trained to conduct these surveys during FY22. This training is necessary for upgrading investigators in the context of COVID-19 and will take place over 5 days in a HD where the prevalence of TF is high, with the technical assistance of Tropical Data.

Act | West will provide support to PNLMTN-CP to conduct the training the NTDP staff to analyze data from DHIS2. This is an important step in monitoring and improving the quality of data entered into the DHIS2 for decision making, which is an important recommendation of the DIIS.

(a) Training for LF/OV/STH MDA

HD-level personnel train local supervisors, and local supervisors will train in turn community-level distributors. In FY22, Act | West (FHI 360) will technically and financially support the PNLMTN-CP to conduct **(Budgeted under FAA 3 and 4)**:

- Training of supervisors for LF-OV-STH MDA in 97 HDs, integrating COVID-19 measures.
- Training of CDDs for LF-OV-STH MDA in 97 HDs, integrating COVID-19 measures.

(b) Training for TR MDA

In FY22, Act | West (FHI 360) will technically and financially support the PNLMTN-CP to conduct **(Budgeted under FAA 15)**:

- Training of supervisors for TR MDA in 7HDs integrating COVID-19 measures.
- Training of CDDs for TR MDA in 7 HDs integrating COVID-19 measures.

APPENDIX 7. SHORT TERM TECHNICAL ASSISTANCE

Table A3: STTA requested in FY22

IR category (1, 2, 3)	Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, etc.))	Number of Days required and when	Funding source (e.g., HKI country budget)
IR1	Trachoma TIS & mapping	Tropical Data Master Trainer	Tropical Data certified grader	one week, Q2	Tropical Data STTA

APPENDIX 8. FIXED AMOUNT AWARDS

Table A4: FAA recipients, activities supported, and dates

FAA recipient (split by type of recipient)	Number of FAAs	Activities	Target Date of FAA application to USAID
PNLMTN-CP	24	<ul style="list-style-type: none"> ▪ FY22 implementation and operational plan validation workshop ▪ Transportation of drugs and material for LF (plus OV and/or STH) MDA in 97 HDs ▪ Workshop on validation of post-MDA data for LF/OV/STH MDA and report redaction / 97 HDs - 31 regions ▪ Sensitization and social mobilization for LF/OV/STH MDA in 97 HDs ▪ MDA launch ceremony in Daloa ▪ Supervision of LF/OV/STH MDA in 37 HDs (of 97 HDs) ▪ Capacity building of community drug distributors (CDDs) for LF/OV/STH MDA in 97 districts ▪ Duplication of forms and sheets for LF/OV/STH MDA in 69 districts ▪ Annual review meeting on LF/OV/STH MDA and trachoma activities FY21 ▪ Capacity building of supervisors for LF/OV/STH MDA in 97 HDs ▪ LF/OV/STH MDA in 37 HDs (of 97 HDs) ▪ LF/OV/STH MDA in 19 HDs (of 97 HDs) ▪ Purchase of supplies and materials for LF/OV/STH MDA in 97 HDs. ▪ Implementation of CIND in 97 DDs / 8 pools ▪ LF/OV/STH MDA in 20 HDs (of 97 HDs) ▪ Supervision of LF/OV/STH MDA in 60 HDs (of 97 HDs) ▪ LF/OV/STH MDA IN 21 HDs (of 97 HDs) ▪ Supervision of capacity building sessions for LF/OV/STH MDA in 97 HDs ▪ Training for pre-TAS investigators in Yamoussoukro / 20 HDs ▪ Pre-TAS in 20 HDs ▪ Sensitization and social mobilization for trachoma MDA in 7 HDs ▪ Reverse logistics/inventory of post-trachoma MDA drugs in 7 HDs ▪ Supervision of trachoma MDA in 7 HDs ▪ Transportation material for trachoma MDA in 7 HDs ▪ Trachoma MDA in 5 HDs (of 7 HDs) ▪ Workshop on validation of trachoma post-MDA data for 7 HDs (4 regions) ▪ Trachoma MDA in 2 HDs (of 7 HDs) ▪ Duplication of forms, sheets for trachoma MDA in 7 HDs ▪ Supervision of capacity building sessions for trachoma MDA in 7HDs ▪ Capacity building of supervisors for trachoma MDA in 7 HDs ▪ Capacity building of CDDs for trachoma MDA in 7HDs ▪ Purchase of MDA materials and supplies for trachoma MDA in 7 HDs ▪ Training for trachoma impact survey (TIS) in 13 HD (12 EUs) ▪ Conducting trachoma impact survey (TIS) in 13 HD (12 EUs) ▪ Training of trachoma mapping investigators 10 HDs (15 EUs) ▪ Training of TAS investigators / Yamoussoukro 32 HDs (27 EUs) 	Oct 2021

		<ul style="list-style-type: none"> ▪ Purchase of TAS materials for 32 HDs (27 EUs) ▪ TAS in 16 HDs (16 EUs OF 27 EUs) ▪ TAS in 16 HDs (13 EUs OF 27 EUs) ▪ Organize the world NTD day in collaboration with the other partners and the NTD champion ▪ Training of QI/QA in 7 HDs / 3 sessions of 2 days ▪ Thematic meeting DGS - others health programs / Abidjan ▪ TWF coordination meeting Abidjan ▪ Sustainability progress monitoring workshop / Abidjan ▪ Workshop for validation of NTD master plan ▪ Follow up on the resource mobilization roundtable /resource mobilization plan / Abidjan ▪ Advocacy workshop with policy makers in collaboration with the NTD champion and the leadership of the multi-sector TGW to maintain momentum and support to sustainability plan / 1 ▪ Advocacy workshop with policy makers in collaboration with the NTD champion and the leadership of the multi-sector TGW to maintain momentum and support to sustainability plan / 2 ▪ Training of NTDP team on the DHIS2 analysis/ Yamoussoukro ▪ Training of NTDP team on the consistency matrix / Yamoussoukro ▪ Training of NTDP team on the development of the indicators guide / Yamoussoukro ▪ Follow up on the formalization process of collaboration framework - MOH and education ministry for integration of NTDS / Abidjan ▪ Trachoma mapping in 10 HDs (15 EUs) 	
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APPENDIX 9. TIMELINE OF ACTIVITIES

See attached in separate excel file.

APPENDIX 10. MAPS

See attached in separate pdf file.

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

See attached in separate document: *FHI360_ACTWEST_Organigramme_FY22*

APPENDIX 12. ADDITIONAL TABLES/ANNEXES (OPTIONAL)

See attached in separate documents:

1. *DIRECTIVES COVID-19 DES MALADIES CIBLEES PAR LE PNLMTN-CP*

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

Table A5: Activities carried over from FY21 to FY22 due to COVID-19

IR	Budget category(s)	Brief activity description
1	Strategic Planning	Annual Review meeting on LF/OV/STH/Trachoma in Yamoussoukro (FAA 4 and 27)
	Training	LF TAS (37 HDs)-trainings (FAA 9)
		Capacity building of supervisors for LF/OV/STH MDA in 69 HDs (FAA 4)
		Capacity building of CDDs for LF/OV/STH MDA in 69 HDs (FAA 3)
		Capacity building of supervisors for LF/OV/STH MDA in 30 HDs (formerly ASCEND) (FAA 26)
		Capacity building of CDDs for LF/OV/STH MDA in 30 HDs (formerly ASCEND) (FAA 27)
	MDA	LF/OV/STH MDA in 69 HDs (FAA 5, 6, and 7)
		LF/OV/STH MDA in 30 HDs (formerly ASCEND) (FAA 24)
	Supervision	Supervision of LF/OV/STH in 69 HDs (FAA 1, 8)
	Drug Supply and Commodity Management	Reverse logistics/Inventory of post-Trachoma MDA drugs in 20 HDs (FAA 10)
	Monitoring and Evaluation	TAS 1 in 37 HDs (FAA 9)
		TIS in 1 HD (FAA 14)
		TSS in 2 HDs (FAA 14)
		LF/OV/STH DQA in 2 regions (FAA 6)
		Workshop to monitor the implementation of the CIND in 99 HDs and 31 HRs (FAA 4 and FAA 23)
		TAP follow up meeting (FHI)
		Workshop on validation of post-MDA data for LF/OV/STH MDA (FAA 1)
	Supervision for Monitoring and Evaluation and DSAs	Supervision of LF TAS1 in 37 HDs (FAA 9)
		Supervision of TIS in 1 HD and TSS in 2 HDs
		Supervision of DQA (FAA 6)
Dossier Development	Follow up meeting for Trachoma Dossier (FHI)	
Short-Term Technical Assistance	STTA for QA/QI Coaches training, Learning Session meetings (2 first sessions) (FHI)	
2	Data Security and Management (IR2 only)	TA and meetings to assess the feasibility of CIND and DHIS2 interconnection and define a process to interconnect both systems (FHI)
		Targeted TA to strengthen the NTDP's data security policies, procedures, and protocols in alignment with MSHP guidance (Deloitte)
	Drug Management (IR2 only)	Organize 3 meetings with the New PSP to determine the conditions for the integration of NTDs medicines into the national supply chain and the reduction of costs (storage and pre-positioning in the districts) (FHI)
	Governance Activities	Review the normative documents for the fight against PC-NTD (national policy framework document, national guidelines, logistic management) (FHI)
Organize an update of the Financial Management Manual and update the knowledge of NTDP staff (Deloitte)		

		Workshop on TIPAC data analysis to support budget advocacy (Deloitte)
Prioritized Functions		Integrating PC-NTD data into DHIS2 in 99 HD (No cost)
		Strengthen the capacity of the CSEs of the 113 health districts for the filling of DHIS 2 (FHI)
		Financial Support for the historical data entry of the MDA campaigns in DHIS2 (FHI)
		Organization of a follow-up workshop on the implementation of NTDs data FY20 MDA data in DHIS2 (FAA 05)
		Develop and Validation of a M&E plan for the sustainability plan (FHI)
Advocacy		Conduct a round table for domestic (public and private) resources mobilization for NTD (FHI 360/FAA with STTA from Deloitte)

APPENDIX 14. BUDGET (CONFIDENTIAL)

APPENDIX 15. BUDGET NARRATIVE (CONFIDENTIAL)