Act to End Neglected Tropical Diseases | West
FY 2022 Work plan—Mali
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AE</td>
<td>Adverse event</td>
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<tr>
<td>ALB</td>
<td>Albendazole</td>
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<td>Community-directed treatment with ivermectin</td>
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<td>CDD</td>
<td>Community drug distributor</td>
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<td>CDPFIS</td>
<td>Centre de Documentation, Planification, Formation et de l’Information Sanitaire (Center of Documentation, Planning, Training and Health Information)</td>
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<td>CES</td>
<td>Coverage evaluation survey</td>
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<td>CIND</td>
<td>Integrated NTD Database</td>
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<td>CNHF</td>
<td>Conrad N. Hilton Foundation</td>
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<td>CNIECS</td>
<td>Centre National d’Information, d’Education et Communication pour la Santé (National Center for Health Information, Education, and Communication)</td>
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<td>CNPVTM</td>
<td>Le Comité National Pour la Validation de l’Elimination du Trachome au Mali—the National Committee for the Validation of Trachoma in Mali</td>
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<td>CSCOM</td>
<td>Centre de Santé Communautaire (Community Health Center)</td>
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<td>DGSHP</td>
<td>Direction Générale de la Santé et de l’Hygiène Publique (General Directorate of Health and Public Hygiene)</td>
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<td>DRS</td>
<td>Direction Régionale de la Santé (Regional Health Directorate)</td>
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<tr>
<td>DSA</td>
<td>Disease-specific assessment</td>
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<td>DTC</td>
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<td>End Neglected Tropical Diseases Fund</td>
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<td>EU</td>
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<td>First expiry, first out</td>
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<tr>
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<td>Filariasis test strip</td>
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<td>Fiscal year</td>
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<td>Global Schistosomiasis Alliance</td>
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<td>Health District</td>
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<td>Immunochromatographic test</td>
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<td>National Institute of Public Health</td>
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<td>International Trachoma Initiative</td>
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<td>Ivermectin</td>
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<td>Joint application package</td>
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<td>LF</td>
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<td>MCD</td>
<td>Médecin-Chef de District (Health District Chief Medical Officer)</td>
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<td>MDA</td>
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<td>Ministry of Health</td>
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<td>Malaria Research and Training Center</td>
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<td>NTD</td>
<td>Neglected Tropical Disease</td>
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<td>NTDP</td>
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<td>OMVS</td>
<td>Organisation pour la Mise en Valeur du Fleuve Sénégal (Organization for the Development of the Senegal River)</td>
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<tr>
<td>OV</td>
<td>Onchocerciasis</td>
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<tr>
<td>PC</td>
<td>Preventive chemotherapy</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<td>----------</td>
<td>------------------------------------------------------------------------------</td>
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<tr>
<td>PNEFL</td>
<td>Le Programme National d’Élimination de la Filariose Lymphatique ou Éléphantiasis (National Lymphatic Filariasis Elimination Program)</td>
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<tr>
<td>PNLO</td>
<td>Programme National de Lutte Contre l’Onchocercose (National Onchocerciasis Control Program)</td>
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<tr>
<td>PNLSH</td>
<td>Programme National de Lutte Contre de La Schistosomiase et les géohelminthiases (National Schistosomiasis/Soil-Transmitted Helminths Control Program)</td>
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<td>PNSO</td>
<td>Programme National de Soins Oculaire (National Program for Eye Health)</td>
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<td>PPMTN</td>
<td>Projet de lutte contre le paludisme et les MTN au Sahel (Project to Fight Malaria and NTDs in the Sahel)</td>
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<td>Praziquantel</td>
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<td>SAE</td>
<td>Serious adverse event</td>
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<td>SAFE</td>
<td>Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements</td>
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<td>Schistosomiasis</td>
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<td>Schistosomiasis Control Initiative</td>
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<td>SDLM</td>
<td>Sub-Directorate for Disease Control</td>
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<td>SMM</td>
<td>Sustainability Maturity Model</td>
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<td>SOP</td>
<td>Standard operating procedure</td>
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<td>STH</td>
<td>Soil-transmitted helminths</td>
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<td>Short-term technical assistance</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TAS</td>
<td>Transmission assessment survey</td>
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<td>TF</td>
<td>Trachomatous inflammation—follicular</td>
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<tr>
<td>TIPAC</td>
<td>Tool for integrated planning and costing</td>
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<td>TIS</td>
<td>Trachoma impact survey</td>
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<td>TRA</td>
<td>Trachoma</td>
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<td>TSS</td>
<td>Trachoma surveillance survey</td>
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<td>Trachomatous trichiasis</td>
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<td>UPFIS</td>
<td>Health Training and Information Planning Unit</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WASH</td>
<td>Water, sanitation, and hygiene</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WV</td>
<td>World Vision</td>
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1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Mali is located in the Sudano-Sahelian zone in Africa and covers an area of 1,241,238 km². It is estimated that by 2022, Mali’s population will reach 22,751,415, with the majority of the population concentrated in the southern and central regions of the country. The country is divided into ten administrative and political regions, the district of Bamako, 59 prefectures, and 703 rural and urban communes. There are 75 health districts (HDs) and 1,510 health areas (HA).

In Mali, mass drug administration (MDA) of preventive chemotherapy for neglected tropical diseases (PC-NTDs) has been integrated and implemented since 2007 with support from the United States Agency for International Development (USAID) through the RTI-managed NTD Control Program and continued its support through the end of the ENVISION project in 2019. END Fund has a history of supporting NTD activities in Mali, stepping in to support MDA from 2012–2014 when USAID funding was suspended due to political instability in the country. END Fund continues to support onchocerciasis (OV) activities in Mali. Elimination strategies have been developed for lymphatic filariasis (LF), OV, and trachoma, and control strategies for schistosomiasis (SCH) and soil-transmitted helminths (STH). The Ministry of Health and Social Affairs (MoH) has focused on these five PC-NTDs with the creation of four NTD programs: the National Lymphatic Filariasis Elimination Program (PNEFL), National Onchocerciasis Control Program (PNLO), National Schistosomiasis and Soil Transmitted Helminths Control Program (PNLSH), and National Program for Eye Health (PNSO). Since 2008, Helen Keller has provided technical assistance (TA) to the MoH, establishing a longstanding relationship with the national program. The current Act to End Neglected Tropical Diseases | West (Act | West) program, which began in August 2018, will continue to support integrated NTD control through FY23. Act | West is managed globally by FHI 360, with Helen Keller serving as the lead implementing partner in Mali. World Vision (WV) and Deloitte are also consortium partners, providing TA on sustainability initiatives implemented within the Act | West program.

Although the NTD programs once existed vertically, these strong disease programs are now integrated and collaborate together under the remit of the Sub-Directorate for Disease Control (SDLM). A focal point within the SDLM acts as a liaison between the NTD disease programs and the SDLM, which is attached to the General Directorate of Health and Public Hygiene (DGSHP). Regional Health Directorates (DRS) represent the DGSHP at the regional level and centrally in Bamako. Each DRS provides technical and institutional support to the HDs. Within each DRS, there is a focal point for all NTDs who coordinates NTD control activities under the supervision of the Regional Health Director. At the HD level, there is also a focal point for all NTDs who monitors and coordinates NTD control and elimination activities (along with various other health activities unrelated to NTDs) under the supervision of the health district chief medical officer (MCD). The Directorate of Health at the HD level provides planning, training, and supervision to the various HAs in their district. At the HA level, the technical directors of the health centers (DTCs) are responsible for the implementation of activities at the community level.

Mali has made tremendous progress towards the elimination and control of NTDs. With USAID support, 100% geographical coverage has been achieved for all PC-NTDs since 2009. Although coverage for LF was briefly interrupted in 2012 in 16 HDs due to a security crisis in northern Mali, the PNEFL was able to resume MDA in Mopti region in 2013, Kidal and Tombouctou regions in 2014, and in Gao in 2015. During the interruption of USAID support, END Fund supported MDA in the regions of Bamako, Kayes,
Mopti, Sikasso, and Ségou in 2012 and in the regions of Bamako, Kayes, Mopti, Koulikoro, Sikasso, and Ségou in 2013. USAID funding resumed in 2014. MDA for trachoma has stopped throughout the country since 2016, and the PNSO is currently preparing the trachoma elimination dossier. With activities remaining in only a handful of HDs, the PNSO hopes to complete and submit the elimination dossier to the World Health Organization (WHO) as soon as activities can resume in insecure regions. Pending the submission of the trachoma elimination dossier, Mali will likely be the third sub-Saharan African country to be validated as having eliminated trachoma as a public health problem.

The PNEFL completed the remaining transmission assessment surveys (TAS1) in November 2020. These surveys were originally planned to be carried out in fiscal year (FY) 2020 but were delayed to FY21 due to COVID-19. All 75 HDs in the country have now passed TAS1, qualifying all HDs to stop mass treatment for LF throughout the country. Current projections indicate that the final TAS3 surveys will be conducted in 2025. Assuming all surveys pass, this will allow for subsequent submission of the LF elimination dossier. The orientation workshop on the LF elimination dossier that was originally planned for FY20 was reprogrammed and conducted in FY21 due to delays in activity implementation as a result of the COVID-19 pandemic. Following the workshop, a national consultant was hired to develop draft zero of the LF elimination dossier, which will be completed by the end of FY21. The PNEFL plans to conduct a workshop in FY22 to review the draft dossier prepared by the consultant and update it with additional data and information generated after the work of the consultant.

For OV, impact assessments were conducted in FY20. The members of the OV Expert Committee convened in August 2021 to validate the results of these surveys and to plan activities in the remainder of 2021 and 2022. A FY21 MDA coverage evaluation survey (CES) was conducted by Helen Keller–Mali, with support from END Fund in five of the 20 HDs targeted for treatment with ivermectin (IVM). The CES report for this year is currently being validated by the PNLO and END Fund. The PNLO plans to conduct stop MDA surveys in the 18 eligible districts by the end of FY21, and MDA in the 20 HDs still requiring treatment.

Mali is well positioned to achieve control of SCH and STH. Significant progress was observed during the recent SCH/STH data review workshop, which was conducted in May 2021 for the first time since FY19. During the FY21 workshop, 210/1,510 health areas (Has) had no SCH prevalence; 586/1,510 HAs had low SCH prevalence (<10%); 403/1,510 HAs had moderate prevalence (10%–50%); and 311/1,510 had high prevalence (>50%).

During this same workshop, recent STH data was carefully examined and expert participants from the WHO–Geneva, the Global Schistosomiasis Alliance (GSA), Helen Keller, and national technical actors classified Mali as a country where STH is no longer a public health problem. WHO participants confirmed that all districts can stop treatment for STH.

Under the Act | West program, USAID provides support in Mali for MDA and disease-specific assessments (DSAs) for LF and SCH, as well as sustainability and health systems strengthening (HSS) activities, with technical support from World Vision and Deloitte. In addition to longstanding support from USAID through the Act | West program, additional stakeholders work with the NTD programs to implement complementary NTD activities in the country, as summarized in Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country (including non-USAID-supported partners). END Fund supports the PNEFL and PNLO to conduct OV MDA and LF morbidity management. The Conrad N. Hilton Foundation (CNHF) provides support to the PNSO to manage morbidity and eliminate trachoma as a public health problem, with Sightsavers and The Carter Center serving alongside
Helen Keller as implementing partners. Support through CNHF covers the S,F&E elements of the WHO SAFE strategy (surgery, antibiotics, facial cleanliness and environmental improvement), including support for trachoma impact and surveillance surveys; trichiasis surgery campaigns; trichiasis surgeries at local health centers; training of women’s groups, radio hosts, surgeons, and teachers; dissemination of sensitization messages; installation of handwashing stations and boreholes; and community-led total sanitation. Mali was also recently selected by the Task Force for Global Health to conduct a SCH oversampling survey in FY22.

**COVID-19 pandemic**
In December 2019, COVID-19, a novel coronavirus, began spreading globally. In response, WHO issued a statement declaring COVID-19 a Public Health Emergency of International Concern on January 30, 2020. Mali registered its first positive cases of COVID-19 at the end of March 2020. As of the most recent situational report (on May 31, 2021), 14,241 cases of COVID-19 have been confirmed, with 9,442 cases recovered and 514 deaths. Ten out of 11 administrative regions and 57 out of 75 HDs have been affected.

In response to the COVID-19 outbreak, the Government of Mali developed and implemented an action plan to slow the spread of the disease during outbreaks (Mali experienced three distinct waves.) The plan included the closure of national borders and schools and a prohibition on gatherings of more than 50 people. In alignment with guidance issued by WHO and USAID, public health activities, including community-based surveys and MDA campaigns, were postponed throughout the country. The MoH developed implementation guidelines and a risk mitigation plan for resuming NTD activities in the COVID-19 context and continues to work with partners and stakeholders to ensure that activities are implemented safely and with appropriate mitigation measures. Starting in April 2021, vaccinations against COVID-19 began—with health care workers, people over 60 years of age, and those living with comorbidities receiving priority access. To date, at least 136,618 people have received the first dose of the AstraZeneca vaccine.

While it is difficult to predict the impact of the virus on FY22 activities, it is likely there will be continued effects into the next fiscal year. **See Appendix 13. FY21 activities delayed/rescheduled to FY22 due to COVID-19.** In FY21, all activities were conducted in accordance with the Malian government guidelines in place at the time of the activity, to avoid spread of the virus. All remaining activities in FY21 and those planned for FY22 contain COVID-19 prevention measures, which include the use of face masks or coverings by all facilitators and participants, smaller training sessions to ensure social distancing and/or larger venues to ensure social distancing, and the provision of alcohol-based hand sanitizer. The MoH will assist in procuring masks for staff and will request assistance from Act | West to support the cost of procuring hand sanitizer (there is no national stockpile) and masks. These measures are included in the set of standard operating procedures (SOPs) for DSA and MDA that were developed as part of the risk mitigation plan submitted by the MoH and as part of the official request to resume NTD activities in July 2020. These procedures will continue to be in effect for the implementation of FY22 activities and are incorporated into the training modules for technicians, support staff, participants, supervisors, and surveyors involved in MDA and/or DSAs. All activities are conducted adhering to the USAID-recommend two meters of social distancing whenever possible.

**Other challenges**
Since 2020, Mali has been experiencing a sociopolitical and security crisis that has caused some initial delays to activity implementation. Following a military seizure of power in August 2020, USAID notified Helen Keller that all activities were to be halted in Mali. Shortly thereafter, USAID provided an
exemption to all health programs, allowing NTD activities to resume. Despite changes to government leadership during this transitional period, the situation in Mali has remained calm, and activities have been able to proceed. Although this insecurity led to initial delays in activity implementation and limited local supervision of activities in insecure areas, programmatic activities have not been significantly impacted otherwise, and the situation continues to be closely monitored.

Activities supported by the host government/partners
The Government of Mali provides support to the MOH/DGSHP to combat NTDs by providing staff salaries, infrastructure (office and meeting room facilities), MoH vehicles for NTDs activities, and import exemptions for NTD drugs and other consumables. Overall, the support provided by Act | West is aimed at building capacity, ownership, and leadership within PNEFL, PNLO, PNLSH, PNSO, and the MoH to ensure that NTD elimination and control objectives are achieved and that progress is sustained by Mali in the long term. This support includes dossier development, MDAs, and DSAs related to LF, SCH, and STH.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

2.1 Lymphatic Filariasis

Previous and current FY activities and context
As part of the FY20 activities conducted in FY21, the Act | West program supported the PNEFL in the training of TAS surveyors to conduct TAS1 in five evaluation units (EUs) in Gao, Kidal, and Mopti regions (Douentza, Tenenou-Youwarou, Abeibara-Kidal-Tessalit-Tin-Essako, Bourem-Gao-Almoustrat, and Ansongo-Anderamboukan-Inekar-Menaka-Tidemene EUs). These EUs were the 15 remaining HDs to complete TAS1 after FY19. With all five EUs passing TAS1, all HDs in the country have reached the criteria to stop mass treatment for LF. Act | West also supported the completion of TAS3 in 11 EUs in Kayes and Koulikoro region (Kalaban-Coro-Kangaba, Kati, Banamba-Koulikoro, Kolokani, Fana, Dioila, Ouelessebougou, Nara, Diema-Nioro, Kéniéba, and Kayes EUs), covering 14 HDs. All TAS1 and TAS3 conducted in FY20 have passed. An orientation workshop on the development of the LF elimination dossier package was held with the financial and technical support from Act | West. See Dossier Section for further details.

Table 1: LF epidemiological situation

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<tr>
<th>Survey Type</th>
<th># of Districts (out of 75)</th>
<th>Status</th>
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<tr>
<td>Pre-TAS</td>
<td>75</td>
<td>75 HDs passed</td>
</tr>
<tr>
<td>TAS1</td>
<td>75</td>
<td>75 HDs passed</td>
</tr>
<tr>
<td>TAS2</td>
<td>42</td>
<td>42 HDs passed</td>
</tr>
<tr>
<td>TAS3</td>
<td>16</td>
<td>16 HDs passed</td>
</tr>
</tbody>
</table>

In addition to MDA and survey activities, the PNEFL, in collaboration with its partners, also provides LF morbidity management (hydrocele surgery and lymphedema management). From 2014 to 2020, the PNEFL performed 2,342 hydrocele surgeries in the regions of Kayes, Koulikoro, Sikasso, Ségou, Mopti and Tombouctou. These were supported by Helen Keller through the END Fund and by the Project to Fight Malaria and NTDs in the Sahel (PPMTN). Hydrocele surgery is part of the routine surgeries done in all of Mali’s HDs. END Fund and the PPMTN Sahel project supported the standardization of surgical techniques in the above regions based on the MMDP project module. Lymphedema management is not a part of the routine services at health centers and is poorly supported in Mali. The PNEFL plans to
conduct capacity building of health center staff for lymphedema management and is currently seeking additional funding. In 2021, the PNEFL plans to conduct additional hydrocele surgeries and two lymphedema training/management sessions with support from END Fund.

In the FY21 work plan, TAS3 surveys are planned in 10 EUs (14 HDs in the Kayes and Sikasso regions) and TAS2 surveys are planned in 3 EUs (11 HDs in the Tombouctou and Taoudenit regions) with support from Act │ West. These activities are planned to start in June 2021, but due to the COVID-19 pandemic and political unrest, these surveys may extend into the first quarter of FY22. TAS3 surveys in seven EUs in Ségou region were originally planned for FY21 but have been reprogrammed to FY22. As many districts will be passing TAS3 in the coming year, the country will explore opportunities for post-validation surveillance (PVS) and operational research (OR) in collaboration with Task Force, USAID, FHI 360, and other stakeholders.

The national program has developed a COVID-19 risk mitigation plan which will allow for field-based activities to safely resume. This plan has been shared with FHI 360 and USAID. The three EUs for TAS2 are located in the northern part of Mali and are currently the most insecure. Based on lessons learned from the Tombouctou re-visit survey in 2019, the TAS2 conducted in 5 EUs in the north for FY20, and Mali’s extensive experience with implementation in insecure areas, the PNEFL believes that TAS can safely be carried out in these EUs by training TAS surveyors who are local residents and with the use of remote supervision.

The strategy for TAS in the above EUs includes the following:

- Use of investigators who live in the specific regions and have local knowledge of implementing activities in their regions (for example, the pharmacist used to conduct the re-visit in Tombouctou is from the region).
- A focus on improved training of the survey teams. The lead investigators, lab technicians, and researchers will travel to a nearby secure region to complete TAS training. Training (or re-training, depending on the EU) will focus on adherence to the survey protocol, the WHO TAS Checklist, and respecting the manufacturer’s instructions for filariasis test strip (FTS) storage and usage. Additionally, the lead investigators will be invited to participate in TAS3 implementation in one of the above mentioned EUs as a refresher training. During the training session, trainers will conduct a pre-test and post-test to assess participants’ progress. The tools and guidelines developed by WHO and USAID and disseminated to the Act | West country teams during the TAS training workshop in Abidjan, held in January 2020, will guide the trainings.
- Remote supervision continues to be implemented successfully in Mali. Helen Keller staff and the PNEFL will conduct remote supervision of the survey through daily phone calls and WhatsApp group messages. During the re-visit in Tombouctou, survey teams used WhatsApp to send frequent messages on survey progress as well as live pictures of FTS results. Helen Keller staff and the PNEFL will use this platform to provide real time guidance to the survey team in the event of any issues and to ensure the survey protocol is followed. In the event that it is clear that the protocol is not being followed, corrective measures may include a decision by the PNEFL and Helen Keller to stop the survey.
- The PNEFL will conduct regular monitoring of security within the regions, providing the flexibility to determine if TAS implementation is no longer feasible in the targeted EUs.
Plan and justification for FY22

- **MDA**

No LF MDA is planned for FY22 as 75 out of 75 HDs have met the criteria to stop MDA.

- **DSA**

In FY22, the PNEFL plans to carry out TAS3 in 17 EUs (19 HDs) in the district of Bamako and in the regions of Mopti and Ségou with Act | West support (FAA3–DGSHP TAS & FAA12–DGSHP TAS Ségou). The number of planned TAS3 surveys for FY22 is inclusive of the reprogrammed TAS3 in 7 EUs in Ségou region, originally planned for implementation in FY21. See Table 2a-b (USAID supported LF coverage and DSAs for FY2–FY22).

FTS will be procured to conduct TAS3 for FY22 with Act | West support. To improve the capacity of the PNEFL to conduct TAS, more investigators and supervisors will be trained to ensure that TAS can be conducted simultaneously in EUs. FTS Budgeted in Helen Keller Program. See Appendix 1. Table of Supported Regions and Districts in FY22.

The region of Mopti is located in an insecure zone in the center of the country. The PNEFL will apply the same strategies used during the FY20 TAS1 in the northern regions to carry out these surveys safely and effectively.

Dossier status

- **LF elimination dossier development**

In FY20, the PNEFL planned to begin development of the LF elimination dossier. This activity was postponed to FY21 due to the COVID-19 pandemic. The orientation workshop on the development of the LF elimination dossier was organized in May 2021 with the participation of all national and international stakeholders, including the LF focal point from WHO–AFRO, Helen Keller–Global, and other NGO stakeholders working on NTDs in Mali. FHI 360 Regional NTD Technical Advisor & LF Focal Point and the Helen Keller Quality Implementation Lead facilitated the workshop. The objective of the workshop was to train participants on the requirements of the LF elimination dossier, create a timeline for completing the dossier, determine responsibility for completing tasks, and provide an overview of the country’s situation regarding the preparation for the LF dossier including tools, data, staff, and an LF elimination committee. With support from Act | West, a national consultant was hired in July 2021 to provide short-term technical assistance (STTA) to begin preparing and developing draft zero of the elimination dossier narrative. A core group of national stakeholders will support the PNEFL to complete the Excel data file required for the dossier.

In FY22, the PNEFL is planning two workshops to support development of the dossier. The first is a workshop to review and tabulate data on LF morbidity data in Mali. This will be a two-day workshop including two days of travel that will gather 20 participants in Banakoro (Koulikoro region). The objective is to gather all the data on hydrocele surgery, lymphoedema management, and data on LF research. The participants will include the NTD program coordinators, research institutions, NTD partners, and Center of Documentation, Planning, Training and Health Information (CDPFIS). The second workshop is the annual activity to update the draft of the LF elimination dossier narrative and Excel file, according to WHO guidelines. This workshop will be held in Koulikoro over three days, with two days of travel, and will include 15 participants. Participants will review the draft dossier produced by the national consultant in FY21. Act | West will provide technical and financial support to cover all costs associated with these workshops, including venue rental, per diem, stationery, and lodging. Budgeted under Helen Keller Program and FAA2 – Integre.
Completeness and security of historical data

Historical NTD data are available in the NTD Integrated Database (CIND), which is updated annually. The most recent update was completed in 2019. The national program plans to update the CIND with 2020 and 2021 data. This was originally planned for FY21 and has been included as an FY21 rollover activity in FY22. See Appendix 13. FY21 activities delayed/rescheduled to FY22 due to COVID-19.

2.2 Trachoma

Previous and current FY activities and context

Regional mapping for trachoma during 1996–1997 revealed a high prevalence of trachomatous inflammation–follicular (TF) (in children under 10 years old) ranging from 23.1% to 46.7% and an average prevalence of trachomatous trichiasis (TT) of 2.5% in women >14 years (above the WHO elimination threshold of <0.2% TT in ≥15 years). Evidence of widespread endemicity led to the implementation of the SAFE strategy with Zithromax® MDA and surgical outreach for those with TT. District-level mapping later revealed that 65 out of 75 HDs had a prevalence of TF ≥5% among children ages one to nine years old, and 61 HDs required TT surgical intervention.

The prevalence of trachoma in Mali has decreased tremendously. Impact surveys have shown that all 65 endemic districts have a TF prevalence <5% in children aged one to nine years old and therefore have stopped MDA. The PNSO originally planned to finalize the elimination dossier for submission by the end of 2019; however, insecurity prevented the PNSO from implementing surgery campaigns and surveys in FY20. Despite the insecurity, the PNSO was able to carry out some of the remaining activities in FY21, including the trachoma surveillance survey (TSS) in Tombouctou HD and targeted door-to-door case finding (ratissage) in the districts of Koutiala and Tominian. Mali has nearly completed all activities necessary to demonstrate that elimination targets have been achieved, with only targeted ratissage/TT surgery, three TT-only surveys, and transition activities remaining.

The current epidemiological situation is as follows:

- All 65 HDs have completed a trachoma impact survey (TIS) and stopped MDA.
- All 65 HDs have completed TSS.
- TT-only surveys in Tominian HD have been completed though results are pending. Koro, Douentza, and Koutiala HDs still require TT-only surveys, which will be conducted when the security situation permits.

The PNSO continues to monitor the situation and provide updates with the technical support of Helen Keller, the International Trachoma Initiative (ITI), and the other CNHF partners.

Plan and justification for FY 2022

- MDA

No trachoma MDA is planned for FY22 because all HDs have reached the criteria to stop MDA.

- DSA

No DSA is planned in FY22 if the PNSO is able to carry out its planned activities in the remaining four HDs by the end of FY21 (security permitting) supported by The Carter Center. The PNSO continues to monitor the COVID-19 and security situations and provide updates, with the technical support of Helen Keller, the ITI, and the other CNHF partners.
Dossier status

- Trachoma elimination dossier development

The National Committee for the Validation of the Elimination of Trachoma in Mali (CNPVTM) was established in 2019 to prepare the dossier for the elimination of trachoma as a public health problem. With the support of the CNHF, the PNSO expected to complete the preparation of the elimination dossier by the end of the 2019 calendar year for submission in 2020. A consultant was recruited in 2019 to draft an initial version of the trachoma elimination dossier, and the CNPVTM continued to meet under the guidance of the PNSO to update and validate the versions submitted by the consultant. The few remaining activities that needed to be carried out to complete and submit the dossier were further delayed due to the COVID-19 pandemic, political unrest, and the security crisis in Mali. The PNSO also continues to work with partners to gather all the information related to the transition plan. Currently, the outstanding activities required to complete Mali’s elimination dossier include:

- TT surgery using the ratissage strategy (door-to-door case finding) in the districts of Koro;
- TT-only surveys in Koro, Douentza, and Koutiala districts; and
- The plan to manage incident TT cases.

If the security crisis allows the final remaining surgery and survey activities to be conducted in Koro, Douentza, and Koutiala HDs in 2021, the CNPVTM and PNSO will finalize and submit the elimination dossier to WHO by 2022. Mali will be among the first sub-Saharan countries where trachoma was almost completely endemic to eliminate trachoma as a public health problem.

2.3 Onchocerciasis

Previous and current FY activities and context

The objective of the PNLO is to eliminate OV in Mali by 2025 through annual IVM treatment with a minimum programmatic coverage of 80% and epidemiological coverage of 65%. OV is endemic in 34 HDs in the regions of Kayes, Koulikoro, Mopti, Ségou, and Sikasso. Helen Keller, through END Fund, supports the PNLO in all OV activities in these regions, with additional support from Sightsavers to implement OV MDA and Pre-Stop MDA surveys in Sikasso and Koulikoro regions. OV control has gone through several stages in the country:

- from 1974 to 2002: vector control and large-scale distribution of IVM
- from 2003 to 2007: community-directed treatment with ivermectin (CDTI) and vector control
- from 2007 onwards: integrated MDA with LF up until LF MDA was discontinued

Of the 34 endemic HDs, 22 HDs were hyper-endemic and received IVM MDA. Following the old WHO guidelines, two HDs subsequently stopped treatment based on epidemiological and entomological survey results in 2012. These two districts conducted a Pre-Stop MDA survey according to the new WHO guidelines in FY20 and will move on to the full Stop MDA survey. The remaining 12 hypo- and meso-endemic HDs did not receive IVM for OV-specific treatment and instead were treated for LF with IVM+ALB for at least five rounds. Following the delay in activities due to COVID-19 and political unrest, the planned FY20 MDA coverage evaluation surveys were conducted by Helen Keller with support from END Fund in five of 20 HDs in FY21. The coverage evaluation survey report is currently being validated by the PNLO and END Fund. For the 20 HDs treated with IVM in the regions of Kayes, Koulikoro, and Sikasso, a total of 4,981,909/6,326,377 people were treated, achieving an epidemiological coverage rate of 78.75%—ranging from 66% to 91% at the HD level. The PNLO plans to start conducting stop MDA
surveys in eligible districts by the end of FY21 and to continue MDA in the districts still requiring treatment based on the results of the validated coverage evaluation survey report.

The interim PNLO coordinator was invited to participate in Senegal’s OV Experts Committee meeting, held from June 28–30, 2021, where border issues were discussed. In Mali, the following border districts are OV endemic:

- Kayes Region: Kayes and Kéniéba HDs share a border with Senegal
- Sikasso region: Kolondiéba and Kadiolo HDs share a border with Côte d'Ivoire
- Sikasso region: Sélingué and Yanfolila HDs share a border with Guinea

Plan and justification for FY 2022

➤ MDA

In FY22, MDA will continue with support from END Fund in the districts that do not meet the criteria for stopping MDA. The Stop MDA surveys are planned to take place by the end of FY21.

As mentioned above, the PNLO interim program coordinator was invited to participate in the Senegal OV Elimination Committee meeting. This collaboration will allow for strategizing cross border activities, particularly joint planning for MDA in endemic border health districts.

➤ DSA

In FY22, the PNLO plans to conduct epidemiological and entomological surveys. These will be funded by the MoH through the MRTC as well as with funds from Sightsavers.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

3.1 Improving core NTD program functions

Data security and management

➤ Workshop to monitor NTD indicators in the DHIS2 and discuss lessons learned from FY21

In FY20, Act | West supported the configuration of NTD modules and indicators in DHIS2 and the training of focal points from almost all the DRS and HDs. DHIS2 training has been conducted using a phased approach throughout the regions. In FY21 a final training session is planned (carryover) for the NTD focal points in Mopti region.

The MOH will start annual MDA data entry into DHIS2 with the FY21 MDA data. The sources document for the data will be the monthly health center reports. The data entry is first done at the health district level, and HD NTD focal points verify the data that is entered at this level. The CDPFIS then further verifies and provides feedback to the regions and HDs. The data entered in DHIS is focused on key indicators the NTDP selected for inclusion into DHIS-2. The NTDP will continue to combine the data entry into DHIS2 with existing data pathways that currently provide more granulated details and include historical data. As Mali progress towards a post MDA setting the NTDP will continues to assess the level of data needed for daily and strategic management and further discuss long term plan. The sustainability plan development workshop (Q1/FY22) which includes and “HMIS outcome” will be an opportunity for
the NTDP and DHIS2 team to further discuss long term solution and define pathway to progressively transition the re-training, and the continuous support into the regular activities of the DHIS2 team. Act West will facilitate the discussion.

For FY22, Act | West will provide support to the MoH to review the NTD indicators entered into DHIS2 following the FY21 SCH MDA campaign and discuss lessons learned from FY21. It is important for the MoH and its partners to ensure that the key indicators for the five NTDs are entered in DHIS2 correctly and completely and to address any identified problems. This workshop will serve as an opportunity to follow up on the initial workshops on NTD indicators in DHIS2, allowing participants to review the FY21 data entry by NTD focal points and ensure that NTD indicators have been entered accurately and completely following the FY21 MDA campaign. This support will include room rental, per diem/allowance for participants (including two days of travel), coffee and lunch breaks, and Internet connectivity for 18 participants over two days, as well as the participation of Helen Keller–Mali. **Budgeted under Helen Keller Program & FAA2–Integre.**

**Drug management**

The national manual for the management of NTD drugs and inputs guides all NTD drug management in Mali. This manual was developed and validated in FY17 with financial support from USAID. The national NTD program manages drug supply chain and ordering systems in Mali. All NTD MDA medicines are included in the country’s essential medicines list. The MoH makes annual requests to WHO for each NTD, either by donation or purchase.

Act | West also supports the purchase of diagnostic test kits for LF. To better manage the FTS stock in country, the PNEFL’s capacity to conduct TAS has been and will be strengthened by training several TAS investigators and supervisors. This will ensure that TAS can be conducted with quality in several EUs simultaneously, thereby ensuring adherence to the TAS timeline. In addition to the FTS, Act | West also supports the production of the PZQ MDA data register sheets. **Budgeted under Helen Keller Program.**

- **NTD drug quantification and WHO joint application package completion (JAP)**

Since 2016, Mali has faced problems with delayed delivery of PZQ, stemming largely from communication and monitoring problems. Information and feedback was not being systematically shared with the Helen Keller–Mali team, leading to delays in information sharing among key stakeholders and rendering the team unable to address outstanding questions needed to facilitate drug delivery. Helen Keller–Mali initiated measures that have since strengthened communication among relevant stakeholders, including:

- requesting that WHO–Mali include the Helen Keller country office in all communications concerning drug orders
- placing drug management issues on the NTD Coordination Technical Committee meeting agenda
- having regular telephone exchanges between the Helen Keller team, the SCH Coordinator, and LF Coordinator. In June 2020, Helen Keller appointed Dr. Yaobi Zhang from the global team as the focal point responsible for the monitoring and managing NTD drugs.

WHO/ESPEN has since copied Helen Keller–Global and –Mali on their communications with the Mali NTD programs. Helen Keller–Global and –Mali staff have been invited and attended the ESPEN meetings
with the Mali NTD programs on drug inventory and application issues. In addition to these actions, the Helen Keller–Mali M&E Officer and the PNLSH Coordinator participated in a WHO webinar on the completion of the JAP. Helen Keller–Mali is now able to provide technical guidance on the JAP and work with the SCH Program Coordinator to address the various comments and questions on the orders included in the FY21 JAP. Helen Keller–Global has liaised with WHO/ESPEN and the logistics provider on tracking the shipping of PZQ. These actions have resulted in improved order delivery time and timely submission of the JAP. Mali received the PZQ order for the FY21 MDA on March 30, 2021.

The quantification of the drug requirements was normally carried out by the NTD control programs and the pharmacist of the DGSHP with the technical support of the partners. This quantification was done by taking into account several parameters: the updated population for the year (made available by the Training and Health Information Planning Unit [UPFIS] of the DGSHP); the endemicity of HDs by disease; the proportion of targeted populations by disease in the total population; and the number of MDAs by disease in each district. The number of tablets required per person per disease is predetermined in the drug order file. The country uses the updated version of the application form made available to the NTD programs by WHO. The forms were prepared by the program coordinators in collaboration with the DGSHP pharmacist, with technical support from Helen Keller. The JAP for the FY22 MDA was submitted online in April 2021 and approved shortly thereafter by WHO–AFRO in May 2021.

For FY22, NTD drug quantification and WHO JAP completion for 2023 will be conducted during the NTD technical coordination committee. A separate workshop is not needed to complete the WHO JAP. 

*Budgeted under Helen Keller Program.*

- **Drug transport and storage**

  The technical coordination committee reviews the status of the drugs in stock and outstanding orders at each meeting. The SDLM has a central warehouse where drugs and NTD inputs are stored. This warehouse meets the standards recommended for storing large quantities of drugs for a long period of time. In addition to this central warehouse, each region has an appropriate warehouse for the storage of drugs and inputs.

  With the technical and financial support of Act | West, drugs are transported from the central level to the regional level. Once at the regional level, each DRS coordinates the transport of drugs to HDs, and each HD then coordinates the transport of drugs to the health areas.

  In FY22, Act | West will support the transportation of drugs under the following supply scheme:

  - From the central level to the regions. For the regions of Kayes, Koulikoro, Sikasso, Ségué, and Mopti, the support includes per diems and fuel. For the regions of Tombouctou and Gao and the support will include vehicle rental, fuel, and per diems.
  - From the regions to the HDs with Act | West funding.

  In accordance with the NTD Drug Manual and Management Manual, the principle of “first expiry, first out” (FEFO) is adhered to at all levels of drug transport and management.
Drug transportation costs from central to regional level are budgeted under FAA2–DGSHP Integre FAA. Drug transportation costs from regional to district level are budgeted under each regional FAA (#4–11 & 13).

- Evaluation of central, regional, and peripheral NTD drug storage facilities (5% district and 5% health centers)

In 2012, USAID funded the construction of a central warehouse for the storage of NTD drugs and inputs. In FY21, a team from Helen Keller–Mali participated in a webinar organized by FHI 360 on the evaluation of NTD drug storage facilities. In order to ensure that the drug storage warehouse meets the recommended standards for storing large quantities of drugs over a long period of time since its construction, the MoH is planning an assessment of the central drug storage facilities as well as a number of drug storage facilities in the different regions.

In FY22, Act | West will support the evaluation of the NTD drug storage facilities. The support is for the investigators per diem for 24 days (total), stationery, and fuel. Budgeted under Helen Keller Program.

- Reverse logistics

Helen Keller will provide technical assistance (TA) to support the reverse logistics for remaining drugs after the MDA in the Kayes, Koulikoro, Sikasso, Ségou, and Mopti regions. After the MDA and following the NTD Annual Review workshop, two Helen Keller staff members and one MoH staff member will travel for 15 cumulative days to collect all remaining drugs and bring them to the national storage warehouse at the DGSHP in Bamako. The Helen Keller staff are trained doctors and the MoH staff member is a doctor/pharmacist. All have received logistics management training on NTD drugs and inputs under USAID’s ENVISION project. Budgeted under Helen Keller Program.

- Management of serious and adverse events (AEs)

During the FY20 SCH MDA campaign, all AEs reported were minor and were managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. In case of a serious adverse event (SAE), the DRS in charge notifies the NTD programs, partners, and the National Pharmacovigilance Center. The National Pharmacovigilance Center located at the National Institute of Public Health (INSP) has the personnel and tools to conduct investigations in case of any suspected SAE. The cause of the SAE is determined by the Technical Pharmacovigilance Committee. The MoH supports the operating costs of the National Pharmacovigilance Center. Helen Keller will support the National Pharmacovigilance Center in reporting SAEs to the PQZ manufacturer in accordance with the WHO and Merck KGaA guidelines (January 2021) for reporting SAEs to donors. Helen Keller will also support the MOH/DGSHP to notify and report to all partners in a timely manner.

3.2 Achieving sustainability: mainstreaming & health systems strengthening

Previous and current FY activities and context

Mali is in phase 2 of USAID’s five-phased sustainability approach. During this phase, which started in FY20, Act | West provided TA to the MOH/DGSHP to conduct the stakeholder landscape analysis and cross-sector barrier analysis to identify key stakeholders, explore opportunities for cross-sector coordination and sustainability, and identify existing coordination and service delivery platforms for NTDs and related programming. Findings were reviewed and validated by cross-sector stakeholders,
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outlining strong coordination of NTDs activities through a multisectoral coordination committee for NTDs and developing a joint action plan between the different sectors as major outcomes. In addition, the MOH/DGSHP conducted a financial analysis using the tool for integrated planning and costing (TIPAC) to identify funding gaps and use the data to inform the sustainability maturity model (SMM) and identify long-term priority action for sustainable financing.

The joint Guided Self-Assessment workshop was completed in July FY 2021, which built upon the results of the stakeholder landscape analysis and cross-sector barrier analysis and the results of the financial gaps analysis the MOH/DGSHP completed using TIPAC. The Guided Self-Assessment workshop, using the SMM, is an important precursor to the Sustainability Plan. During the workshop, the program assigned a score for current state and future state for outcomes outlined in USAID’s Sustainability Framework. The MOH/DGSHP determined specific milestones and activities to move from one state of maturity to the next. During the Sustainability Plan workshop, the MOH/DGSHP and its stakeholders build on the identified milestones, activities, and other analyses and create a consolidated plan. Additionally, with the participatory approach, the Guided Self-Assessment promotes country ownership of the process and of the ultimate Sustainability Plan.

In addition to the progress made towards the five phases of the Sustainability Plan development and implementation, the MOH/DGSHP has made progress in strengthening cross-sector collaboration for a more integrated approach to maintain gains. Guided by the findings from the landscape and cross-sector barrier analyses, in December 2020, Act | West provided technical support to the MOH/DGSHP to facilitate a three-day roadmap development workshop to establish a cross-sector coordination mechanism for the elimination and control of NTDs. Cross-sector participants also reviewed and validated the draft TOR for the National Multisectoral Coordination Committee in a two-day validation workshop. The TOR and draft ministerial decree to establish the coordination committee are currently in review by the Legislative Division, pending validation from the MoH.

The Government of Mali has made tremendous progress in terms of universal health coverage and is committed to removing barriers to access health services. This is evidenced by the high-level political commitment to the national health financing policy to achieve universal health coverage by 2023 through increased public health spending and the development in 2018 of a national health insurance policy (Régime d’Assurance Maladie Universelle, or RAMU) that aims to provide a basic package of benefits—including NTD services and morbidity management—that will be further elaborated in the Sustainability Plan. The integration of NTD services into the basic package of services will be supported with the data analyses from TIPAC. The progress toward equitable health coverage allows Act | West to build on this to integrate the delivery of NTD services at the community level with other health sectors and to increase fiscal space and improve the effectiveness of NTD spending in the national health budget. These components will lay the groundwork for identifying the types of services needed for a sustainable NTD control and elimination program and will align with the priorities of the DGSHP as outlined in the Sustainability Plan. Act | West will build the capacity of the DGSHP for budget advocacy and strategic engagement and provide TA to the DGSHP in its targeted engagement with stakeholders to secure government funding. To optimize health outcomes for NTDs, Act | West will continue to support the DGSHP to advocate in signing a multi-sectoral decree to strengthen coordination and advocate for strategic alignment and implementation for NTDs in other sectors’ policies and strategies to move toward integrated service delivery at the community level. This will include development of the NTD Master Plan and analyses conducted in the development of the Sustainability Plan. Act | West will assist the DGSHP in defining concrete sustainability goals and formulating a Sustainability Plan for the fight against NTDs.
Governance Activities

- **Country-Led TIPAC data entry workshop (Helen Keller—Remote TA from Deloitte)**

The TIPAC is a budgeting tool that requires annual updates to facilitate data-driven decision making and advocacy based on an accurate understanding of costs. In addition, yearly data entry allows for NTDPs to track progress year to year to help identify trends in financial gaps and sustainability. Updating and analyzing financial information using TIPAC is critical to give NTDPs a detailed understanding of their activity costs and funding gaps, which they can use to make sound programmatic and financial decisions as well as advocate for government funding.

In FY22, Act | West will support a five-day workshop with selected participants in Koulikoro to conduct TIPAC data entry. Hosting the workshop in Koulikoro will allow participants to focus on the workshop, within the allocated schedule, and discourage them from attending only parts of the session as was an issue in FY21 when the workshop was hosted in Bamako.

In FY21, the NTDP entered data into TIPAC with in-country assistance from Helen Keller International team in Mali and virtual technical support from Deloitte. Prior to FY21 TIPAC workshop, Deloitte organized a virtual training of trainers with Act | West in Mali to strengthen their capacity in using the tool and the facilitation guide for TIPAC data entry. A similar approach is envisioned for FY22. Helen Keller team in Niger will facilitate the workshop. The workshop will include designated staff who have the information required to complete the data entry. After the TIPAC is fully updated, Deloitte will remotely review the completed TIPAC to ensure all data has been entered properly and there are no gaps or inaccuracies that could affect the TIPAC Data Analysis Workshop. The completed TIPAC tool will have all financial and drug procurement data (needs, in-country stocks) to effectively analyze financial gaps that exist in a changing donor landscape. The FY22 TIPAC will also capture the priorities activities included in the year 1 of the sustainability plan. The first four days of the workshop will be dedicated to data entry into TIPAC and ensuring that all data for the modules has been entered correctly and completely.

The last day of the workshop will be a Pause and Reflect Session on TIPAC and the uses and value the NTDP has gained from the tool over the last three years of using the tool with Act | West. The conversation will revolve around the use of TIPAC and how the NTDP plans to continue to use TIPAC in the medium-term for their planning and financial gap analysis. Enhancing the value of the TIPAC tool and the data it provides will encourage future use of the tool and promote sustainable adoption of the tool without further contractor support. This activity is budgeted under the Helen Keller Program and FAA#2–Integre.

- **TIPAC data analysis workshop to enable the DGSHP program to analyze multi-year budget projections and strengthen financial management. (Helen Keller with TA from Deloitte)**

For FY22, the Mali NTDP will implement a TIPAC data entry and funding gaps analysis and perform a year to year analysis with the TIPAC data from previous years to identify trends in their gap analysis and financial planning. Additionally, Deloitte will support the NTDP to map out the MOH budget process and identify key dates and milestones for potential engagement with government stakeholders with support from the DGHS. Deloitte will provide remote support during the process and Act | West regional HSS advisor as well as Helen Keller and WV will support implementation of the in-country workshop to facilitate discussion. This will be a three-day workshop. The results of the analysis will also support the NTDP’s participation in the MOH budgeting process and development of business cases. In FY22, the NTDP will take more ownership over the TIPAC data analysis process. The NTDP will use the outputs of the financial gaps analysis to (i) continue to advocate within the MOH for resources within the MOH
budget and (ii) develop the domestic resource mobilization plan to engage national stakeholders at central level. Continued Deloitte and Helen Keller support in FY22 will strengthen the NTDP’s capacity to produce the TIPAC data analysis independently. This activity is budgeted under Helen Keller Program and FAA#1 – CNI ECS.

- **Sustainability Plan Workshop (Helen Keller with TA from Deloitte and World Vision)**

  Act | West will support the DGHSP to facilitate the sustainability plan workshop, which aims to convene national stakeholders to create the Sustainability Plan that will draw on the analyses of the sustainability assessments conducted. After a series of preparation sessions with Act | West consortium members, the national programs will facilitate the four-day workshop to determine the key activities that need to be prioritized in the next 5 years in order to advance their sustainability goals in each of the six sustainability domains. The workshop, held in Banankoro, will include participants from the DGHSP, representatives from other ministries and directorates, WHO, Act | West consortium members, and other in country partners. During the workshop, DGHSP members and other participants will lead the drafting of the Sustainability Plan and collaborate on setting priority activities and the desired timeline to achieve their sustainability goals. Helen Keller and World Vision Mali and the Helen Keller regional HSS advisor will provide TA during the workshop, where the program will lead the discussion to elaborate the sustainability plan. Following the workshop, Act | West will provide TA to support the budgeting of the detailed implementation plan to determine the costing of implementation timeline and support the DGSHP to develop a monitoring and evaluation framework or matrix for the Sustainability Plan to measure its’ implementation over the next 5 years. This activity is budgeted under Helen Keller Program.

- **Political Validation Workshop for the Sustainability Plan (Helen Keller with TA from WV and Deloitte)**

  Act | West supported Mali’s DGSHP in the development of the draft zero sustainability plan and a workshop to finalize the draft plan is scheduled for November 2021. For FY22, Act | West will support a two-day workshop in Bamako for stakeholders of the multi-sectoral NTD committee, high-level MoH stakeholders, and USAID for the validation of the Sustainability Plan that will be developed in FY21. The purpose of this meeting is to determine a roadmap for the activities outlined in the Sustainability Plan and set achievable targets with the MoH. The event will foster broader endorsement and create a space for dialogue, allowing the various actors to understand the MOH’s priorities in the fight against NTDs. It will also give the DGSHP an opportunity to further engage with partners that will assist in the resourcing and implementation of the Sustainability Plan. The associated costs will include the cost of large room rental, per diem/allowance for participants, coffee and lunch breaks, Internet connection, face masks, and hand sanitizers for 40 participants. This activity is budgeted under FAA#2 – Integre.

- **Institutionalization of multi-sector mechanism to coordinate NTD Interventions (WV): - Originally approved in FY20 workplan – On hold**

  Based on the findings of the landscape analysis, WV is providing technical assistance to the MOH/DGSHP through the following steps and activities to establish and institutionalize the multisector coordination mechanism since FY20. In FY21, WV continued to provide technical assistance to MOH/DGSHP to complete roadmap and TOR development process for the multisector coordination platform in Mali. The TOR have been reviewed, validated by the cross-sector stakeholders, and currently awaiting ministerial decree approval for the official launch. However, due to leadership transition at the ministry level, security challenges at country level and Covid-19 restrictions, the official validate, launch, and
commission action plans have been delayed. WV continues to support the MOH/DGSHP to advocate for approval of the ministerial decree. Once the mandate, TORs, and membership have been validated and approved by the ministry, WV will provide technical support to MOH/DGSHP to conduct the following activities to complete the establishment of the multisector coordination platform in Mali.

**a.** Launch of the multisector coordination platform in Mali. In FY22, World Vision will support the DGSHP to organize a one-day event to officially launch the newly established multisector coordination platform. This event will target high-level government officials to obtain high-level country engagement and ownership of the NTD sustainability priorities in Mali. **Budgeted under WV budget.**

**b.** Development of multisector commissions action plans: In FY22 WV will support the MOH/DGSHP to organize a three-day workshop to develop and validate an action plan for multisector coordination mechanism commissions. The action plan will identify and stipulate opportunities and activities to be implemented in support of MOH/DGSHP’s identified interventions for sustainability. **Budgeted under WV budget.**

- Provide technical support to NTD Programs to validate roadmap for strategic alignment and integration of NTDs into relevant health and other sector strategies and policies (WV)

In FY21, WV provided technical support to the DGSHP to identify, review, analyze, and advocate for the strategic alignment and integration of NTDs into the education, WASH, and veterinary sectors’ national policies as a critical step towards integrated service delivery in Mali. The main outcomes from this meeting included: 1) sensitization of these three key ministries on NTD sustainability processes, leveraging cross-sector approaches and advocating for the inclusion of NTDs into their respective sector priorities; 2) review of each sector’s national strategy and determining feasible entry points for NTD integration—a list of relevant operational plans per sector was also developed and will be reviewed subsequently; and 3) the development of a roadmap and timeline for a revision process of the selected sector policies and strategies.

In FY22, WV will continue to provide TA to the DGSHP to coordinate the relevant policy revision and NTDs integration process in line with the roadmap. The DGSHP will collaborate with the respective sectors for a comprehensive review of their policies, define activities relevant to reinforce their contributions to NTDs, harmonize strategic cross-sector collaboration and strengthen joint planning and implementation. This will be done in two steps:

- **Technical design workshop:** A three-day workshop for joint action planning of integration approaches. All three sectors will convene (WASH, Education, and Veterinary) to present the policy integration framework and brainstorm with the DGSHP on specific areas of collaboration and joint investments. This will also be an opportunity for in-depth review of the NTD priorities and annual workplan as relevant for collaboration. It is expected that the collaboration will lead to development of a joint action plan that will be reflected in these sector strategies. **Budgeted under WV budget.**

- **Validation meeting:** After the workshop, the MOH/DGSHP (with technical support from WV), will host a one-day validation meeting with high-level stakeholders in these cross-sector ministries and relevant partners. The aim is to: 1) present the progress made to mainstream NTD priorities within sector policies, strategies, and planning; 2) validate the joint action planning and proposed integration approaches to sector policies; and 3) obtain commitment for collaborative engagement with the NTD programs and ensure continuous representation and inclusion of NTD priorities in their sector policy revision cycles. **Budgeted under WV budget.**
Provide technical support to quarterly meetings for the national multisector committee for NTDs (action plans review and implementation monitoring) (WV) – On hold

In FY21, Act | West provided technical support to the MOH/DGSHP to establish the Comité National pour La Coordination Multisectorielle pour L’élimination et Le Controle des Maladies Tropicales Négligées as the multisector coordination platform for NTDs in Mali. The platform’s main roles are to coordinate approaches to mainstream NTDs into national health systems and strategies; advocate for mobilization of domestic resources for NTD programming; and provide technical oversight for the integration of NTD activities into existing and relevant government platforms in Mali. The multisector platform comprises two main commissions: technical and executive. Each meet on a quarterly basis to review their action plans, monitor implementation progress towards the NTD sustainability interventions, and refine and discuss strategies and approaches for NTD programming.

In FY22, WV will continue to support the MOH/DGSHP technically to host quarterly meetings of the platform’s commissions to review and monitor implementation of their action plans. These meetings will facilitate implementation of the commissions’ mandate and the institutionalization of the platform. WV will continue to provide TA to the DGSHP, ensuring that the multisector coordination commissions are able function as the cross-sector coordination mechanism in Mali. LOE only.

Prioritized Functions

Provide technical support to the NTD Programs to establish a framework for NTD service integration in existing education, malaria, and WASH programs in Mali (WV)

One key component of the NTD long-term sustainability strategy is close strategic coordination with other health programs—such as malaria, maternal and child health, nutrition, and other sectors such as WASH and education. These programs often have established resources and platforms and usually serve the same target populations as national NTD programs. In FY22, WV will support the DGSHP to strengthen engagement and collaboration with the WASH, malaria, and education service delivery platforms for the mainstreaming of NTD functions. WV will provide context-appropriate TA to the DGSHP to further engage these units to formalize this engagement—with the aim of routinizing the services and activities implemented, as well as leveraging these platforms to provide BCC and deworming services. This will be done in three steps:

- **Inception meeting:** This will be a one-day brainstorming and dialogue session between the NTD Programs, Malaria Program, the Health Promotion (CNEICs), School of Health, and the Ministry of Sanitation and Water, and other Environmental Health Programs. The brainstorming session will discuss and review potential service integration platforms to be leveraged for NTDs in Education, Malaria and WASH. Platforms identified during the Act | West-supported 2019 landscape analyses will be presented, and the stakeholders will use this opportunity to review their functionality and relevance for the NTD programs as well as propose additional ones. **Budgeted under WV budget.**

- **Joint action planning:** After the identification of platforms, a three-day workshop will convene similar stakeholders as the brainstorming sessions and include technical leads from the respective sectors and programs. This will be an opportunity to agree on the objectives, methodology, timeline, and expected outcomes for ongoing joint planning sessions between the NTD programs and other sectors. The expected outcome for this engagement would be the development of a joint action plan that would be implemented to contribute to the control of
SCH, STH, and other NTDs among school-aged children (SAC) and their immediate communities.

_Budgeted under WV budget._

- **Action plan review and monitoring meeting:** Following the completion of the action plan and validation by other sectors, this one-day meeting will be organized by the NTD programs to review its implementation for NTD service integration into WASH, Education, and Malaria and assess progress made towards identified joint interventions. _Budgeted under WV budget._

➢ **Provide technical support to NTD programs for the integration of NTD services within the WASH sectors Annual Water Week events (WV)_

In Mali, the WASH sector has established networks that can further support the strengthening of the NTD–WASH collaboration. In addition to the joint action planning, there is a need to further advocate for NTD and WASH integrated programming at all levels, leveraging major WASH events during the Annual Water Week. In FY22, WV will provide TA to the DGSHP for this joint intervention to build a conversation and community around collaboration of WASH and NTDs during Annual Water Week events. These events average around 200–300 participants comprising WASH actors and stakeholders—including political, government, and private policy decision makers; INGOs; the donor community; and others. This will provide an engagement platform to further advocate and raise the visibility of NTDs and the critical nature of joint investment and implementation with the WASH sector.

The DGSHP will hold a symposium during Water Week with technical support from WV and will be supported to communicate the progress made towards NTD control and the importance of moving towards multisector approaches (which is one of the country’s priorities for sustainability interventions). Additionally, the DGSHP will collaborate with the General Directorate of Water to provide information on access to drinking water for populations throughout the country—specifically in the regions with the Senegal River and the Niger River—and the impact of inequitable access to safe drinking water in NTD endemic communities in Mali. The aim of the symposium will be to identify cost-effective and innovative interventions to advance WASH-NTD collaboration. This will also be an entry point to advocate for WASH programs to integrate and mainstream NTD control activities into relevant WASH sector activities. _Budgeted under WV budget._

**Other activities (NA)**

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

4.1 Schistosomiasis

**Previous and current FY activities and context**

The current strategy for SCH in Mali, according to the National Strategic Plan, is the control of morbidity by 2020. This will be updated during two Act | West-supported workshops to develop a new five-year national NTD strategic plan (2022 – 2026). The national program for SCH/STH was established in 1982, and two national surveys were subsequently conducted (1984–1989 and 2004–2006) that confirmed urogenital and intestinal SCH endemicity in Mali. Treatment targeting SAC and high-risk adults in all endemic regions began in 2005 with support from the Schistosomiasis Control Initiative Foundation (SCIF). This treatment strategy continued as part of integrated efforts since 2007 with funding from USAID and Organization for the Development of the Senegal River (OMVS).

The FY20 SCH MDA campaign was conducted from November 2020–February 2021, following delays due to COVID-19 and political insecurity. Helen Keller received approval from FHI 360 to modify all FAA contracts to extend the FY21 period of execution to September 30, 2021. Act | West supported the
PNLSH to conduct SCH MDA with PZQ in 29 out of the 48 originally planned HDs. Helen Keller provided technical support to the NTD programs to develop guidelines and SOPs for the safe implementation of the MDA at the community level, within the context of COVID-19. A door-to-door distribution strategy was chosen to avoid mass gatherings of people. Act | West supported the purchase of hand sanitizer for CDDs and supervisors. In total, Act | West supported the distribution of PZQ to 2,590,442 out of 3,413,739 targeted SAC, reaching a coverage rate of 76%. Following the FY20 SCH MDA campaign, a SCH and STH data review workshop was held in May 2021 attended by WHO–Geneva, Global Schistosomiasis Alliance, Helen Keller–Global and –Mali, FHI 360, and in-country experts. The objective of the workshop was to identify strategies pertinent to SCH and STH control and elimination in Mali, based on the WHO 2019 Congo-Brazzaville workshop reviewing SCH data at sub-district (Health Area or “HA”) level. The workshop provided an opportunity to adapt the current SCH and STH control strategies according to WHO guidelines and revise the national control and elimination timeline to 2025. Following a review of the data, the 1,510 HAs in Mali were classified as follows:

- 210 HAs, non-endemic (no MDA required)
- 586 HAs, low endemicity (MDA once every three years)
- 403 HAs, moderate endemicity (MDA once every two years)
- 311 HAs, high endemicity (MDA once every year)

SCH MDA activities are currently in progress FY21. The PNLSH conducted the Bamako FY20 MDA in June 2021. The FY21 SCH MDA for the remaining regions started in August 2021 and are planned to be completed by the end of September 2021. Data review meetings for the FY21 SCH MDA may extend into the first quarter of FY22. For FY21, the SCH MDA will be conducted at the HA level based on recommendations from WHO. Originally, 795 HAs in 58 HDs were targeted for SCH MDA, however, the two HDs in the district of Bamako have been reprogrammed to FY21 due to implementation delays caused by COVID-19 and political unrest.

**Plan and Justification for FY22**

**MDA**

In FY22, SCH MDA will be conducted in 626 HAs within 44 HDs in eight regions of Mali (Kayes, Koulikoro, Sikasso, Ségou, Mopti, Tombouctou, Menaka, Gao, and Bamako). The MDA will be conducted in the community, targeting SAC and high-risk adults. CDDs may enter schools, if open, to provide drugs while respecting the COVID-19 SOPs. Door-to-door drug distribution strategies will be used, where necessary, to reduce the impact of COVID-19 pandemic, or if the fixed-point community-based strategy does not reach enough targets.

For the first time, the PNLSH wants to use the supervisor’s coverage tool (SCT) to monitor SCH MDA implementation. As Mali is shifting from HD to HA distribution, it has become important for the program to ensure no one is left behind during SCH treatment. Three hyperendemic districts will be targeted in FY22. Although reported coverage rates have been high, recent surveys continue to show high prevalence of SCH in those HDs. Thus, it is important for the national program to make sure that treatment is done well within the community by using SCT during MDA supervision. SCT implementation will be integrated with routine supervision. Local supervisors will use this tool with support from the district, regional, central, and Helen Keller supervisors. An additional day of training will be required for those HDs during the training of trainers at regional and district level.

All components of this activity (drug procurement, cascade trainings, drug distribution, trainings, social mobilization, and message dissemination) will be supported by Act | West. *The costs associated with*
the SCH MDA are budgeted under the regional FAAs #4–11,13. Social mobilization activities are budgeted under FAA#1–CNIECS.

DSA

The national SCH/STH program was selected in a Task Force For Global Health-funded SCH oversampling study in three HDs (Bafoulabé, Diéma, and Oussoubidiagnan). This study will be conducted in early 2022, six months after the FY21 SCH MDA. The results will enable development of a geospatial risk map for SCH, which will in turn assist the PNLSH in the move to SCH elimination as a public health problem. It is hoped that the results from Mali, as well as the other three selected countries, will also assist the finalization of the WHO SCH impact assessment protocol.

Please see Table 5a SCH: USAID supported SCH coverage results
Please see Table 5b SCH: USAID supported SCH DSAs

SCH/STH tracker

There have been multiple SCH/STH assessments in Mali in the past. To assist the PNLSH to collate multiple historical SCH/STH parasitological datasets, including baseline mapping, sentinel sites, and impact assessments, a SCH/STH tracker was developed by FHI 360 and RTI. The tracker is an Excel spreadsheet that collects SCH/STH data recorded both at community and Implementation Unit (IU) level. The tracker has several objectives: to unite multiple sources of data; assist DGSHP in monitoring disease trends and change over time; facilitate communication of results and selection of districts for Impact Assessments; enable an evidence-based conclusion to tailor SCH/STH control at the sub-district level; and track progress towards Elimination of SCH/STH as a Public Health Problem (EPHP) in certain areas. The SCH/STH tracker has been populated in FY21 and FY22 SCH impact assessment sites were selected on that basis. In FY22 the tracker will be aggregated at the sub-district level and a dashboard developed for data visualisation to aid the PNLSH program. LOE only.

4.2 Soil Transmitted helminthiasis

Previous and current FY activities and context

The current strategy for STH in Mali is control of morbidity by 2020 by reaching 75% MDA coverage of SAC and pre-SAC, according to WHO guidance. During the 2004–2006 surveys for SCH (noted above), data on STH prevalence using Kato-Katz were also collected, showing that STH was endemic across Mali. From 2004–2007, the DGSHP began treatment with ALB, coupled with the SCH MDA. Since the launch of the integrated program in 2007, STH treatment has been integrated with the MDA for LF, and all 75 HDs have received at least five rounds of treatment. With the discontinuation of LF treatment in 49 HDs, STH treatment was integrated with SCH treatment in the co-endemic districts from 2017.

From 2014 to 2019, STH assessments (sentinel sites impact survey, integrated with LF TAS) have shown a low prevalence of STH in Mali: 58 HDs had zero positive cases (prevalence < 2%) and 15 HDs had between 1 and 2 positive cases (prevalence between 2% and 10%). With the results of these assessments showing low prevalence of STH in Mali, it was necessary for the PNLSH to analyze the country’s STH data in consultation with international experts to revise the control strategies in accordance with WHO guidelines. In May 2021, a SCH/STH data review workshop was held, which included the participation of international experts such as the WHO–Geneva SCH/STH Focal Point, the WHO–Ouagadougou NTD Focal Point, the Global Schistosomiasis Alliance director, the technical
director from FHI 360, and Helen Keller–Global. Mali was proposed to be classified as a country where STH is not a public health problem. The main recommendations provided were:

- To begin preparation to certify the country for the elimination of STH as a public health problem.
- Conduct assessments every three years in the ten districts with STH prevalence above the 20% threshold at baseline. According to WHO guidelines, if prevalence is between 2-9% following an impact assessment, biennial treatment is recommended; if prevalence is between 10-19%, annual MDA is recommended; if prevalence is 20-49%, PC remains at its previous frequency; and if it is more than 50%, PC is conducted three times a year.
- Strengthen WASH components in all 75 HDs to prevent recrudescence of infection by improving community access to safe water and promote the use of latrines.
- Strengthen communication for social and behavior change in the 75 HDs.
- Strengthen deworming of pregnant women and children during routine checkups in the 75 HDs.

**Plan and justification for FY21**

- **MDA**
  No MDA is planned for STH in FY22.

- **DSA**
  An integrated SCH/STH impact assessment is planned in one HD (Fana). The PNLSH must conduct an evaluation of program surveillance for the ten districts that have STH prevalence above the 20% mass treatment threshold at baseline. None of these districts are proposed for inclusion in the impact assessment.
APPENDICES

Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country (including non-USAID-supported partners)

Please see attached Excel file.

Appendix 2: Strategic Planning Support

NTD Annual Review FY22 and the National Stakeholders Meeting (held annually with 54 participants)

Location: Bamako
During this two-day workshop, participants will review the technical and financial situation of NTD activities. Participants will review MDA, DSA, and capacity building activities planned for FY22. Participants will include the NTD program coordinators, representatives from the NTD programs, CDPPFIS, the DGSHP pharmacist, research institutes, the Regional Health Directorates, INGOs supporting NTDs, and all the partners involved in the implementation of NTDs. Costs are shared with partners depending on geographical areas of implementation; e.g., Sightsavers will support Sikasso and Koulikoro participant per diem and fuel costs. Act | West will support venue rental, coffee and lunch breaks for participants, fuel and per diem for participants from Act | West-supported areas of implementation. Budgeted under Helen Keller Program.

Workshop for FY23 planning (held annually with 52 participants)

Location: Bamako
This two-day planning workshop will include the budgeting of activities at all levels, including all partners and funding sources for the upcoming fiscal year (FY23). Act | West will provide technical and financial support to the MoH for this workshop. Costs are shared with partners depending on geographical areas of implementation; e.g., Sightsavers will support Sikasso and Koulikoro participant per diem and fuel costs. Act | West will support venue rental, coffee and lunch breaks for participants, and per diem and fuel costs for participants from Act | West-supported areas of implementation.

This meeting will provide the opportunity to identify pertinent FY23 activities and validate them with a precise timeline for implementation. The schedule of activities for each disease control program will also be discussed, such as MDA and DSAs, ensuring alignment with broad NTD control and elimination goals in the country and with technical guidance in mind. This workshop will be held together with the workshop for NTD Annual Review FY22. The participants for this workshop are the same as the NTD Annual Review Workshop, with the addition of participants from Taoudenit and Kidal. Budgeted under Helen Keller Program.

Regional data review meetings (NTD MDA campaign) (one meeting per year and per region)

Location: Bamako, Kayes, Koulikoro, Sikasso, Ségou, Mopti, Tombouctou, Gao, and Ménaka.
These are one-day regional feedback meetings on the NTD MDA results. They are held after the MDA campaign, usually at the end of the fiscal year.

For FY22, Act | West will support the participation of central-level staff (DGSHP) in workshops to review MDA results in all regions in Mali.
Regional MDA data review meetings are held annually with the participation of regional representatives, HDs, national NTD program coordinators, national-level partners, and district-level staff. These workshops are focused on data (coverage rate, drug management, etc.) review and validation. They are an opportunity for stakeholders to propose swift solutions to urgent problems identified during the PC-NTDs MDA. The results of these reports enable the regions to prepare for the annual NTD review workshop, which takes place at the central level (described above). Typically, these review meetings have served as a framework for exchange with all actors to closely monitor activity implementation, enabling the program to quickly take corrective measures when necessary. *Helen Keller Staff participation is budgeted under Helen Keller Program. Participation of NTD program coordinators for the regional review meetings are budgeted under FAA2–Intégré. Regional review meetings are budgeted under their respective regional FAAs (#4–11,13).*

**District-Level Data Review Meetings (NTD MDA campaign)**

For all HDs targeted during the MDA, a one-day data review workshop will be organized in each of the HDs to review and validate the MDA data. The main participants are DTCs. The various review meetings will take place in the town centers of the HDs.

The budget includes transport costs for resident participants for one day and per diem for non-resident participants for the one day meeting and two days of travel. Coffee and lunch breaks are also budgeted along with a fuel package for the non-resident health center managers to travel. *District-level data review meetings will be budgeted under their respective regional FAAs (#4-11).*

**NTD Technical Coordination Committee Meetings and NTD Steering Committee meetings (four ordinary sessions per year; 24 participants) (Helen Keller)**

**Location: Bamako**

The one-day meetings of the NTD Technical Coordination Committee will take place in Bamako, four times annually. The NTD Technical Coordination Committee convenes to discuss the coordination of NTD activities, to discuss challenges and propose solutions, and to review activity implementation planning and timelines.

The participants include the SDLM, NTD program coordinators, representatives of the National Centre for Information, Education, and Communication for Health (CNIECS); National Institute of Research and Public Health (INRSP), Faculty of Medicine and Odontostomatolog (FMOS), the Malaria Research and Training Centre (MRTC), Helen Keller, and other partners. Act | West will support this meeting (transportation costs of MoH participants, coffee and lunch breaks). *Budgeted under Helen Keller Program.*

**Workshop to develop the NTD Master Plan 2022 - 2026 (one session per year, 26 participants)**

**Location: Banakoro**

This is a three-day workshop during which participants will draft a strategic plan in line with the new WHO NTD Master Plan. Participants will include the NTD program coordinators, representatives from the NTD programs, CDPPFIS, the DGSHP pharmacist, CNIECS, research institute representatives, DRS representatives, the Departments of Education, Veterinary Health, and Hydraulics, and partner NGOs including Helen Keller and World Vision. In addition to financial support, the NGO partners will provide technical support for developing the NTD Master Plan—contributing to the drafting of the plan, ensuring compliance with WHO guidelines/standards, and providing scientific and technical information and data. Costs will be shared among the partners. Sightsavers will fund per diems and fuel costs for select
participants and stationery. Act | West will cover the cost of venue rental, coffee and lunch breaks, and per diem for some participants. *Budgeted under Helen Keller Program and FAA#2–Integre.*

**Workshop to finalize and validate the NTD Master Plan 2022–2026 (one session per year, 29 participants)**  
**Location: Bamako**  
This is a three-day workshop in FY22 to review the draft strategic plan 2022–2026. Participants will verify that the document is aligned with the new WHO Master Plan. Participants will include the Deputy Director of the DGSHP, Sub-Director of Disease Control, the NTD program coordinators, CDPFIS, pharmacist of the DGSHP, CNIECS, research institute representatives, representatives of the Regional Health Directorates, representatives from the Departments of Education, Veterinary Health, and Hydraulics, and NTD partner organizations. Costs will be shared among partners. Sightsavers will fund per diems and fuel costs for some participants and stationery costs. Act | West will cover the cost of venue rental, coffee and lunch breaks, fuel and per diem for some participants. *Budgeted under FAA#2–Integre.*

**Appendix 3: NTD Secretariat Support**

**Support to NTDP Operational Costs**  
The DGSHP is requesting that Act | West continue to support fuel, telephone credit, and Internet connection for the PNEFL, PNLSH, PNSO, PNLO, and a pharmacist, who reports to the head of the SDLM. This support will facilitate operations and Internet/network connection during program activities (meetings, mail tracking, and other) with partners. *Budgeted Under Helen Keller Program.*

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

**World NTD Day Launch Ceremony**  
Act | West will support the World NTD Day Launch Ceremony on January 23, 2022. The ceremony will be an opportunity to support the progress made to control and eliminate NTDs in Mali, as well as the challenges that remain in achieving NTD goals. High-level participants from the MoH, DGSHP, NTD program coordinators, and USAID–Mali will be invited to participate in the ceremony. Additional partners will be present, including PSI, Sightsavers, and The Carter Center. Act | West support will include media coverage on TV, venue rental, the production of t-shirts, hats, kakemonos (retractable banners), poster printing, the presence of press members, and venue rental. Helen Keller–Mali will work with in-country partners to share costs. *Budgeted Under FAA#2–Integre.*

**Recruitment of a provider to take professional, high-quality photos and videos**  
Act | West will support the recruitment of a professional photographer for a total of 11 days throughout FY22 to capture high-quality photos and videos of NTD field activities, World NTD Day, and the Sustainability Plan Political Validation. These photos will be used to document NTD activities in Mali, providing an opportunity to improve visibility of the Act | West program. These assets will be shared with the Act | West communications team (who has little capacity to gather photos or videos, due to a lack of equipment, expertise, and time) to be used on social media, the Act | West website, blog posts, and any other communications needs that arise. *Budgeted Under Helen Keller Program.*
## Appendix 5. Social Mobilization to Enable NTD Program Activities

<table>
<thead>
<tr>
<th>IEC Activity or Material to be supported</th>
<th>Key Messages (as applicable)</th>
<th>Location and Frequency</th>
<th>Briefly describe how this material/message is shown to be effective at increasing MDA participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banners</td>
<td>Information printed on the banners informs the public that these activities are taking place, encouraging inclusion and participation. The messages will be developed during the CNIECS message development workshop and will depend on the timing of the MDA campaign (such as epidemiology, political climate, and implementation season).</td>
<td>Banners are hung around the entrances to major cities, such as regional capitals at the beginning of the MDA campaign.</td>
<td>Banners raise awareness of the campaign by informing the public that the MDA is taking place.</td>
</tr>
<tr>
<td>T-shirts/ Reams of Fabric</td>
<td>Messages printed foster inclusion and participation in the MDA.</td>
<td>Participants in the national MDA launch will wear T-shirts and fabrics made for the occasion.</td>
<td>T-shirts and printed fabrics facilitate the communication of messages by stakeholders, informing the public about MDA activities and demonstrating that the MDA is an officially-sanctioned activity.</td>
</tr>
<tr>
<td>Local radio broadcasts</td>
<td>Radio spots (10 minutes each) will provide dates and location of MDA (depending on rainy season or Ramadan). Messages will emphasize objectives of the MDA including diseases treated and account for epidemiological and sociocultural context (e.g., COVID-19 epidemic)</td>
<td>Messages will be broadcast on two local radio stations in each of the targeted districts, starting one week before the MDA and throughout the campaign.</td>
<td>MDA coverage evaluation surveys conducted in 2017 in Bandiagara and Baroueli HDs indicated that radio messages were a secondary source of information regarding the MDA.</td>
</tr>
<tr>
<td>Broadcast of trailers and short spots on television</td>
<td>CNIECS will produce trailers and short TV spots in French and in the local languages for the SCH MDA and World NTD Day. These will be broadcast on the national television channel (ORTM).</td>
<td>Trailers and TV spots will be broadcast on the national television channel (ORTM) three days prior to the start of the MDA and for its duration. Television will also cover World NTD Day celebrations.</td>
<td>43% of the population has access to a television. Local communications are also enhanced by people with televisions who inform their neighbors. During previous MDA coverage evaluation surveys, results indicated that interpersonal communication is the primary source of MDA information. (These surveys will be evaluated as part of the FY20 carryover).</td>
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</table>
Current social mobilization messages were updated in September 2020 to incorporate information regarding the COVID-19 pandemic to address rumors circulating. It will be made clear that the MDA campaigns are not vaccination trials for COVID-19 in Africa, as has been communicated (incorrectly) on social networks. The workshop to develop/adapt and design the tools for the MDA campaign; the launch of the national MDA; the dissemination of messages during the MDA; the production of T-shirts, caps and fabrics; and the creation of trailers, short films and radio spots are budgeted under FAA–CNI ECS. Local radio broadcasts will be funded by the region-specific FAAs (FAA#4, 11, 13). World NTD Day activities budgeted under FAA#2–Integre.
## Appendix 6. Training

<table>
<thead>
<tr>
<th>Training Groups</th>
<th>Training Title</th>
<th>Training Topics</th>
<th>Number to be Trained</th>
<th>Number of Training Days</th>
<th>Location</th>
<th>Other funding partner (if applicable) and what component(s) they are supporting</th>
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</thead>
<tbody>
<tr>
<td><strong>MDA-DSA related training (IR1 and IR3)</strong></td>
<td>Trainers (NTD focal points, health district managers)</td>
<td>Training on the MDA campaign</td>
<td>Overview of the five PC-NTDs and targets for PC-NTDs in Mali, with emphasis on OV and SCH.</td>
<td>181</td>
<td>1</td>
<td>Regional Directorate of Health (Kayes, Koulikoro, Segou, Mopti, Tombouctou, Gao, and Menaka)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Epidemiological status of NTDs in Mali</td>
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<td>Act</td>
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<td></td>
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<td></td>
<td>Drug Management</td>
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<td>Sightsavers (supporting the region of Kolikoro)</td>
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<td>Tools and data collection during the MDA campaign</td>
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<td></td>
<td>Supervisors (DTCs)</td>
<td>Training on the MDA campaign</td>
<td>Overview of the five PC-NTDs and targets for PC-NTDs in Mali, with emphasis on OV and SCH.</td>
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<td>District Level</td>
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<td>Epidemiological status of NTDs in Mali</td>
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<td>Community Drug Distributors</td>
<td>Training on the MDA campaign</td>
<td>Medicine management tools and data collection during the MDA campaign</td>
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<td>14,786</td>
<td>Health Area (Community Health Center–CSCOM level)</td>
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<td>DSA-Related Training (IR1)</td>
<td>TAS Surveyors (Personnel from the DGSHP and Research Institution Staff)</td>
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<td>Community-based approach</td>
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<td>Sample</td>
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<td>Use of FTS</td>
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<td></td>
<td></td>
<td></td>
<td>Electronic data collection</td>
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</table>
### Appendix 7. Short Term Technical Assistance

N/A

### Appendix 8. Fixed Amount Awards

<table>
<thead>
<tr>
<th>FAA recipient (split by type of recipient)</th>
<th>Numbe r of FAAs</th>
<th>Activities</th>
<th>Target Date of FAA application to USAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAA 12 DGSHP TAS–Ségou</td>
<td>1</td>
<td>Data collection, data entry, and report writing for transmission assessment surveys</td>
<td>September 2021</td>
</tr>
</tbody>
</table>
| FAA 1–CNIECS                              | 1              | Social mobilization activities such as production of T-shirts, hats, and reams of fabric  
\|\| Production of a trailer and short films for social mobilization and broadcasting of these messages on national television  
\|\| National launch of the MDA campaign  
\|\| Workshop to develop NTD messages for FY22  
\|\| Workshop to support use of TIPAC data for advocacy with the MoH | December 2021 |
| FAA2– Intégré  
(Direction Générale de la Santé et de l’Hygiène Publique) | 1              | World NTD Day Launch Ceremony  
\|\| Transport and provision of NTD drugs and MDA materials to regions  
\|\| Supervision of training of trainers at the regional level  
\|\| National supervision of the MDA at the regional level  
\|\| National participation in the MDA data review meeting  
\|\| Workshop to monitor NTD indicators in the DHIS2 and discuss lessons learned from FY21  
\|\| Workshop to develop the NTD Master Plan 2022-2026  
\|\| Workshop to review LF data  
\|\| Workshop to develop the LF elimination dossier narrative  
\|\| Country-Led TIPAC data entry workshop  
\|\| SCH Impact Evaluation Survey | December 2021 |
| FAA3–TAS (Direction Générale de la Santé et de l’Hygiène Publique) | 1              | Data collection, data entry, and report writing for transmission assessment surveys | December 2021 |
| Regional Level Governments  
FAA4–Direction Régionale de Kayes (DRS Kayes)  
FAA5 - Direction Régionale de Koulikoro (DRS Koulikoro)  
FAA8–Direction Régionale de Ségou (DRS Ségou) | 9              | Dissemination of the MDA campaign messages  
\|\| Training of health districts at the regional level  
\|\| Training of DTCs at the health district level  
\|\| Training of community distributors by DTCs  
\|\| Supply of drugs and inputs from the region to the districts and from the health districts to the health areas (CSCOM)  
\|\| Motivation of community distributors  
\|\| Supervision of the MDA by the DRS, supervision of health districts and supervision of community distributors by the DTC  
\|\| Data review meetings in the HDs and regions | December 2021 |
<table>
<thead>
<tr>
<th>FAA recipient (split by type of recipient)</th>
<th>Numbe of FAAs</th>
<th>Activities</th>
<th>Target Date of FAA application to USAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAA6–Direction Régionale du district de Bamako (DRS Bamako)</td>
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<tr>
<td>FAA7–Direction Régionale du district de Sikasso (DRS Sikasso)</td>
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<tr>
<td>FAA9–Direction Régionale du district de Mopti (DRS Mopti)</td>
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<tr>
<td>FAA10–Direction Régionale du district de Tombouctou (DRS Tombouctou)</td>
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<tr>
<td>FAA11–Direction Régionale du district de Gao (DRS Gao)</td>
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<tr>
<td>FAA13–Direction Régionale du district de Ménaka (DRS Ménaka)</td>
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</tbody>
</table>

**Appendix 9. Timeline of Activities**

Please see attached Excel file.

**Appendix 10. Maps**

Please see attached PDF file.

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

Please see attached PDF file.

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

N/A
### Appendix 13. FY21 activities delayed/rescheduled to FY22 due to COVID-19

<table>
<thead>
<tr>
<th>IR</th>
<th>Budget Category(s)</th>
<th>Brief Description of the Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR1</td>
<td>Monitoring &amp; Evaluation</td>
<td>The FY21 approved FAA3–DGSHP TAS contains milestones that will be considered part of the FY21 rollover activities.</td>
</tr>
<tr>
<td>IR2</td>
<td>Data Security</td>
<td>Training workshop for NTD focal points of the DRS and HDs on filling NTD indicators in DHIS2 in Mopti Region. This was an approved FY21 activity that will be considered a rollover activity. Workshop to update the CIND. Historical data in the CIND is current up to FY19. In FY21, the 2019 NTD data entry and validation workshop was scheduled by the MoH with Act</td>
</tr>
<tr>
<td>IR2</td>
<td>Prioritized Functions</td>
<td>Advocate for routine participation of a multisector coordination platform representative in MSAS strategic coordination and planning technical working groups (TWG) and other coordinating bodies as relevant. (WV) Due to delays in the signing of the multi-sectoral ministerial decree, this activity is considered a part of the FY21 rollover activities.</td>
</tr>
</tbody>
</table>

### Appendix 14. Budget (confidential)

Please see attached Excel file

### Appendix 15. Budget Narrative (confidential)

Please see attached Word file