Act to End Neglected Tropical Diseases | West
FY22 Workplan-NIGER
October 1, 2021-September 30, 2022

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

Re-submitted: November 3, 2021

Table of Contents

ACRONYM LIST

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
BCC	Behavior Change Communication
CDD	Community-Drug Distributor
CIND	Country integrated NTD database
CSI	Center for Integrated Health (*Centre de Santé Intégré*)
CY	Calendar year
CNHF	Conrad N. Hilton Foundation
DEP	Directorate of Studies and Programming (*Direction des Etudes et de la Programmation*)
DPHL	Pharmacy and Laboratory Directorate (*Direction des Pharmacies et Laboratoires*)
DQA	Data Quality Assessment
DRSP	Regional Directorate of Public Health (*Direction Régionale de Santé Publique* in French)
DSA	Disease Specific Assessment
EPI	Expended Program on Immunization
EDC	Electronic data capture
EU	Evaluation Unit
FAA	Fixed Amount Award
FEFO	First Expiry, First Out
FTS	Filariasis Test Strip
HDs	Health District
Helen Keller	Helen Keller International
HRA	High-risk adults
HSS	Health system strengthening
ICT	Immunochromatographic test
IEC	Information, Education and Communication
IVM	Ivermectin
ITI	International Trachoma Initiative
JNV	National Vaccination Days (*Journées Nationales de Vaccination*)
LANSPEX	National Public Health and Expertise Laboratory (Laboratoire national de santé publique et d'expertise)
LF	Lymphatic filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MEL	Monitoring, evaluation, and learning
MF	Microfilariae
MMDP	Morbidity management and disability prevention
MOE	Ministry of Education
MoH	Ministry of Public Health (*Ministère de la Santé Publique*)
NGO	Non-Governmental Organization

NTD	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program *(Programme National de Lutte contre les NTD)*
OCP	Onchocerciasis Control Program
OEC	OV elimination committee
ONPPC	National Office of Pharmaceutical and Chemical Products (*Office National des Produits Pharmaceutiques et Chimiques*)
OV	Onchocerciasis
PCT	Preventive chemotherapy
PNDO/EFL	National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis (*Programme National de Dévolution de l'Onchocercose et d'Elimination de la Filariose Lymphatique*)
PNLBG	National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program (*Programme National de Lutte contre la Bilharziose et les Géohelminthes*)
PNSO	National Eye Health Program (*Programme National de Santé Oculaire*)
Pre-TAS	Pre-Transmission Assessment Survey
PZQ	Praziquantel
RDT	Rapid diagnostic test
RISEAL	*Réseau International Schistosomiase Environnement Aménagement et Lutte*
RPRG	Regional Program Review Group
SAC	School-age children
SAE	Severe adverse events
SAFE	Surgery, Antibiotics, Facial Cleanliness, and Environmental Improvements
SCT	Supervisor's Coverage Tool
SCH	Schistosomiasis
SCIF	Schistosomiasis Control Initiative Foundation
SCM	Supply chain management
SMM	Sustainability maturity model
SNIS	National Health Information System (*Système National d'Information Sanitaire*)
SOP	Standard operating procedure
STH	Soil-transmitted helminths
STTA	Short-term technical assistance
TA	Technical assistance
TAS	Transmission Assessment Survey
TEC	Trachoma Expert Committee
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation – Follicular
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TT	Trachomatous trichiasis
UNHCR	United Nations High Commission for Refugees
USAID	United States Agency for International Development
WHO	World Health Organization
ZTH	Zithromax

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Niger is the largest country in West Africa, with an area of 1,270,000 km^2, and an estimated population of 25,067,068 (according to 2022 estimates). Niger is divided into eight regions and 72 health districts (HDs). Niger's integrated national neglected tropical diseases (NTD) program was established in 2007 to eliminate and control the five preventive chemotherapy (PC) NTDs – lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminthiasis (STH) and trachoma – based on World Health Organization (WHO) guidelines. The national NTD program is comprised of three disease-specific programs: the National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis (*Programme National de Dévolution de l'Onchocercose et d'Elimination de la Filariose Lymphatique* or PNDO/EFL); the National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program (*Programme National de Lutte contre la Bilharziose et les Géohelminthes* or PNLBG); and the National Eye Health Program (*Programme Nationale de Santé Oculaire* or PNSO). These three programs are coordinated by the National Program for Control of Neglected Tropical Diseases (*Programme National de Lutte contre les NTDs* or NTDP), which is situated within the *Direction des Etudes et de la Programmation* (DEP) of the Ministry of Public Health (MoH). An evaluation of the 2017-2021 NTD Master Plan is being prepared and will inform updated strategic priorities for the next NTD Master Plan for 2022-2026.

Niger's NTD Program is supported by several implementing partners with funding from multiple donors. USAID has supported Niger's NTD program since 2007 through the NTD Control Program (2007-2011), the End in Africa project (2011-2018) and now through the Act to End Neglected Tropical Diseases (NTDs) | West (Act | West) program (2018-present). As a result of many years of support, Niger has made extensive progress towards NTD control and elimination goals.

Niger has been treating for LF since 2007 and achieved 100% geographic coverage in 2014. As of September 2021, 53 of 54 LF endemic health districts (HDs) have passed pre-TAS and 43 have passed TAS1. Results from the pre-TAS in the last remaining HD showed that Aguié HD failed pre-TAS and will restart MDA in FY22. The MOH has stated that the target year for the elimination of LF as a public health problem is currently 2025 (this is the official year from the MOH but this will be reviewed during the master plan meetings planned in FY22) but given the evolution of the LF program, 2027 would be a more realistic target.

The first drug distribution for trachoma in Niger was recorded in 2002 in 72 villages, and the first district-wide MDA in 2003 and achieved 100% geographic coverage in 2016. To date, 50 out of 62 HDs endemic for trachoma have stopped MDA in all evaluation units (EU)[1]. Based on the most recent results, it is possible that FY22 will be the last round of MDA for trachoma. Niger has actively developed strategies to address low MDA coverage and other challenges, such as supply chain weaknesses, insecurity, and population movement. Despite these efforts, certain HDs continue to be "non-responding" and TF remains above 5% among children ages one to nine years or has returned above 5% when trachoma surveillance surveys (TSS) have been conducted. In FY21, Niger was included in deep dive discussions with USAID, FHI 360, RTI International, Helen Keller Intl, the Task Force for Global Health, and CDC to discuss reasons for non-responsiveness and propose additional strategies for FY22. Given the progress made, Niger aims to eliminate trachoma as a public health problem by 2026.

[1] Additionally, there are seven HDs where stop MDA criteria have been achieved in at least one EU.

Niger aims to eliminate OV by 2025 and has made remarkable progress towards this goal. In August 2021, the onchocerciasis elimination committee (OEC) recommended that the OV elimination dossier be submitted to WHO after laboratory analyses of serum samples and black flies indicated a lack of OV transmission in previously endemic HDs. The Niger MoH declared in September 2021 the elimination of OV transmission in Niger.

Niger has been treating for SCH and STH since 2004/5. In 2021, the SCI Foundation (SCIF) supported SCH and STH treatment in 63 HDs. However, funding for future years has not been confirmed due to the changes in the funding landscape (due to the closure of ASCEND project) and additional funding to continue SCH and STH MDA is being sought by SCIF.

Niger has worked to increase country ownership and make progress towards more sustainable NTD programs through the advancement of the sustainability plan. This plan has identified opportunities for sustainable control of NTDs in insecure locations through cross-sectoral partnerships. The NTDP has also made significant progress in advancing towards sustainable NTD programs through the signing of the Ministerial Decree for the "*Coalition Multisectorielle de Lutte contre les MTN au Niger*" (CMLMTN).

The NTD program in Niger has faced several challenges, including years with insufficient MDA coverage in certain HDs, which is likely contributing to the persistent transmission of trachoma and LF. Frequent population movement, increasing insecurity in several areas of Niger and an increase in terrorist attacks in the country (some of which have been very close to Niamey in the last two years) continue to make program implementation challenging. In FY22, several actions are planned to address these challenges, including:

- While it is difficult to predict population movement, the NTDP will conduct MDA during known periods of lower population movement especially in nomadic areas and in areas with insecurity. For example, the NTDP will avoid planning treatment during major agricultural periods, school vacations, and Ramadan. This stipulation will be incorporated into FAA deliverables to ensure that the NTDP conducts the MDA at the best possible time. Earlier FAA approval will also help to lengthen the implementation time in the fiscal year.
- The door-to-door MDA strategy will be reinforced by an ongoing mobile strategy by using 4x4 vehicles to reach nomadic populations and difficult-to-access areas where there is insecurity and/or difficult geographical context.
- The supervisor coverage tool (SCT) will continue to be used to maintain high MDA coverage in the trachoma MDA (since improvements in coverage from FY19), as well as in the LF MDA.

Ongoing NTD activities supported by other partners are described in **Table 1. List of NTD partners working in country.**

COVID-19 Pandemic

The first case of COVID-19 was confirmed in Niamey on March 19, 2020. The COVID-19 situation in Niger has been relatively calm since March 2021 following two waves: March to May 2020 and November 2020 to February 2021. From March 2020 to September 9, 2021, Niger reported a total of 5,908 cases with 199 deaths. A mass vaccination campaign in health facilities was launched targeting the entire population aged 18 and over. To date, the vaccination rate is low due lack of demand. The Niger government is providing monthly statements on vaccination progress. Apart from the reopening of land borders, all other COVID-19 prevention measures implemented since 2020 remain in place. In FY22, preventive measures against COVID-19 will continue to be integrated into NTD activities, including physical distancing of at least two meters and other barrier measures such as hand washing, mask wearing, and gloves and the specially

adapted face shield mounted on the ocular loupes used during trachoma surveys. The number of participants will continue to be limited for both indoor and outdoor gatherings, in accordance with MoH policy. In addition, NTD messages will continue to incorporate information on COVID-19 prevention to be followed by health workers, community actors and target populations.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

2.1 Lymphatic filariasis

Previous and current FY activities and context

Baseline mapping indicated that LF was endemic in 54 out of 72 HDs. As of FY19, 43 HDs had passed TAS1 and stopped MDA. Of these 43 HDs, 19 have also successfully conducted TAS2. In FY19, the remaining 11 HDs requiring treatment conducted MDA: five with USAID support (Arlit, Iferouane, Tessaoua, Tahoua commune, and Tahoua HD) and six with World Bank support (Aguié, Gazaoua, Gaya, Dioundiou, Madarounfa, and Mayahi). Two of these HDs (Arlit and Iferouane, formerly a single HD) conducted a sixth round of MDA in FY20 due to low MDA coverage in FY15. All 11 of these HDs were originally scheduled to conduct a pre-TAS in FY20: two HDs for pre-TAS (Arlit and Iferouane), five for re-pre-TAS (Gaya, Dioundiou, Madarounfa, Mayahi, and Tessaoua), and four for pre-re-TAS (Aguié, Gazaoua, Commune of Tahoua, and Tahoua). These surveys were carried out in FY21 due to COVID-19. The preliminary results indicate 10 HDs passed pre-TAS and have qualified for TAS1 and one HD failed (Aguié). TAS1 in these 10 districts will be implemented in November/December 2021 as FY21 carryover activities.

The TAS2 planned for FY20 in 10 EUs (13 HDs) were not conducted due to delays caused by the COVID-19 pandemic. The PNDOEFL started these surveys in September 2021 and has indicated that these will be completed before the end of calendar year 21 (as FY20 carryover).

In FY21, TAS3 were planned in 11 EUs (14 HDs). TAS3 will be conducted in 13 HDs before the end of calendar year 2021 (CY21). The TAS3 in the 14th HD was reprogrammed to FY22 to stay within Niger's approved FY21 FAA budget ceiling due to exchange rate losses.

Plan and justification for FY 22

MDA:

After failing the FY21 LF pre-TAS in Aguié HD, the PNDO/EFL will conduct two more rounds of MDA, with the first planned in FY22 after investigation of failed pre-TAS in the district ***(please refer to FAA#9)***. According to the preliminary results, the spot check site failed with a prevalence of 9.5%, all the positive cases were older than 15 years. The program is working on the final report, collate the inputs and comments from Helen Keller about the data quality and provide more information to better understand this pre-TAS failure. The final report will be shared with FHI 360.

Helen Keller with support of FHI 360 will be working to support the PNDO/EFL to investigate and better understand reasons for persistent LF in this HD (Aguié). Depending on the reasons identified, additional strategies will be developed to strengthen and/or readjust the current MDA strategy in Niger. Enhanced MDA strategies, including the use of new MDA data collection forms to capture village-level treatment data as well as the use of the SCT to rapidly identify low-coverage areas for mop-up (the SCT was implemented in Arlit and Iferouane during the last LF MDA in FY20 with good results), will be used. These strategies will be implemented in close collaboration with the district and community health agents to improve the MDA quality. Positive cases found during the survey are treated by CSI staff after the survey

completion. Helen Keller is working with the program to make sure treatment is done immediately by the surveyors in the field when they identify a confirmed positive. These positive cases will be excluded from results of the next pre-re-TAS. Supervision will be strengthened to ensure the use of the directly observed therapy (DOT) strategy as Aguié has already implemented 11 rounds of MDA with good, reported MDA coverage indicating that subdistrict coverage might be low. Aguié is a cross border HD with Katsina state in Nigeria, and so the ongoing cross-border meetings platform to tackle trachoma cross border issues will be used by the LF program and Helen Keller - Niger to better organize or synchronize MDA if needed. An initial, virtual meeting with Helen Keller – Niger and Helen Keller – Nigeria is planned for early January 2022 to discuss potential actions ***(please refer to Appendix 2 for more information)***.

DSA:

For FY22, this workplan is prepared with the assumption that these 10 HDs (10 EUs) will pass TAS1, currently planned for November/December 2021. **Please see Appendix 12, Table A6 (for a list of FY22 TAS2 EUs), Table A8 (for FY22 TAS3 EUs) and Table A9 (for preliminary FY21 pre-TAS results**).

The following additional surveys are planned for FY22:

- TAS2 in four EUs (nine HDs). ***Please refer to FAA#4.***
- TAS3 in five EUs (six HDs - five new HDs and the one HD reprogrammed from FY21 to FY22). ***Please refer to FAA#4 and 5.***

Both TAS2 and TAS3 for FY22 are community-based surveys and will be completed according to WHO guidelines. Security conditions will also be considered when implementing the surveys. Security in the Tillabéri region in FY21 remains a concern which might affect the planned TAS3 in FY22.

Act | West will continue to support the development of DSA protocols with the PNDO/EFL in collaboration with Helen Keller – Niger/Global and FHI 360 to ensure that LF survey protocols describe appropriate quality control measures, including:

- Use of a positive control to test filariasis test strips (FTS) upon arrival in country and prior to field use.
- Proper storage of FTS in a cool, dry place.
- Use of the WHO LF diagnostic feedback form and inclusion in the survey report.
- Immediate second confirmation test of positive cases with FTS.
- Use of the FTS supervisor's checklist.
- Treatment of confirmed positive cases and their immediate families on the survey day by the survey team. If more than one person is identified as positive in a household and extended household, in a given village, arrangement will be made for the entire village to be treated by the NTDP (source of support for this treatment has not been confirmed).

Helen Keller supported the PNDO/EFL in using electronic data capture (EDC) for the pre-TAS for the first time in FY21. However, the PNDO/EFL was not using EDC as intended, preferring to collect the data on paper and then upload via tablets to the ONA platform. Following further discussions after the completion of the pre-TAS, the PNDO/EFL has agreed to use EDC fully for the upcoming surveys in September 2021 and beyond. An EDC training component will be included in the survey training with support from Helen Keller and the FHI 360 MEL team as needed. The Helen Keller – Niger team already has experience using EDC for trachoma surveys and independent monitoring (before SCT).

Coverage evaluation survey in Aguié district

Following the MDA in FY22, a coverage evaluation survey (CES) will be carried out to validate the reported coverage and learn lessons to inform the second MDA. The CES questionnaire will include a knowledge, attitudes, and practices (KAP) component of questions to identify subpopulations, defined by demographics or behavior, that may have been missed during previous MDA. These subpopulations will be then included in the targeting strategy of the next MDA.

Dossier status

Current Validation Schedule:

In FY19, surgeons in the 17 WB-funded districts were trained in the management of patients with hydrocele during camps organized by experts from Niger and Mali. Health workers were trained in lymphedema management techniques. The Niger LF program has also been supported by SCIF and END Fund to support LF morbidity management in past years. The current validation schedule, taking into account the pre-TAS failure in Aguié, is estimated to be 2027—assuming successful completion of all remaining surveys, with the last TAS3 projected to take place in 2027 (the objectives of the 2017-2021 NTD Master Plan will be revised in the 2022-2026 Master Plan).

Data are available at the national level (PNDO/EFL and the National Health Information System [SNIS]). Morbidity mapping was carried out in World Bank (WB)–funded HDs, and results from surgical camps held in these HDs are available. These data will be shared with Helen Keller. Data on cases diagnosed at the level of health centers and hydrocele surgeries are reported through DHIS2. The national LF program has access to the DHIS2 platform and has estimated morbidity burden through extrapolation from active case searches. It will be important to collect more data on the availability and quality of the essential package of care using the Direct Inspection Protocol.

Status of writing the dossier:

As the Niger LF program moves towards elimination, it will be important to review and secure existing data and prepare the elimination dossier, particularly given the recent pre-TAS success in 10 HDs. A dossier preparation orientation workshop was planned in FY21 but delayed due to COVID-19 and pre-TAS and TAS2 field activities. The PNDO/EFL requests that Act | West support a workshop in FY22 to familiarize national stakeholders with the elimination dossier template so that they can begin to define the steps needed to complete the dossier and develop an action plan. The workshop, with Act | West funding, will bring together participants from MoH programs, NTDs, the Directorate of Health Statistics, and other stakeholders. Act | West will also provide TA to help prepare and conduct this workshop. Key staff involved in the writing of the narrative and compilation of the data will be assigned to write drafts of particular sections of the text and/or to ensure availability of key data and reports, to be submitted in the workshops, below. **(Please refer to section 4.I.1 of the budget.)**

LF dossier workshop: compiling of data, reports and background evidence for the dossier narrative
Location: Niamey, 10 participants

Act | West will support a two-day workshop in Niamey to ensure that all existing data, reports and background information for the LF dossier narrative are available and that copies of the background information are complete. Participants include PNDO/EFL, the PNSO, PNLBG, PNLMTN, WV, WHO, The Carter Center and Helen Keller-Niger.

LF dossier workshop: Preparation of the draft of the elimination dossier
Location: Niamey, 22 participants

Act | West will support a three-day workshop in Niamey to draft the elimination dossier. A work plan will be developed for this purpose and working groups will be established for the development of a draft for each component of the dossier. Any gaps in information will be identified and a plan to locate missing information will be created and implemented. At the end of the workshop, the consolidated dossier will be presented and amended as needed. The goal is to have a complete first draft of the LF dossier narrative by the end of FY22. Participants include PNDO/EFL, the PNSO, PNLBG, DEP, PNLMTN, WV, WHO, The Carter Center and Helen Keller-Niger.

2.2. Trachoma

Previous and current FY activities and context

Niger's trachoma control program started in 1987 with the creation by the MoH of the National Blindness Control Program (PNLCC). In 2012, an MoH decree changed the program to the National Eye Health Program (PNSO). The PNSO has made significant progress to eliminate trachoma as a public health problem in Niger by implementing the WHO-recommended SAFE strategy (**S**urgery, **A**ntibiotic therapy, **F**acial cleanliness, and **E**nvironmental improvements), operational research, capacity building, and M&E activities.

Baseline mapping indicated that 62 of 72 HDs were endemic for trachoma, with trachomatous inflammation-follicular (TF) ranging from <10% to above 60%. Niger was one of the first recipients of the Pfizer, Inc. donation of Zithromax for trachoma control beginning in 2002 with MDA for trachoma in two HDs. MDA gradually scaled up, achieving 100% geographic coverage by FY16. Niger has been using Tropical Data for all trachoma surveys since early 2017 and survey results are standardized by age and sex. Helen Keller has been the main implementing partner for the trachoma program since 2007 and USAID has been the main funder of the trachoma program, but the PNSO has also received support for MDA and other activities from The Carter Center and the World Bank over the lifetime of the program.

Currently, 50 out of the 62 ever-endemic HDs have reached the threshold to stop trachoma MDA (TF <5%). This includes the TIS in 13 HDs (17 EUs) completed in FY21, of which eight entire HDs (10 EUs) have now passed with TF <5% and met the criteria to stop MDA. Two other districts (3 EUs) had at least one EU that passed with TF <5%. Four HDs (4 EUs) had TF ≥5% and <10% and will require one additional round of MDA. In FY22, only seven HDs will require MDA; FY22 is projected to be the last year of trachoma MDA in Niger, if all planned TIS indicate TF<5% in all EUs.

Regarding TSS, in total, 35 entire HDs and EUs in two additional HDs have also passed TSS, sustaining TF prevalence of <5%. TSS in two additional HDs (4 EUs) are expected to be completed by the end of CY21.

MDA coverage in the trachoma MDA

In the earlier phase of the Niger trachoma program, insufficient program coverage was recorded in many districts over multiple years, with problems from drug management and planning which contributed to poor MDA implementation. More recently, in FY18, only 9 out of 20 HDs (45%) achieved effective programmatic coverage of ≥80%. The PNSO and Helen Keller subsequently reviewed MDA implementation and developed a program improvement plan before the FY19 MDA campaign, which

included an enhanced MDA strategy. The strategy included changes in drug management to ensure correct quantities of drug reached each district, improved cascade training for regional and district staff involved in the MDA (ensuring that all staff were included in the training unlike in previous years), enhanced social mobilization (CDDs going to households and not just through local radio), and increased supervision (a greater number of supervisors ensuring supervision at each step of the MDA process). All these cascading activities were overseen by the central level (NTD programs and MoH) in conjunction with Helen Keller at the regional and district level.

Following a loss of Zithromax in Niger and the discovery of Zithromax specifically targeted for Niger found in a Nigerian market, the International Trachoma Initiative (ITI) conducted a drug management review in 2019 and several recommendations were implemented. These included the appointment of national level program-level drug focal points; verification of quantities of drugs put in place by the National Office of Pharmaceutical and Chemical Products (*Office National des Produits Pharmaceutiques et Chimiques* or ONPPC) for the MDA campaign; a thorough physical inventory at the HD level; and strengthening of field supervision.

Insecurity has increased in the past several years and supervision remains a challenge in the Diffa region. For example, motorcycles, which are used by supervisors elsewhere, are banned in the Diffa region. To resolve this challenge, the "mobile strategy" was developed, whereby rented vehicles are used by integrated health centers (CSIs) for close supervision (a supervisor follows the CDD teams) in hard-to-reach locations, to move within insecure areas with population displacement and to better access nomadic populations. In addition, local supervisors have been recruited and trained to support the districts in routine supervision and SCT. SCT was first implemented as part of the drive to improve MDA coverage and has contributed to improved MDA coverage, seen in FY20 (when it was implemented in four Act | West supported HDs) and FY21 (in all eight HDs). The SCT was well received by the MOH and will continue to be used.

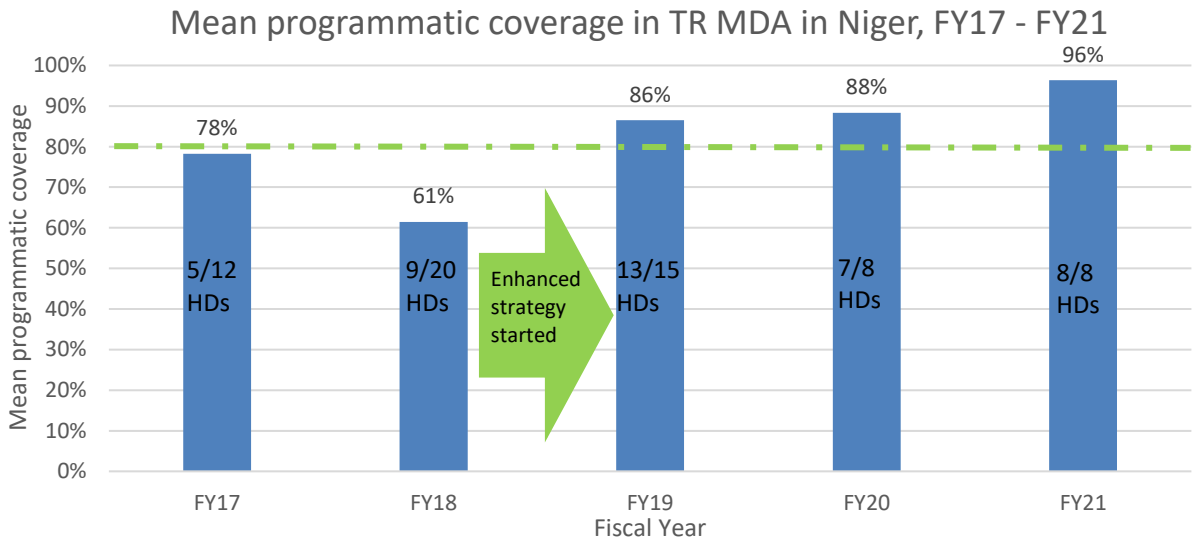
As can be seen in **Figure 1** below, following the introduction of these changes, an immediate increase in overall coverage was observed in FY19 (13/15 HDs [87%] achieved effective programmatic coverage), with mean coverage in the treated HDs of 86% compared to 61% in FY18 before the measures to improve supply chain and supervision were implemented. MDA coverage continued to improve in FY20 and FY21: 7/8 HDs (88%) had effective coverage, with a mean national coverage of 88% in FY20, and 100% of HDs reported effective coverage in FY21, with a mean national coverage of 96%.

As part of the measures to better understand coverage, an integrated LF/trachoma coverage evaluation survey (CES) was conducted in Tessaoua HD in October 2019, five months after the FY19 MDA. The reported coverage was 81.6%. This CES confirmed the reported coverage was ≥80% (82.7% with a 95% confidence interval [CI] 80.8%-84.7% surveyed programmatic coverage). Likewise, CES in two HDs conducted in March 2021, five months after the FY20 MDA, found 89.6% [95% CI 88.1%-91.2%] surveyed coverage compared to 85.9% reported coverage in Bouza HD and 91.4% [89.8%-93.1%] surveyed coverage versus 93.9% reported coverage in Belbedji. This was despite a massive displacement of the nomadic population in the northern pastoral zone of Belbedji during the period of data collection for the FY21 coverage survey, which may have led to fewer MDA-recipients participating in the CES. The surveys were carried out within the timeframe recommended by the WHO after the MDA. Although neither the reported nor CES coverage rates correct for the recent population movements, the close agreement between reported and CES rates indicates confidence in the coverage of the resident population.

Quantifying coverage of nomadic populations would require unique sampling methods and increased field time outside the scope and budget of a WHO CES.

Nevertheless, increases in average national coverage and attainment of effective coverage district-wide do not preclude pockets within a district of insufficient coverage and these zones could contribute to higher TF values during a TIS (particularly if they are randomly sampled). It is important to note that the PNSO responded to discussions of insufficient coverage and the result has been improvements in the number of HDs achieving effective coverage. Data has been collected at the subdistrict level and Act | West will support the PNSO to analyze this data. The PNSO was previously unable to conduct this subdistrict analysis due to uncertainty on how to proceed. Helen Keller has since supported the PNSO in the development of data collection templates to capture this subdistrict data (see **FY22 activities**).

***Figure 1**: Mean programmatic coverage (%) achieved during TR MDA from FY17 - FY21* Mean program coverage in HDs conducting trachoma MDA in Niger since FY17. Since the introduction of an enhanced MDA strategy started prior to the FY19 MDA, both the number of HDs achieving >80% programmatic coverage (e.g., in FY19, 13/15 HDs) and the mean coverage have increased.



See Table 3a: USAID-supported TR coverage for FY20-FY22.

<u>Persistent Trachoma/Non-responding HDs</u>

Despite many successes, the trajectory of trachoma elimination in Niger has not been smooth – in total, 38 HDs (out of 62 ever endemic HDs) have had one or more TIS with TF ≥5% at some point in their treatment history. Of these, 13 HDs (in whole or a constituent EU of that HD) have demonstrated TF ≥5% at TIS at least three times.

The PNSO and partners have hypothesized why trachoma might persist in some districts and EUs:

- High Baseline TF (the majority (26/38 HDs or 68%) had a baseline prevalence of TF ≥30% and twelve had a baseline prevalence of TF ≥50%).
- MDA coverage issues (see **MDA coverage** section above)
- Survey quality issues
- Insecurity and population movement

  - Particularly in Diffa region, which borders insecure areas of Nigeria (where trachoma is suspected to be endemic but has not been mapped and therefore not conducted MDA)
  - Internally displaced people in Diffa region, moving in response to insecurity
- Delays between MDA rounds or after TIS—during this time, infections may continue spreading and children may be developing TF, potentially impacting results in next TIS
- Over time, surveys have been conducted in geographical units of decreasing size (first, regional-level baseline mapping, then redistricting the country from 44 to 72 HDs in 2017, and finally, the creation of EUs that meet WHO guidelines but are smaller than a HD) meaning that detection of clusters or "risk areas" of TF is more likely
- Poor WASH conditions throughout the country.

These reasons may not apply to all districts/EUs, but it is essential to understand the possible reasons for the continuing TF prevalence ≥5% in the districts that still warrant MDA and devise appropriate solutions.

There are four main efforts that have been going on simultaneously in response to persistent trachoma in Niger within the Act | West program:

1. Program Improvement Plan

During FY19, at the request of USAID due to low programmatic coverage in Niger, a program improvement plan was developed which focused on ensuring all eligible populations are reached during MDA and making sure surveys are implemented with high quality. The implementation of this program improvement plan has led to discernible increases in MDA coverage year over year, both in terms of the proportion of districts reaching at least 80% programmatic coverage and the average coverage (see Figure 1 above). The following objectives and activities of the program improvement plan include:

Ensuring all eligible populations are reached and comply with MDA

Activities were implemented to ensure effective MDA coverage, including a review of all MDA components, and developing an MDA quality improvement checklist. The "mobile strategy" was developed, described above in **MDA Coverage** to find hard-to-reach and mobile populations, alongside increased supervision at all levels of the MDA. Changes in drug management are described in the **drug management section**, below.

Ensuring surveys were implemented with high quality

The PNSO has used the Tropical Data system since 2017 and it is thought that survey quality has improved, given the focus on training, and using only "certified" survey team members. FHI 360 and Helen Keller also contribute to protocol development. Since FY18, the PNSO has provided the trainee's Kappa scores to Helen Keller as part of FAA requirements to ensure only those meeting a certain standard conduct the survey. Issues with diagnosing TF during surveys cannot be ruled out but are considered less likely with respect to MDA coverage issues, as the survey teams in Niger are very experienced.

Trachoma Data Review in 2019

As part of the program improvement plan, co-funded by Act | West and the CNHF, the PNSO convened a data review meeting in Niamey in September 2019. MOH/PNSO, WHO (remotely), USAID, FHI 360, Helen Keller-Global and Helen Keller – Niger, ITI and The Carter Center staff participated. During the three-day

meeting, an exhaustive compilation and review of all data was completed. During the meeting, there was an emphasis on understanding the reasons why districts or EUs had not yet been able to achieve or maintain TF <5% to improve MDA coverage and enable districts to reach stop MDA criteria. Following this meeting, the PNSO had a full set of historical data that was validated by the PNSO as well as the partners. Importantly, this was the first time that the PNSO had fully considered other factors, such as MDA coverage, or reaching mobile populations, in non-responding HDs beyond high baseline. This meeting was also a trigger for the PNSO-led key informant interviews (below) and their desire to create an SOP (which is still pending) for investigating non-responding HDs.

2. PNSO-led Key Informant Interviews with district-level trachoma focal points

Following the meeting in 2019, the PNSO conducted key informant interviews with 11 district-level trachoma focal points in Niger to help understand the reasons for non-responding HDs. The results were presented at the Niger trachoma annual review in February 2020. FHI 360, Helen Keller, The Carter Center and ITI participated in this meeting. The interviews focused on identifying strengths and weaknesses in the management and execution of trachoma MDA and offering solutions for improvement. **(See the full list of recommendations in Appendix 12, Table A10)**. Additional work is still needed to better understand why some districts are caught in repeated cycles of MDA-TIS. As part of the Act | West Learning Agenda to better understand districts requiring multiple MDA-TIS cycles, Helen Keller and FHI 360 developed a tool for trachoma programs to collate and verify information on HDs or EUs that have not passed the survey. The information collected in the tool includes: historical survey information, including overall district prevalence and information on where positive cases are located; sub-district MDA coverage; whether Kappa scores for surveyors had been achieved; and questions on each aspect of MDA, such as social mobilization and supervision; and information on the presence of special populations within the given HD/EU. Responses will help identify programmatic actions that can be taken. However, due to the COVID-19 pandemic in FY20 and prioritization of MDA and surveys once activities restarted, the data collation into the tool has not yet been conducted. The PNSO plans to continue this work in FY22 (see **Plan and Justification for FY22** below). The PNSO has agreed to work with Act | West and other partners on a standardized approach to better understand the reason for persistent trachoma in Niger.

3. **Quality improvement application – the FHI 360 QI model**

Three HDs with persistent trachoma were selected to implement the FHI 360 quality improvement model (see **Quality Improvement (QI) in three HDs that failed TIS,** below on Page 16). At the time the QI plans were coming together, it was only known that three HDs would be undergoing MDA in FY22; the other HDs that will be treated in FY22 were at the time awaiting TIS to understand if more MDA is needed. However, a final selection of HDs will be determined following discussions with the PNLMTN, especially considering the TIS and pre-TAS results.

4. Persistent trachoma deep dive and action points, led by USAID, Act | West and Act | East

To understand the reasons for persistent trachoma, both throughout the USAID portfolio and in Niger in particular, two virtual meetings were convened by USAID and Act | West, one in June and one in August 2021. The meetings focused on understanding why certain HDs have not yet passed TIS despite many years of conducting MDA (or why certain districts passed TIS but not TSS) and what can be done to address these issues in the future (with the participation of USAID, FHI 360, Act | East, Helen Keller, the Task Force for Global Health and the CDC). A second meeting with USAID, FHI 360, Helen Keller – Global and Helen Keller – Niger was held on August 12, 2021. Helen Keller – Niger presented a review of HDs with persistent trachoma, an analysis of the possible reasons for this persistence, and strategies that have been

implemented to improve MDA coverage to date. The Niger presentation focused on 26 EUs across 18 HDs. However, since the deep dive, 17 of these EUs (in 22 HDs) have undergone TIS. Fourteen EUs in 10 HDs passed and thus no longer are considered non-responding HDs. Additionally, one other EU (in 1 HD) that underwent TIS during the same timeframe had TF ≥5% and was added to the list. This means that there are now 13 EUs across 12 HDs considered non-responding. Helen Keller – Niger worked with the PNSO to develop a list of persistent trachoma HDs, potential reasons for this, and outlined steps going forward. One important "takeaway" from this meeting is the need to gather sub-district level data for analysis. This data gathering, through the Act | West Learning Agenda in collaboration with the PNSO, is planned in FY22. Activities stemming from the Deep Dive are in **Plan and Justification for FY22** below.

Two of the discussion points in the meeting were population movement and insecurity, both of which can contribute to persistent trachoma. In Diffa region, for example, there is ongoing insecurity and unpredictable population movement between Chad and Nigeria and within the region itself. As a result, HDs may have vastly greater numbers of people than official population estimates and therefore insufficient drug quantities to treat all those living in that area at the time of the MDA. As population movement is unpredictable and can be rapid following an attack, agencies like the United Nations High Commission for Refugees (UNHCR) may have more accurate population numbers than the Niger government can provide. The PNSO will liaise with UNHCR get more updated population figures. Similarly, during surveys, those people who were not present at the time of the MDA may be randomly selected to participate in the TIS. The movement of people is difficult to predict but using population denominator data from other community health programs may indicate the scale of the issue before an MDA or survey. In FY21, for example, there was a discussion with the national vaccination program prior to the trachoma MDA where it was noted that in Bosso HD the population size was lower than expected (see **Plan and Justification for FY22** below). The PNSO will continue to keep in touch with other community health programs to share information on population movement. Survey implementation, and the interpretation of data, in these zones may also warrant discussion. A virtual meeting was convened between the Niger PNSO, Helen Keller – Niger and Global, FHI 360, The Carter Center and ITI to begin to address population movement (internally displaced persons in Diffa, in particular). During the discussion, ITI agreed that if logical and well-estimated population data can be collected by the PNSO/MOH in HDs with known migration prior to the MDA, ITI will review the data and adjust the quantity of ZTH to be delivered, if needed, to ensure that the whole HD population (whether local to that HD or not) may be treated. At the same meeting, there was a discussion regarding the MDA needs in zones with semi-closed refugee camps and it was agreed that if a district has such a refugee camp, the camp population will be added to that of the district population to ensure a more accurate denominator. Conversations to address the population movement issue will be ongoing as will the involvement of UNHCR.

Plan and justification for FY22

MDA:

In FY22, trachoma MDA will be conducted in seven HDs (Diffa, Bosso, Dungass (EU 2), Mainé Soroa, Tessaoua (EU1) and Gouré Sud and Bilma. Violence in Nigeria has resulted in population displacement into Niger, particularly in the districts that border the most affected areas in Nigeria, Borno and Yobé. These populations have been crossing into Niger particularly into districts of Diffa, Bosso, and Mainé Soroa, which are all targeted for trachoma MDA in FY22. Bilma HD will undergo the MDA at a time when

the majority of the population is present (July to September 2022). Bilma HD is home to oases and date growing and harvesting. The majority of the population is migratory and spends time in Chad, Nigeria and Libya. The district population is at its greatest between July and September and targeting the MDA for this time period is essential to ensure the MDA reaches the most people. The HDs targeted for MDA in FY22 include three HDs (or EUs) that are mid-cycle and four HDs whose FY21 TIS results indicated that TF is still ≥5%. MDA will be conducted at the HD or EU level, whichever is epidemiologically appropriate (**see Appendix 1**). Improved MDA strategies (with strengthened supervision and drug supply chain) described above will continue to be used in FY22. (**Please refer to FAA #7-10 budgets for MDA, social mobilization, training, and supervision).**

The PNSO will work with community and MOH structures and with the UNHCR to support in the provision of better population estimates in areas with large population movement to modify the ZTH order (and hence the quantity of drug needed) at the time of the MDA where required (no cost to Act | West). Additional activities or strategies to improve MDA may be developed following the data collection to better understand specific reasons for persistent trachoma in these HDs, as discussed during the deep dive meetings. Once data are available and activities proposed, these will be discussed with USAID.

MDA supervision

The below supervision activities will be supported by Act | West in FY22 during the MDA. (**Please also refer to Budget Section 4.i.1. and FAA#1 and FAA #7-10 budgets.)**

Overall supervision

Act | West will support MDA supervision from the national level to the CDDs. The strategy is tailored to each specific district or area conducting a trachoma MDA (e.g., using the strategy described above for nomadic/mobile populations) to ensure effective coverage. Supervision with local staff will be used in areas where Helen Keller – Niger is unable to supervise due to insecurity. Increased supervision at all levels will be implemented during training, evaluation, and MDA. At each stage, supervisors will monitor MDA implementation, with frequent meetings and exchanges to solve issues on time. Increased attention will be given to MDA mop-ups in areas where the SCT indicates coverage is low. SCT was rolled out in the four Act | West supported HDs in FY20 and all eight Act | West supported HDs in FY21. SCT will be conducted in all seven HDs undergoing MDA in FY22.

National supervision

National supervisors (NTD program and the health education department) will participate in the preparatory meetings for the MDA, supervise the training of health center and education sector managers, oversee the cascading of drugs from the central to the HD level, and coordinate the evaluation meetings.

Regional and district level supervision

Two supervision approaches will be used in FY22 (as in FY20 and FY21): routine supervision (based on routine MOH supervision) and use of the SCT. Supervisors able to travel will meet daily to discuss strengths and weaknesses of the MDA progress. The first two days will focus on the organizational aspects, the availability of MDA materials and their distribution, the launch of the MDA and timelines. The last three days will focus on the SCT aimed at evaluating performance, assessing coverage, and identifying areas that need mop up to improve coverage. The Regional and District Directors of health and education will oversee the cascade training and drug distribution.

NTD Focal Points at the region and district as well as Health Information and Programming Services (HIPS) managers will oversee the district and health center training, drug distribution, and data collection. The

supervisors from the CSI (two for each health center) will supervise the distribution within that health area and administer SCT questionnaires at identified sites. One of the recommendations is that the team of supervisors at the CSI level be strengthened by including a second health worker to improve supervising CDDs.

DSA:

In FY22, twelve HDs (13 EUs) will be eligible for TIS. These include seven HDs (7 EUs) (Diffa, Bosso, Bilma, Mainé Soroa, Tessaoua EU 1, Gouré Sud, and Dungass EU 2) after their last round of treatment in FY22 and five districts (6 EUs) that completed their last round of treatment in FY21 (Belbedji, Bouza 3, Guidan Roumdji 1, Matameye 1 and 3, and Mayahi 1). **Please see Appendix 1 and Appendix 12, Table 5, for a list of HDs and their respective EUs**. Due to the repeated TIS failures in the HDs of Bilma, Maine Soroa, Tessaoua, Dungass 2, Goure, Matamaye 1, and Matamaye 3, the PNSO will submit a request to USAID to implement their next TIS in 2022. As with the MDA supervision, described above, there will be enhanced supervision during trachoma surveys that go ahead in FY 22, with increased central level PNSO and Helen Keller staff. All surveyors (graders and recorders) will receive a refresher training according to Tropical Data training guidance; additionally, per Tropical Data guidelines, only "certified" survey team members will participate in the survey.

The PNSO continues to develop trachoma survey protocols in collaboration with Helen Keller and Tropical Data, with final protocol approval by FHI 360 included as a requirement in the PNSO FAA milestone. The PNSO will continue to work with Tropical Data to design EUs representative of an implementation unit (such as one or more sub-districts) to enable implementation of the MDA at the EU level, if necessary. A district may, depending on its population size and geographic location, be subdivided into one or more EUs. Thus, when the district is composed of more than one EU, the epidemiological status may vary from one EU to another within the same district. The PNSO discusses with Tropical Data the best way to geographically divide a district into EUs so that the HDs are logically divided. **Please refer to sections 4.k.1 and 4.k.3 of the budget and FAA#3-4 budgets.**

Activities derived from the Persistent Trachoma Deep Dive with USAID, Act | West and Act | East, June and August 2021

As a result of the deep-dive meetings, the following activities were developed for FY22:

1. In-depth review of each EU/HD with TIS/TSS demonstrating TF >5% and the creation of a "mini-dossier" on each EU/HD with persistent trachoma. This will be accomplished in collaboration between FHI 360 and Helen Keller with the "Trachoma DSA Failure Survey tool" developed as part of the Act | West Learning Agenda, and potentially through a review of other reports and data available to the PNSO, such as those generated via Tropical Data. The PNSO, with support from Helen Keller via CNHF funding, will hire a consultant to populate the new "Trachoma DSA Failure Survey Tool" and support data analysis.

2. Following data collection/collation, the PNSO, with support from Act | West, will review information from this tool (and any other sources). One main question/analysis will be: in looking at the data collected, can we identify specific programmatic steps that need to be taken to improve MDA either in specific districts, sub-districts, or sub-populations? The PNSO would like to look at sub-district level data to find any zones which may have weaker coverage and use the data to compare with the trachoma survey results and location of positive cases/clusters with

higher prevalence. Sub-district MDA data capture is included in the "Trachoma DSA Failure Survey tool."

3. A repeat MDA-TIS Workshop for Persistent Trachoma will take place following the data collection/collation and review process to discuss the data/next steps for FY22 (and potentially beyond). Helen Keller – Niger will work with the PNSO to develop a list of priority activities to ensure the PNSO's priorities are included, given that the PNSO has not yet had the opportunity to engage in deep dive discussions with Act | West, USAID, and other partners. The PNSO will then convene a three-day workshop with support from the CNHF-supported consultant. The workshop will include technical experts and partners, including USAID, Helen Keller and FHI 360 staff, ITI, WHO and the Task Force for Global Health, and regional level staff to review data from HDs where TF is still ≥5% after two or more TIS or after TSS. The cost of the workshop will be shared by CNHF and Act | West. ***Please refer to section I.3 of the budget.***

Annual post-MDA evaluation meetings at national, regional and HD level - (national meeting in Zinder, two regional meetings, and three HD meetings)

A three-day national evaluation meeting is held annually to bring together key stakeholders (in the health and education sectors together with NTD partners) from the regional and national level to review the results of the MDA by district. They identify strengths, areas for improvement, and lessons learned and make recommendations for improving future campaigns. In preparation for this meeting, each region organizes a one-day evaluation meeting with the governor, administrative authorities, traditional leaders, the DRSP, the regional director of national education, district medical officers, NTD focal points for education and health, and M&E officers from each district. A similar two-day meeting is also organized at the HD level for each district, with the participation of the heads of CSIs and education sectors, administrative authorities, and traditional leaders. In FY22, Act | West will finance post-MDA evaluation meetings at the national level, in two regions (Diffa and Zinder), and in seven districts that will implement a trachoma MDA. **(Please refer to budget section 4.j.1 and FAA 1, FAA# 7-10 budgets.)**

<u>Quality Improvement (QI) in three HDs that failed TIS/TSS</u>

In FY21, the training of QI coaches was facilitated by Act | West. This training was the first step in the QI process and an opportunity for participants to understand the FHI 360 QI model. Twelve coaches were trained from the NTD program at the national and regional level and partners (Helen Keller and World Vision). During the training, participants conducted a root cause analysis of the challenges and priorities of the MDA implementation and to develop a list of actionable activities. These findings will be used in FY22.

Problem	Change idea	Change concept (developed into actionable activities)
Low community ownership	Community advocacy	Empowerment of leaders
Low CDD motivation	Decreased workload	Reduce demotivating aspects of the payment system
Insufficient resources (duration of training-supervision)	Mobilization of additional resources	Invest more resources in quality improvement
Drug acquisition delay integrated treatment	Improved logistics	Reduce or eradicate overly complex processes

In FY22, QI activities will continue with learning sessions facilitated by the QI coaches to establish QI teams, train the QI team members on the QI model and framework, and the development of action plans with performance in three HDs that failed TIS/TSS were known to need MDA in FY22 at the time the QI plans were being developed: Diffa (region of Diffa), Bosso (region of Diffa), and Dungass (region of Zinder). In addition, coaches will conduct coaching visits to support the FHI 360 QI model implementation **(Please refer to budget section 4.e.5).**

Dossier Status:

Current Validation Schedule

The country is making progress towards eliminating trachoma as a public health problem. However, after several rounds of MDA and TIS, there are still districts with TF prevalence above 5%. According to the PNSO, the last MDA is projected to be conducted in 2022 and the last TSS in 2025, permitting submission of the completed trachoma dossier in 2026 for validation by the WHO. Historical data are complete and backed up at the PNSO, but the narrative draft has not been started.

Completeness and security of historical data

The PNSO has a tracking system containing all historical data. Data verification activities (requiring health center visits and collaboration with data managers) to align central level data with operational level data were planned with The Carter Center in 2019 and 2020 but could not be supported by The Carter Center at the time (reasons not known). Available data is secured through backups on external hard drives and laptops (backed up monthly). A more formal and detailed system for ensuring regular backups of the most current information will be defined in FY22. Please see **Data Security and Management** below.

Dossier development and orientation workshop

In order to better guide the program on the content of the elimination dossier, an orientation workshop was planned in FY21 with technical support from partners, including WHO experts. Due to the workload of surveys and MDA for the PNSO, this will be scheduled in November 2021 when the field work is completed. This meeting will define tasks and assign responsibilities for moving the dossier forward. At this time, the PNSO has not yet begun writing the dossier narrative. The partners supporting trachoma in Niger are keenly aware of the need to secure historical data and information before the retirement of the current deputy program manager of the Niger trachoma program. He has begun involving other PNSO staff to ensure that there will be support for the ongoing dossier preparation. The cost of this workshop will be covered by CNHF and Act | West. USAID, FHI 360, Helen Keller and other trachoma partners will be invited to participate in this meeting (**Please refer to section I.2 of the budget.)**

2.3 Onchocerciasis

Previous and current fiscal year's activities and background

In 2001, the WHO declared that OV was no longer a public health problem in Niger. Niger has never conducted community-directed treatment with ivermectin (CDTI) since prevalence is under the threshold requiring treatment. All previously endemic OV districts were co-endemic for LF and therefore benefitted from LF treatment with ivermectin (IVM) and albendazole (ALB) with epidemiological coverage rates >65%.

To help the program prepare its elimination dossier, an OV elimination committee (OEC) was established in January 2017, comprised of national and international OV experts. USAID (through the END in Africa project) supported two OEC meetings since the committee's inception in 2017 to advise the PNDO/EFL on the strategy and next steps needed to confirm whether OV transmission has stopped in the country. A key recommendation from the second OEC meeting (in March 2018) was to conduct OV elimination mapping in bordering districts surrounding the endemic areas. Following this recommendation, OV elimination mapping was conducted in 2019 with support from END Fund in five HDs that had prior skin-snip data and that border the endemic HDs. Exclusion mapping was conducted via a desk review and field prospection to determine the existence of black flies in those HDs. No black fly breeding sites were identified, and no further surveys are needed. All 16,285 dried blood spots from the stop MDA surveys in five endemic HDs have been analyzed with the OV16 enzyme-linked immunosorbent assay (ELISA) and seven positives were recorded but these were not confirmed positive at a later analysis. In addition, all 6,000 blackflies collected have been tested by PCR to date with no positive results recorded.

Plan and justification for FY22

MDA:

No MDA is required for FY22.

DSA:

No DSA is required in FY22.

Onchocerciasis Elimination Committee Meeting and the OV Dossier Status

The Niger OEC meeting held in August 2021 has determined that transmission has been interrupted following a data review by the experts. The first draft of the plan for preparing the elimination dossier is available. The OEC recommended finalizing the elimination dossier for submission to WHO and the MOH has declared the elimination of OV transmission in Niger in September 2021. The next OEC meeting is planned in FY22 and will be partially supported by Act | West (travel costs for the technical assistance).

3. IR2 SUSTAINABILITY and HSS STRATEGY ACTIVITIES

3.1 Systems Strengthening

Data security and management

The process of updating the Country Integrated NTD Database (CIND) as well as integration of all NTD indicators into the District Health Information System 2 (DHIS2) were not completed in FY21 and will

continue into FY22. The completion of these two processes will secure data storage, protection and integrity of data, and continuous future access to NTD data.

In FY21, Act | West provided the three NTD Programs (NTDP, PNDOEFL, and PNSO) with external hard drives and laptops to ensure that program level data are entered and stored on functional and secure IT equipment (DHIS2 is currently cloud-based in Niger). Furthermore, a workshop to review the health information system indicators was held in 2020 and chaired by the Secretary General of Health of the MoH. During the workshop, the PNSO, PNDO/EFL and the PNLBG reviewed and presented their priority morbidity indicators and MDA data. Morbidity data recorded during routine consultations in health centers are integrated into DHIS2; but specific information such as DSA results are not currently input (to be discussed with the NTDP in FY22). Only MDA data on the number of people targeted and treated are integrated at this time.

Activities planned in FY22 with Act | West support:

Sustainable data security and systematic storage of NTD data at the NTDP (Helen Keller/Deloitte)

Steps have been taken since FY20 to strengthen NTD data management in Niger, including the use and back up of the CIND at the national level and the gradual integration of priority NTD indicators into DHIS2. In FY22, Deloitte will support the process of identifying a data securitization protocol by conducting a data policy review virtually and then work with Helen Keller to organize a two-day ''presentation and validation meeting'' with the NTDP and other MOH staff to further discuss and validate findings and make policy recommendations building upon MOH's existing guidance. Helen Keller has begun discussions with the programs to develop a comprehensive data security system that defines not only the frequency of backups but also where the various copies of information will be kept, under what conditions, and the responsibilities of those involved. Discussions are still ongoing as COVID-19 has delayed the process. Two points of contact for data storage will be identified for each program: one with the program coordinators and one with their M&E officer or deputy coordinator. The data will be kept in two places (the computer and the external hard drive) by the identified persons. A monthly backup will be done on all devices after data harmonization. The recommendations from the 2-day meeting and previous discussions between Helen Keller and the NTDP will result in the updating, adoption, implementation of MOH guidance, and the creation of a simplified NTD data security SOP that can be distributed among NTDP staff. Once the NTDP has prioritized the most critical recommendations and identified support needed from Act | West, Deloitte will work with the MEL Team and Hellen Keller - Niger to support rollout and implementation of this SOP, which could include an orientation session and the creation of easy reference job aids related to data security. ***(Two-day presentation meeting budgeted under Helen Keller***).

CIND update with historical data

Currently the NTD historical data are saved in separate databases and must be combined: LF and OV are in one database, SCH and STH are in others, and trachoma is in another. In FY21, Act | West supported the NTDP to start combining the historical and future NTD data in the CIND and build capacity of NTD program officers in this regard.

In FY22, a consultant will enter historical NTD data into the CIND during (supported by Act | West). The database will first be moved from the PNDOEFL (where it is currently located) to the NTDP level to improve coordination and efficiency. The consultant will support historical data entry and ensure it is entered accurately with support from Act | West with two clerks from the NTDP. NTDP staff will conduct annual updates once the historical data is integrated into the CIND. The data entry is anticipated to be completed in Q4 of FY22. **(Please refer to section 4.n.1 of the budget.)**

Integration of NTD data in DHIS2 (Helen Keller)

Integration of NTD data into the national health information system started in FY20 and will continue in FY21 and FY22. This is a key element to ensure visibility and sustainability of program monitoring. The mainstreaming of NTD data into DHIS2 provides an opportunity for the NTDP to continuously collect morbidity data at the facility level through routine services. It is also expected that identification of cases at the facility level will increase ownership of district management team and regional teams on the data and the subsequent responsibility of responding to the needs of their patients. The database has been updated and data collection has begun at the operational level (at the CSI level) in all districts. Challenges lie in the capacity of health workers to correctly diagnose diseases, especially TF, and in the completeness and timely reporting of MDA data in DHIS2. Follow-up will be done by the district and regional data managers under the coordination of the programs to improve the knowledge of operational level staff and data reporters. The NTDP and MoH Statistics Directorate have given instructions to the regional data managers to raise the priority of this activity and reminded them of the diseases and routine NTD indicators to be integrated into DHIS2.

In FY22, Act West will continue to emphasize the importance of data entry into DHIS2, particularly in the regions and districts targeted for trachoma MDA. The NTDP has scheduled a workshop that will bring together all the NTD data managers from the regional and central level to review the routine NTD data on the DHIS2 platform (no additional cost, will be folded into MDA evaluation meeting – **see PNLMTN FAA**).

Drug Management

Overview of challenges

Drug management has historically been a challenge in Niger, with the provision of incorrect quantities of drugs at the HD level, poor drug warehouse management and reverse logistics. There is a need for an annual physical inventory before the start of an MDA campaign and continued compliance with the first expired, first out (FEFO) guidance. In FY21, FEFO principles in the former WB HDs were not fully followed. To avoid this in the future, these HDs will undergo increased training and supervision to ensure improved drug management. Act | West supports inventory and reverse logistics activities jointly with the NTDP to build capacity, increase visibility of the monitoring of drugs, and MoH enhance accountability. Given the fact that all still-treating trachoma HDs will conduct the last round of their current MDA cycle in FY22, FY22 may be the last year for trachoma MDA.

The Helen Keller logistician, working with Helen Keller – Global with technical support of the Act |West supply chain specialist and USAID, will continue to support the National Office of Pharmaceutical and Chemical Products (*Office National des Produits Pharmaceutiques et Chimiques* or ONPPC) as well as the districts with regular visits and communication to address some of the difficulties in drug management (including in the former WB HDs with poor FEFO management). Helen Keller has added FEFO milestones in FAAs (either by extending the ONPPC mandate or by adding it to MDA FAAs) to reinforce the FEFO need and to address the related FEFO concern in some of the CSIs as mentioned. This will be implemented, in addition to strengthening all CSI staff on NTD drug store/warehouse management during cascade training. Quarterly inventories are planned and budgeted in FY22 (**see FAA #6**).

Improvements and next steps

The ONPPC is now actively working with Helen Keller – Niger and the NTDP to ensure accurate requests for drugs and NTD materials (such as dose poles). Helen Keller convened two virtual meetings during FY21 with all NTD partners working in Niger to discuss the challenges in drug supply management. In addition,

Helen Keller – Niger contributed to an ASCEND-led review of drug management in Niger. The consultant for the ASCEND program developed a list of recommendations to improve drug management. This list will be compared with that developed by Act | West, and priority activities will be highlighted for completion in FY22. These suggested recommendations will be discussed with all actors involved in SCM to find the best approaches for improvement.

Beginning in 2018, The ITI-trained regional NTD pharmacists and focal points participated in the MDA cascade trainings, during which the new ZTH dispensing guidelines were reviewed and the role of regional pharmacists in drug management and supervision was highlighted. In addition, Helen Keller – Niger supported strengthening direct supervision of social mobilization activities and drug allocation and distribution using a standard checklist and deploying two new full-time staff to the field. The PNSO employed a team of freelance monitors and conducted supervisory visits on a rotational basis to the different regions and districts.

NTD drug quantification

The process of accurate quantification of drugs starts at the MDA evaluation meeting where the estimate of drugs left over from the previous campaign is presented. To facilitate the request for drugs made by the programs, the Helen Keller – Niger logistician (with the MoH) creates a detailed report of the reverse logistics activities and disseminates it to the different programs, in order to meet the deadline for the JAP. Information collected includes the general state of the drugs, the quantity, the batch numbers from the last campaign and the expiration dates. The drug quantification meeting supported by Act | West completes this process.

Since ITI commissioned a ZTH assessment in 2018, several actions have been implemented to remedy shortcomings. These include the appointment of a logistician within the NTDP whose main mission is the management of NTD drugs at the national level in collaboration with the ONPPC, the DPHL, partners including Helen Keller, and the drug focal points appointed in each NTD program (PNSO, PNDOEFL and PNLBG). At the regional level, the management of NTD drugs is entrusted to the regional pharmacists in collaboration with the Regional Directorate of Public Health (DRSP) NTD focal points. At the district level, the district NTD focal points are responsible for drug management. A WhatsApp group was created to facilitate better information sharing and coordination of specific activities among central and regional drug managers. Training in drug supply chain management has been extended to half a day as part of the cascade MDA training. Quantities of drugs requested will continue to be verified against actual needs, as Helen Keller did in FY21, to identify and quickly correct errors. At the end of each campaign, a physical inventory of medications is conducted with the assistance of Helen Keller's logistician to secure the remaining medications in an ONPPC warehouse.

To improve efficiency in the management of expiry dates, Helen Keller - Niger will continue to complete a physical inventory of NTD drugs before the FY22 MDA. A specific meeting on NTD drug quantification and design of the implementation plan will be held in FY22 **(please see Appendix 2).**

Preparation of drug donation request forms

In FY22, as in every year, Act | West will support a meeting in Niamey for the completion of the JAP. To improve the quality of this activity, Helen Keller – Niger will inform programs of the inventory results as the reverse logistics mission to the HDs progresses; this will ensure interaction with each program during the mission. **(Please see Appendix 2.)** Separate drug application forms will be used for ZTH and TEO, as these two medicines are not included in the WHO forms.

Transport and storage

The ONPPC manages drug storage, packaging, transport, and dispatching from the central level to regional and HD levels and set-up for the MDA campaigns. Storage is ensured through a contract, which is aligned with international standards for the storage of medicines. The ONPPC recently modernized its infrastructure to improve drug management and logistics and appointed qualified personnel to NTD drug management. In FY21, 18 new trucks, including six paid for by the Global Fund and 12 others in the form of a loan from the State of Niger by the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project, were obtained to transport and dispatch NTD drugs, which has led to improvements in the timely distribution of medicines.

Any movement of vehicles from the central level to the districts is communicated to the drug logistical team (with detailed information about type and quantities) via WhatsApp and a mailing list. In 2020, a training was organized for those involved in supply chain management (ONPPC, NTDP, Program Coordination, Hygiene Division of the Ministry of Public Health) with funding from Act | West and support from ITI. This forum discussed challenges in the supply chain and made recommendations. Lessons learned from the FY20 meeting and FY21 forum will inform activities planned in FY22 and beyond. The FEFO principle will also be reinforced in drug warehouse management discussions. **(Please refer to budget section 4.f.1.)**

Warehouse assessment activities

In FY21, Act | West developed SOPs to conduct an assessment of the warehouses where NTD medicines are stored to allow the NTDP to advocate for improvement if the conditions are sub-optimal. As a part of the ongoing improvement to supply chain management, the PNLMTN logistician in charge of drug management will in FY22 conduct a physical assessment in all the central, regional warehouses and 5% of the warehouses in the district and peripheral health unit levels where NTD medicines are stored. These activities will involve Helen Keller – Niger, the PNLMTN and other NTD partners.

Reverse logistics and waste management

Significant improvements have been made to reverse logistics in collaboration with the NTDP. The process begins with the CSIs, to ensure that no drugs are left in the field after the campaign. A physical inventory is taken of remaining drugs at the CSI level, and then the remaining drugs are transported from the CSI to the HDs and then on to the region. Under supervision of ONPPC, the regions will store and monitor the drug stock until the next MDA campaign. The ONPPC is only in charge of the safety of the stored NTD medicines at the regional level. This process helps account for and properly store all remaining drugs after a campaign and avoid drug expiration issues.

However, a SOP is needed to ensure consistency in this process. The NTDP will create a committee to serve as a guide for the management of the NTD drug supply chain. The committee will meet for one week to draft the SOP and will eventually be responsible for ensuring that the procedures are followed. Act | West's HQ and country team will provide technical assistance to develop a checklist as a means of verification to monitor the compliance of the SOP. The value of an agreed SOP is that it establishes a formal procedure for the storage of NTD drugs and will help to avoid issues with expiration. The logistician supported by Act | West and the MOH drug management focal point will follow-up and make sure that they SOP is being followed. The ESPEN SOP may serve as a basis for this activity. This meeting will involve Helen Keller's Act | West logistician, the logistician of each program (PNDO/EFL and PNSO), a participant from WHO, and the MoH's pharmacy department. The SOP for NTDs will be available for the FY22 campaign to support the MoH to lead the reverse logistics process in future. Helen Keller will support this activity in FY22. (**Please refer to budget section 4.f.2.)**

Monitoring and management of adverse events

During the MDA, adverse events (AEs) may occur. Notification and summary forms for AEs are available to CDDs, which explain who to notify in the event of an AE. In Niger, cases encountered and reported are usually minor and may not require medical attention. Any serious adverse event (SAE) is managed by the DPHL National Pharmacovigilance Committee. According to the SAE reporting procedure, the DPHL committee is responsible for informing the MoH, which in turn informs the WHO regional office, Helen Keller, FHI 360, and USAID, as well as the pharmaceutical donation company. The NTDP is a member of the pharmacovigilance committee. All AE and SAE are monitored by CDDs and their local supervisors who are trained with funding from Act | West.

The Niger MoH has a drug quality control requirement which is carried out by the ONPPC. This means that each delivery of drug needs to be analyzed in an authorized national laboratory (LANSPEX) to confirm the drug quality; the analysis concerns 1 vial of syrup per batch number and 1 box of tablet per batch number. After analysis a report on the quality of the drugs is given to us by the laboratory. For NTD drugs involved in Act | West supported MDAs, this is funded by Act | West. Act | West funds quality assurance of drugs, tools, and equipment (especially for traceability), and finally, responsiveness to such events.
In the event of AEs requiring management, the community itself will purchase drugs, such as paracetamol, for immediate care in peripheral centers (with the costs covered by the MoH, not by Act | West).

3.2 Sustainability

Summary of work to date

Niger is currently in phase 2 of the Act | West's five-phase sustainability process and has completed the Guided Self-Assessment using the Sustainability Maturity Model (SMM) tool. During phase 1, the MoH held a sustainability sensitization meeting attended by high-level representatives from the Ministries of Water and Sanitation, Environment, Education, representative of the USAID Mission in Niger, Director of World Bank Operations in Niger, WHO NTD Focal Point, and Water Aid Director, among others. The meeting introduced participants to cross-sector coordination and mainstreaming as pillars of sustainability for NTDs. As a next step, the NTDP requested support from Act | West for the multisectoral platform and the development of the sustainability plan for NTDs.

During phase 2, at the beginning of the stakeholder landscape and cross sector barriers analysis process, the NTDP held a validation workshop with the MoH senior leadership and internal directorates, NTD programs, and technical and implementing partners to review and validate the landscape analysis tools and refine the list of stakeholders to interview and the planning/agendas of the various interviews. Following a validation of the tools by the MoH, WV, FHI 360 and Helen Keller – Niger provided technical assistance to the NTDP to conduct a sustainability assessment which included both a cross sector component (stakeholder landscape analysis and cross-sector barrier analysis,) and an HSS component. The analyses identified mainstreaming opportunities for the national program such as including NTDs in the essential health care package, including NTDs in DHIS2, and integrating deworming during immunization days. The analyses also identified challenges such as the lack of a dedicated budget line for NTDs and the lack of representation of NTDs in strategic policies in health and non-health sectors. The results of the sustainability assessment supported the guided self-assessments (SMM) the NTDP held in July 2021. During the Sustainability Plan workshop, the NTDP and its stakeholders will build on the identified milestones, activities, and other analyses and create a consolidated sustainability plan. In FY22, Act | West will provide technical support for the development of the Niger Sustainability Plan and the

alignment of activities with NTDP's priorities. As a component of the sustainability process leading to the development and implementation of the sustainability plan, Act | West will continue to support the revitalization of the *Coalition Intersectorielle de Lutte contre les MTN* (NTD Intersectoral Coalition). This will be guided by the findings from the landscape and cross-sector barrier analyses and the NTDP's priority to have a functioning multisector coordination platform.

Governance

Provide TA to the multisector coordination platform–*Coalition Intersectorielle de Lutte contre les MTN* (NTD Intersectoral Coalition) (World Vision)

In FY21, Act | West supported the MoH/NTDP to revisit and update the TOR of the existing ''*Coalition Intersectorielle de Lutte contre les MTN* (NTD Intersectoral Coalition) to play the role of a multisector coordination platform for NTDs in Niger. The NTD Intersectoral Coalition's main objectives consist of coordinating the approaches to mainstream NTDs into national health policies and strategies; advocating for mobilization of domestic resources for NTD programming; providing technical oversight for the integration of NTD activities into existing and relevant government platforms; and monitoring implementation of the NTD Sustainability Plan in Niger. The NTD Intersectoral Coalition brings together cross-sector stakeholders from the government, research and academia, private sector, implementing partners, and UN agencies. The NTD Coalition's TOR have been reviewed and validated by the MoH's Legislative Unit. On August 19, 2021, the Minister of Health signed the ministerial decree that formalized the "*Coalition Multisectorielle de Lutte contre les MTN au Niger*" (CMLMTN). World Vision will continue to provide TA to the MoH and the NTDP to proceed to its official launch and to develop the action plans for its four commissions.

In FY22, after the official launch of the NTD Coalition, Act | West will provide technical support to the MoH/NTDP to host the first biannual meeting of the Coalition's general assembly. This will facilitate implementation of the Coalition's mandate and institutionalization of the mechanism as the oversight committee for NTD sustainability priorities in the country. Other NTD partners in Niger that have partnered with Act | West in providing technical and financial support to the NTDP to establish the Coalition will fund the second bi-annual meeting and subsequent quarterly meetings of its four commissions, with continued TA from WV. The meetings will foster buy-in and ownership from MoH leadership and ensure the Coalition has the resources required to function as the cross-sector coordination mechanism. This support will include facilitated discussions and approaches with the MoH for long-term self-financing strategies for the mechanism beyond donor support. The desired outcome is to provide overall monitoring and oversight to ensured cross-sector coordination and collaboration with all sectors relevant to NTD programs is well established. **(Please refer to World Vision budget.)**

Biannual meetings to monitor and discuss progress in implementing recommendations made during the FY21 advocacy meeting with the National Assembly (World Vision)

In FY21, World Vision provided technical support to the MoH/NTDP to hold advocacy meetings during parliamentary meetings with each of the parliamentary networks (health, food security, nutrition, and WASH) to raise awareness of NTDs. These engagements will be completed by December 2021. Under the request of the Niger NTDP World Vision is supporting the NTDP to advocate for the establishment of a network of parliamentarians for NTDs to seek more support for mainstreaming NTDs into in the national budget, strategies, and policies and to increase support from local government as parliamentarian have strong voices in their communities and local governing bodies and decision-making structures.

In FY22, Act | West will support the NTDP to organize two meetings to monitor progress in implementing the action plan resulting the National Assembly recommendations from FY21. The other two meetings will be supported by other partners. These meetings will be led and chaired by the MoH/NTDP and will bring together the members of the Social Committee of the National Assembly as the lead committee on health-related interventions among parliamentarians, the representatives of the network of parliamentarians for NTDs, NTD Program Coordinators, and other NTD-adjacent sector representatives, as relevant. The meetings will also be an opportunity for the MoH/NTDP to maintain continuous engagement with the National Assembly to advocate for increased domestic investments and prioritization of NTD functions into national strategic and local government operational plans. **(Please refer to World Vision budget.)**

Quarterly meetings to monitor implementation of the recommendations made during the FY21 advocacy meeting with the Ministry of National Education (World Vision)

In FY21, World Vision supported the MoH/NTDP to facilitate collaboration with the Ministry of National Education by: 1) engaging the education sector in working sessions with the NTDP and technicians within the Ministry of National Education to further sensitize them on NTD sustainability approaches focused on integrated service delivery; and 2) hosting a one-day advocacy meeting with the Ministry of National Education to identify opportunities for collaboration between these two sectors for the identification of interventions beyond school MDAs and integration of NTD preventative messages into health education curricula and materials. The expected outcome for this engagement would be the development of a joint action plan to mutualize NTDP- Education resources that would be implemented to contribute to the control of SCH, STH, and other NTDs among school-aged children and their immediate communities.

In FY22, World Vision will provide TA to the MoH/NTDP to continue to strengthen engagement with the Ministry of National Education, a key partner to advance the fight against NTDs in Niger by organizing two meetings convening the relevant directorates of the Ministry of National Education, the NTDP, and specific NTD Program Coordinators. The costs of the other two meetings will be shared among other partners on the ground. The objective of these meetings is to monitor implementation of the action plan resulting from the recommendations of the advocacy meeting with the Ministry of National Education held in FY21. The meetings will also further sensitize officials of the education sector on the importance of incorporating NTDs into school training programs as well as operationalize and mobilize resource for the joint action plan of implementation. **(Please refer to World Vision budget.)**

Support the MoH/NTDP to hold advocacy sessions with local governance bodies to include NTD priorities and services in their Municipal Development Plans (World Vision)

Ongoing decentralization of the governance system in Niger provides a unique opportunity to integrate NTD services and priorities at the local governance level. The local governance bodies play an integral role in the health system roll out of context-specific approaches to improve service delivery. There is a need to further leverage this decentralized health system, national policies for health service integration, and opportunities related to the transfer of competences to facilitate inclusion of NTD services and mobilize local resources for both implementation and strategic planning. Currently, NTDs are not included in the Municipal Development Plans in Niger (the strategic operational plan guiding medium-term resource allocation and local development interventions across sectors). This is a missed opportunity to prioritize critical investments to contribute to the fight against NTDs. The SMM workshop identified leveraging these platforms at the local level as a priority. It would contribute to the NTD sustainability strategy and maximize scarce resources and commitment for local government to the NTD response strategy.

Combining engagement with parliamentarians (as originally planned in FY21) and advocacy with the local governance bodies (as originally planned in FY21) provides an opportunity for a holistic advocacy strategy to promote the prioritization of NTD interventions at different levels of governance in the country.

In FY22, WV will provide technical and financial support to the MoH/NTDP to advocate to the local governance bodies for the inclusion of NTD-related priorities in their annual planning and strategies—specifically, their Municipal Development Plan. This will begin with a pilot phase in the Region of Maradi, in the Department of Guidan Roumdji, comprising six municipalities selected by the NTDP (as they represent areas with continued high NTD prevalence in the country). **(Please refer to World Vision budget.)**

The TA to the MoH/NTDP will be provided in two steps:

1. The first step will consist of an engagement meeting organized by the NTDP with support from the NTD Coalition at each town hall of the municipalities of Guidan Roumdji to sensitize the local authorities on the NTD burden on community health and livelihoods as well as sustainability approaches for integrated service delivery in Niger and the role of local government institution in the long-term response and prevention of NTDs. The meetings will aim to engage the Mayors, Regional Leaders, Municipal Heads, and District Leaders to obtain their buy-in and commitment for the inclusion of NTD priorities and services in local operational plans and strategies including the Municipal Development Plans. The major outcome of this intervention would be to formalize a concrete action plan and realistic timeline for the inclusion of NTD control objectives and priorities into each of these local strategic policies.

2. After the engagement meetings at the municipal level, World Vision will provide technical support to the NTDP and the NTD Coalition to host a one-day advocacy meeting with the local authorities of Guidan Roumdji. This will be an opportunity to present and obtain validation of the action plans resulting from the commitments made during the town hall meetings. Securing department-level commitment will be essential for NTD service integration in the Municipal Development Plan as a priority and other local policies as relevant. The NTD Coalition Advocacy commission will then follow up on implementation of the recommendations and commitments obtained from this engagement to support revisions of the Municipal Plans.

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

Act | West will support the NTDP to facilitate this workshop, which aims to convene national stakeholders to create the Sustainability Plan, drawing on analyses of the sustainability assessments conducted. After a series of preparation sessions with Act | West consortium members, the NTDP will lead/facilitate the workshop with support from Helen Keller and World Vision – Niger and the Helen Keller HSS advisor, to determine key activities to be prioritized in the next five years to advance goals in each of the six sustainability domains. The four-day workshop, held in Niamey with 50 participants will include NTDP, representatives from other ministries and directorates, WHO, Act | West consortium members, and other in-country partners. During the workshop, NTDP members and other participants will lead the drafting of the Sustainability Plan and collaborate in setting priority activities and the desired timeline to achieve their goals. Following the workshop, Act | West will provide TA to support budgeting of the detailed implementation plan, determine the costing of implementation timeline, and support the NTDP to

develop a monitoring and evaluation framework or matrix) for the Sustainability Plan over the next five years. (This activity is **budgeted under Helen Keller program.)**

Political Validation Workshop for the Sustainability Plan (Helen Keller and World Vision with TA from Deloitte)

This half-day meeting will be held in Niamey with selected participants representing the MoH, other government institutions, USAID, WHO, Helen Keller, World Vision, and other relevant stakeholders. The purpose of the meeting is to politically validate the finalized Sustainability Plan and disseminate the plan to a broader audience. The event will foster endorsement and create a space for dialogue, allowing the various actors to understand the NTDP's priorities in the fight against NTDs. This event will also give the NTDP an opportunity to further engage with MoH leadership and partners who will assist in implementing the Sustainability Plan. (This activity is **budgeted under PNLMTN FAA**.)

Participation in MoH annual work planning to continue advocacy for budgeting NTD activities in the national budget (Helen Keller)

Each year the MoH organizes a workshop under the chairmanship of the Minister of Health to validate the annual planning of activities of all health sectors, including NTD programs. During this meeting, each structure will present plans for the next year's activities with estimated budgets and the source of funding. All MoH partners usually take part in this meeting, including Helen Keller, to continue to advocate an increased budget for NTD activities. Helen Keller will work closely with the NTDP to prepare its contribution to the meeting and leverage budget advocacy materials to make the case to the MoH leadership. **(There is no budget associated with this activity, only LOE.)**

(See also Appendix 4. Building Advocacy for a Sustainable National NTD Program.)

4. IR3 ACTIVITIES: SCH, STH

4.1 Schistosomiasis

Previous and current FY activities and context

Sixty-nine of the 72 HDs in the country (excluding Bilma, Tesker, and N'Gourti) are endemic for SCH. MDA with PZQ began in 2004–2005 and took place every other year, targeting school-age children (SAC) and high-risk adults. SCH MDA has always been funded by SCIF, initially with funding from the Gates Foundation then by USAID's NTD Control Program through RTI and by the UK's Department for International Development (DFID). In FY21, SCIF via ASCEND supported the distribution of PZQ for SAC and HRA in 63 of the endemic HDs. But, after this round of FY2021 MDA, DFID suspended all funding for NTD control, including the ASCEND program in Africa.

Plan and Justification for FY22

MDA:

No MDA is planned in FY22 with Act | West support.

Note: For FY22, it is currently unclear who will finance this distribution following the suspension of the ASCEND program. It is believed that SCIF is searching for alternative funding.

DSA:

No SCH surveys are planned in FY22 with Act | West support.

4.2 Soil-transmitted helminths

Previous and current FY activities and context

All of Niger's 72 HDs are considered endemic for STH. The current national strategy is to treat all 72 HDs (even those with low or moderate prevalence) based on the fact that most people do not have access to clean water or sanitation and have poor hygiene habits. The current epidemiological situation for the 72 HDs is as follows:

- 6 HDs have a prevalence < 1%
- 53 HDs have a prevalence >1% to <10%
- 13 HDs have a prevalence between 10 and 20%.

The MoH's STH strategy consists of:

- MDA via LF treatment (IVM+ALB) or with SCH treatment (PZQ+ALB) where possible.
- Deworming of children 12 to 59 months of age during National Vaccination Days (*Journées Nationales de Vaccination* or JNVs) and twice-annual deworming campaigns (nation-wide), funded by UNICEF and Helen Keller.
- Pregnant women are treated with ALB in health facilities as part of the minimum treatment package during the second trimester. This treatment is managed by MoH's Directorate General of Maternal and Child Health.
- Behavior change communications (BCC) focused on disease prevention and improving participation and compliance during the MDA campaigns.
- Improved access to clean water and sanitation.

The components of this strategy specifically supported by USAID in the past included STH treatment via LF MDA in co-endemic HDs and implementation of BCC strategies focused on improving participation and compliance during MDA campaigns.

Plan and justification for FY22

MDA:

Aguié HD will receive treatment for STH through the LF MDA.

Note: For FY22, it is currently unclear who will finance this distribution following the suspension of the ASCEND program. It is believed that SCIF is searching for alternative funding.

DSA:

None planned in FY22.

APPENDICES

APPENDIX 1: TABLE OF SUPPORTED REGIONS AND DISTRICTS IN FY22 BY ALL PARTNERS IN NIGER

Attached.

APPENDIX 2: STRATEGIC PLANNING SUPPORT

NTD Annual planning meetings (19 participants)
Location: Zinder
A two-day NTD planning meeting will be held in FY22 in Zinder, with participation from the Zinder and Diffa regions and three districts (Dungass, Diffa, and Bosso). Each region will be represented by four participants, including three staff from the Regional Directorate of Health (Director, Programs and Health Information Focal Point, NTD Focal Point) and one staff from the Regional Directorate of Education (School Health Focal Point). Each district will be represented by three participants, including the Chief Medical Officer and the two NTD Focal Points. The main objective of the meeting is to prepare a draft budget for all activities related to the campaign in each region and district and to identify challenges and strategies for organizing and conducting the campaign. These plans and budgets will be considered in the Act | West budget. These meetings are important for reducing the time to create the Act | West budget and to discuss NTD partner contributions. Recommendations from these meetings will be reviewed for the annual business planning meeting. Budgets and targets are included in the overall NTD control budget for activities planned for 2022. **(Please refer to budget section 4.a.4 and FAA#1 budget.)**

NTD Coordination Meetings
Location: Niamey (18 participants) and Zinder (26 participants)
Act | West will support two of four quarterly NTD coordination meetings in FY22, due to other NTD projects having ended (including the World Bank Project). These meetings will involve the NTDP, DPHL, DEP, ONPPC, the Statistics Directorate (SNIS), and other available NTD partners such as Helen Keller, WHO, The Carter Center, and SCIF. They will take place every three months to monitor progress, plan and refine future activities, and identify solutions to urgent problems that arise as activities are implemented. The focus will be on MDA preparation and implementation. Helen Keller will continue to advocate in FY22 to the MoH to ensure the DEP, SG, or Deputy SG chair each coordination meeting to ensure high-level buy-in of the calendar of integrated activities. A small committee of two members (NTDP Coordinator and Helen Keller Program Coordinator) will be responsible for monitoring commitments and reporting back to the DEP on progress. Regional representatives (DRSP and DREP) will attend one of the meetings prior to the MDA to prepare for its implementation. This will be an opportunity to discuss with the directors the challenges and difficulties and the operational and technical strategies for implementing the MDA. (**Please refer to budget section 4.a.1.)**

Onchocerciasis elimination committee meeting (25 participants)
Location: Niamey
The Niger OEC meets once a year to decide on activities for disease control and surveillance to eliminate OV. In FY22, an OEC meeting in the second quarter will be supported by END Fund. Act | West will support the travel of one technical advisor as in FY21. The technical advisor, from Nigeria, will support the national

OV program and provide information on the Nigeria experience and more knowledge about the Niger/Nigeria frontier districts. (**see Travel section of budget**).

Pre-work planning (preparatory) annual meeting workshop (20 participants)
Location: Dosso
In FY22, the preparatory meeting will be held with the NTDP to prepare the first draft of the FY23 work plan and budget. This meeting will serve as a framework to discuss the activities of each program, proposals, and projections for the coming year. Difficulties and challenges will be discussed, with proposed resolution plans by activity. This workshop will bring together the DEP, the different programs (NTDP, PNSO, PNDO/EFL, PNLBG), the ONPPC, the education sector, and the DPH. It will be held in Dosso instead of Niamey to ensure the full participation of the appropriate participants (who can often be pulled away from crucial meetings like these when held in Niamey). **(Please refer to budget section 4.a.5)**

Annual Act | West work planning workshop (41 participants)
Location: Niamey
An activity planning validation workshop will be held in July 2022 to validate the activities proposed at the (above) pre-work planning annual workshop for FY23. This three-day workshop will bring together staff from the MoH, NTDP, the Ministry of Education, Regional Public Health Directorates, and various partners, including USAID, FHI 360, Helen Keller–Global, The Carter Center, World Vision, and SCIF. **(Please refer to budget section 4.a.6.)**

NTD Partner Coordination Meeting (12 participants)
Location: Niamey
The Partner Coordination Meeting is a framework for exchanges and information sharing among the partners who support the MoH and NTDP. These meetings will be held every two months at the level of each NTD partner (WHO, Helen Keller, SCIF, World Vision, The Carter Center, Speak Up Africa). Act | West will support one of the six meetings. They will strengthen monitoring, harmonization, and synchronization of actions and sharing of information and updates on NTD strategies. At the end of each meeting, the theme, date, and location of the next meeting will be determined to facilitate preparation. In 2021, two of these meetings were held under the leadership of WHO and were attended by Helen Keller, Word Vision, The Carter Center and Speak of Africa. In 2022 these rotating meetings will continue under the leadership of the WHO. **(Please refer to budget section 4.a.2.)**

Production of tools (registers, dose poles) (Helen Keller)
For the MDA tools such as dose poles and distribution and summary registers are produced according to the need of the targeted districts. These items are not purchased every year, but quantities of these items are replaced over a certain number of years or when stocks of registers are low. Thus, after validating the materials (registers and dose poles) and the quality of the those remaining, the purchasing service will proceed to launch the procurement process to buy the necessary quantities for the MDA campaign (if there is a gap). The quantities needed for the trachoma and LF MDA will be taken into account. **(Please refer to budget section 4.h.1.)**

Drug quantification and completion of JAP for 2023 (Helen Keller – 25 participants).
Location: Niamey

The NTDP submits drug requests using the JAP for IVM, ALB, and PZQ for SAC. The MoH, NTDP, NTD programs, Helen Keller, and other partners will meet to estimate drug needs and complete the JAP together. The PNDO/EFL prepares the first draft and sends it to all participants for review before the meeting. This review will help reduce risk of error and delays in the application and ensure better coordination of donations coming from different donors. Applications are usually based on survey results, WHO guidelines, and demographic data (the SNIS) and the latest physical drug inventory. For trachoma, the PNSO will send the ZTH® request to ITI for review and approval by the trachoma expert committee (TEC). Currently only LF MDA in one HD is expected to be ongoing in FY23. (**Please refer to budget section 4.a.8).**

Drug Needs Quantification Meeting and Validation of the Implementation Distribution-Transportation Plan (23 participants)
Location: Dosso
In 2022, as a prelude to the FY22 MDA campaign, Act | West will organize a two-day workshop to validate the MDA drug distribution plan presented by each program and to revise the drug management tools to ensure more efficient use. This meeting will bring together the program coordination units, the ONPPC, and the SNIS. Together, they will review the major drug distribution challenges and make recommendations. The target populations will be provided by SNIS. The plans will be amended by the participants to be centralized at the NTDP coordination level. These validated plans will be sent to the ONPPC to serve as a reference for the packaging of drugs and tools and dispatching to HDs. With the funding situation for SCH/STH not clear for FY22, this meeting will focus on trachoma and LF but Act | West will play a coordinating role for SCH/STH in the absence of other implementing partners. This coordination role will involve ensuring the correct quantity of drugs are listed for reach district planning to undergo MDA. Support could also be provided in verifying quantities to be shipped to each HD and in reverse logistics (some of this coordination will be further defined when the funding of SCH/STH treatment is clearer). **(Please refer to budget section 4.a.7.)**

Support the MoH to evaluate the previous master plan and to develop the 2022-2026 Master Plan (28 participants)
Location: Dosso
A two-week meeting will be held in Dosso to evaluate the previous NTD Master plan and to draw lessons-learned. Following this evaluation process, the new 2022-2026 Master Plan will be developed with the participants. The Master Plan will outline the NTDP's strategic priorities and update the elimination target year for LF and trachoma as needed. Participants will include the NTDP, the disease programs, WHO, World Vision, The Carter Center, SCIF and Helen Keller. 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. The WHO Master Plan guidance will be followed in the development of the new Master Plan. **(Please refer to FAA #1).**

Support the MoH to hold a meeting to validate and disseminate the 2022-2026 Master Plan (36 participants)
Location: Gaya

This is a three-day workshop in FY22 to review and validate the draft 2022–2026 Master Plan. Participants will verify that the document is aligned with the new WHO Master Plan. Participants will include MOH, NTDP, Act | West, disease program staff, central and regional staff, WHO, SCIF and The Carter Center. **(Please refer to FAA #1).**

Participation in cross-border meetings with Nigeria
Location: Virtual
As noted above, Act | West will be working to support the PNDO/EFL to investigate and better understand reasons for persistent LF in the Aguié HD, which shares a border with the Katsina state in Nigeria. Aguié has already implemented 11 rounds of MDA. This meeting will be an opportunity to better organize or synchronize MDA if possible. This is a virtual meeting and there are no costs anticipated.

APPENDIX 3: NTD SECRETARIAT SUPPORT

Support for the NTD Coordinator and the PNDO/EFL
The NTDP requires operational support from Act | West for the MoH to coordinate NTD activities for FY22. Financial assistance will be given to cover office supplies and fuel. During FY22, the PNLBG will request SCIF assistance for operations, and PNSO will receive support from CNFH through Helen Keller and The Carter Center. PNDO/EFL will continue to receive assistance from Act | West for telephone, internet, and computer materials in FY22. This year, Act | West will support the purchase of one computer for the NTDP logistician and other office accessories**. (Please refer to budget section 4.b.1.)**

APPENDIX 4. BUILDING ADVOCACY FOR A SUSTAINABLE NATIONAL NTD PROGRAM

Meetings with Regional Governors (18 participants)
Location: Agadez, Diffa, Maradi and Zinder
Meetings with regional Governors will be held to obtain their buy-in for the trachoma and LF MDA in their respective regions and their support for the NTD program as a whole. The Governor has the authority to sign regional FAAs and ensures that the Regional Health Directors carry out the planned activities. Helen Keller prepares these meetings and works with the ministry and local authorities to ensure that the Governor attends. MoH representatives (central and regional) and Helen Keller – Niger participates in these meetings, during which, for FY22, an overview of the trachoma and LF program is presented, and the Governor's support and participation is sought. The Governor is expected to inform the regional service authorities of the presence of supervision teams, facilitate support between various services for logistical aspects, encourage religious and customary authorities to support the work of CDDs (in kind and otherwise), and to help solve problems (cases refusals, messages around alcohol and the MDA, etc.). This meeting, held before the MDA at the regional level, is essential to launch strong advocacy, because the Governor depends on the Ministry of the Interior (although according to the contract, the MoH is responsible for the execution of these activities). The meetings are also a chance to educate the Governors on the achievements of the trachoma and LF program and the activities for FY22 and beyond, until elimination. The meeting also explains the purpose of the FAAs and how they work. These meetings culminate in the signing of the FAA(s) for the region. **(Please refer to budget section 4.c.1.)**

Advocacy meeting at HD level (before each MDA, 11 participants per HD)

Location: In the 7 HDs conducting Trachoma MDA and 1 HD conducting LF MDA

These preparatory advocacy meetings organized before the MDA in each HD bring together district prefects, local and religious leaders, NGOs, representatives of the health and education sectors, and other partners. The main objective is to mobilize all local actors to ensure their contribution to the trachoma and LF MDA campaign and encourage them to supervise and motivate the distributors. It is an advocacy framework, and the authorities and customary leaders are expected to commit to and support the smooth running of the campaign. The objectives of this meeting are not only to inform participants about the challenges of the campaign but also to ensure their ownership and participation by collecting donations of all kinds that can help improve the smooth running of activities. It is also an opportunity to provide stakeholders with information on managing possible cases of AEs. These contributions will be encouraged and followed by reminders and sensitization activities during meetings and/or supervision at the regional, district, and health center levels. During these meetings, it is an opportunity to record testimonies from some of the officials to show their commitment and contributions to the success of the MDA campaigns. **(Please refer to FAA#7-10 budgets.)**

National launch of the mass distribution campaign (100 participants)

Location: Zinder

An official ceremony is organized each year to mark the start of the MDA. The launch is usually supported financially by the partners (USAID, and in the past, other MDA partners including SCIF and the World Bank). In FY22, the funding landscape is not clear and financial contributions from other partners for the MDA launch is not defined. However, Act | West will provide only partial support to the launch, with some support expected to come from the MOH (to be defined nearer the launch date).

These MDA launches give the program official authority to star the MDA and increases its visibility in the community. The World Bank and SCI had often scheduled their own launch events; however, this national launch brings together all those involved in NTD prevention, control, and elimination activities, including representatives of the MoH and other ministries; representatives of administrative, local, and traditional authorities; associations and NGOs; and other stakeholders supporting the NTD control program. In FY22, as World Bank project is closed and SCIF funding is now reduced, Act | West will continue to support the MoH with some of the costs for the ceremony by providing T-shirts, posters, chair rentals and tarps, entertainment at the ceremony venue, and staff participation in the event, including lodging and transportation for high-level participants from MoH and the NTDP. Coffee breaks for the participants and media coverage of the ceremony will also be supported by Act | West. If there are other MDA partners in Niger in FY22, they will be asked to participate both logistically and financially to the national MDA launch. **(Please refer to budget section 4.d.4 and FAA#1 budget.)**

World NTD Day Celebration (Helen Keller)

The second annual World NTD Day will be celebrated in Niger on January 30, 2022, with support from Act | West and partners including WHO, The Carter Center, World Vision, Speak Up Africa, and SCIF (if possible). Act | West will support the MoH and the NTDP in organizing activities. The NTD partners will hold a meeting to discuss cost share of the planned activities. This will be an advocacy event with the participation of the highest authorities (the MoH) to strengthen the organizational framework of NTD coordination. This day of celebration will also be an opportunity to inform the public about NTD activities. **(Please refer to budget section 4.c.2.)**

APPENDIX 5. SOCIAL MOBILIZATION TO ENABLE NTD PROGRAM ACTIVITIES

Development of TV and radio spots

Initially, the radio and television spots already available will be reviewed by the NTD Communication Focal Point Committee for use during the trachoma and LF MDA. After validation, the spots will be sent to the television and radio stations with which broadcast agreements have been signed. The spots focus on providing information about the dates and locations of the MDA, raising awareness about trachoma and LF, allaying fears about the disease, and reassuring people about the effectiveness and side effects of the medications in order to minimize refusals. **(Please refer to budget section 4.d.1.)**

Broadcast of messages on NTD prevention/MDA prior to MDA campaign on national radio and television

These media outlets provide national coverage for key messages about trachoma and LF, including transmission, disease prevention, and the benefits of the MDA. All messages are currently translated into the three most common local languages (French, Hausa, and Zarma) and the MoH will review in FY22 if additional local languages are required. The MoH broadcasts radio and television spots informing the public of the dates of the campaign, the diseases targeted, the target audience, and the availability of free treatment. Messages are broadcast through radio stations in rural areas and television in urban areas. The television spots are broadcast once a day at alternating times (before entertainment programs, before the evening news, and after the regional news) for the duration of the MDA campaign. Radio spots are aired on national stations three times a day before and during the MDA. Messages on the COVID-19 barrier measures to be followed by health workers, CDDs, and the public will be included. **(Please refer to budget section 4.d.1.)**

Community mobilization (radio) before MDA at the community level

Contracts are signed each year with community radio stations at the district level to broadcast information about the trachoma and LF MDA before and throughout the campaign. These messages are to mobilize communities to facilitate the work of drug distributors and ensure that effective coverage is maintained. Messages are broadcast at least twice a day in all local languages. These broadcasts include interviews with local health communicators and CSI heads, as well as testimonials from community leaders about NTDs. **(Please refer to FAA #7–10 budgets.)**

Social mobilization activities by public town criers, women relais, and caravans (adapted to consider COVID-19 protective measures) before/during MDAs

Women relais have been engaged in MDA campaigns in Niger since 2014 and are recruited to help spread awareness of the MDA and support CDDs, particularly in regions where men are not allowed access to homes when the male head of household is absent. These volunteers go from house to house and inform the population about the diseases and treatment and convince them to accept the drugs. Town criers travel down the village streets in the morning and evening with a tam-tam (drum) to inform the community when the CDDs will come for the drug distribution. This encourages people to stay in the village and wait for the CDDs. On average, each town crier visits three to five villages or hamlets and a weekly market. **(Please refer to FAA #7–10 budgets.)**

The NTD Awareness Caravan for local people is a very popular activity that helps raise awareness among a wider audience in larger villages by bringing the local population together in one place (such as the public square). In FY22, this awareness-raising caravan is planned in two HDs, Dungass and Tessaoua, due to repeated trachoma survey failures and the more stable security situation. New strategies for the awareness caravan will be developed in FY22, based on an ongoing analysis of which messages are most effective (to be completed before the next MDA). A virtual meeting will be held with Helen Keller, FHI 360 and USAID staff to discuss these strategies and the directions for their implementation prior to the start of the mobilization activities for the MDA.**(Please refer to FAA#1 budget.)**

These activities will be carried out in compliance with the MoH guidance about barrier measures to prevent COVID-19 transmission (detailed in the COVID-19 section above). Thus, in contrast to the traditional caravan format, a new strategy adapted to the context of the COVID-19 pandemic will be used. To avoid crowds, the strategy will focus on gathering small groups (youth leaders, leaders of women's organizations, teachers, religious leaders) around the village chief. The door-to-door strategy will also be used during the caravan. A facilitator, in strict compliance with barrier measures, will use visual aids (posters, leaflets), ask questions about the symptoms of trachoma and LF and how to avoid both diseases, before giving details about the upcoming treatment campaign.

Table A1: IEC materials, messages, and rationale

IEC Activity or Material to be supported	Key Messages (as applicable)	Location and Frequency	Briefly describe how this material/message is shown to be effective at increasing MDA participation
Banners	Gives dates and name of localities where MDA will be conducted.	Posted in the different localities one week prior to MDA	These banners are used to inform the general public about the trachoma and LF MDA.
Town criers	Announce the dates of the community distributors, ask to be well received, remind the people targeted by the taking of medication, the diseases concerned, and the duration of the MDA. The town crier reassures the population about drugs are efficacy for preventing trachoma and LF, and safe in general.	One week prior to MDA launch and for the duration of the MDA campaign in one specific HDs.	Coverage surveys results showed that town criers were the main source of information for MDA campaigns.
Local radio broadcasts	Provide information on the dates and locations of the MDA; raise awareness to allay fears about trachoma and LF and provide reassurance about the effectiveness and possible side effects of drugs to minimize rejection.	The broadcasts begin, in the areas covered, one month before the MDA and continue until the end of the MDA campaign.	Coverage surveys results showed that town local radios were the among the main sources of information for MDA campaigns.
Caravans	Make it possible to inform and sensitize the populations on the progress of the MDA, trachoma and LF, the target, reassure the beneficiaries and respond to their fears and questions.	One week before MDA in districts with low coverage rates or high rates of refusals or failed surveys.	Comparative results before and after caravans have shown a positive impact of the caravan on MDA coverage rates.

APPENDIX 6. TRAINING

Table A2: Summary of training

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Funding partner
			New	Refresher	Total Trainees			
MDA-DSA related training (IR1 and IR3)								
SCT	MDA and monitoring (SCT)	MDA supervision and monitoring MDA supervision and monitoring SCM and SOP for MDA drug mgmt. Social mobilization for MDA Recordkeeping and reporting after MDA	0	12	12	2	Niamey	N/A
Trainers	Training of trainers on MDA and SCT supervision national level	Train national staff in MDA	0	17	17	3	Dosso	N/A
Regional and District Level Participants	MDA Cascade Training at the regional and districts level participants on MDA and SCT supervision	MDA regional level cascade training	5	10	15	3	Zinder	N/A
CSI Chiefs, Sector Chiefs, Teachers, and CDDs	MDA Cascade training supervision at HDs for the CSI Chiefs, Sector Chiefs and MDA for the teacher and CDDs	MDA health center level cascade training	-	-	2462	3	At the HDs and CSI level	N/A
CSI staff	Train the QI teams at CSI levels from the 4 HDs selected	Train QI team members at CSI level in the FHI QI model	0	264	264	1	One meeting at each of the 3 selected HDs for QI	N/A
QI Coaches	Training of QI-coaches HD and sub-district level	Training of team in QI implementation + Development and implementation of QI action plan.	6	6	12	3	Diffa and Zinder	N/A
Graders and Recorders	Trachoma Impact Surveys	Training to identify trachoma patients Two training sessions of 3 days, plus two travel	0	40	40	8	Maradi	N/A

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Funding partner
			New	Refresher	Total Trainees			
		days (2 days of evaluation, 2 theory days and 2 practical days)						
Investigators	TAS Survey	investigators and laboratory technicians	0	131	131	2	At region and districts level	N/A
Health Systems Strengthening related training (IR2)								
S/O								
Gender Equality and Social Inclusion related training (as relevant)								
S/O								

MDA cascade training and Supervisors Coverage Tool (SCT)

MDA training/refresher training is conducted annually in a cascade format to prepare those involved in implementing the campaign. The training-of-trainers is held first for national trainers and supervisors, involving the MoH and education focal points, and is then cascaded to the regional level (DRSP, Regional Directorate for National Education, NTDP regional health and education focal points, NTDP district health and education focal points), and on to the district level (CSI and educational sector heads). The district-level staff then train the CDDs and teachers.

Training emphasizes the following topics: NTD control and prevention measures and key messages; organization of the distribution campaign; eligibility criteria for MDA; use of dose poles; data collection (emphasis to CDDs on how to properly fill in the registers and tally sheets and filling out the DHIS2 platform); management and reporting of SAEs.

Supervisors are trained to check that CDDs are distributing the correct doses of ZTH pills or syrup during trachoma MDA according to the distribution guidelines, and for the distribution of ALB and IVM for the LF MDA. Close supervision of the cascade training will be conducted by the national level with Helen Keller assistance.

The training will also cover the two approaches for supervision: routine supervision through the supervision checklist and rapid monitoring through the SCT. The SCT will continue to be used in FY22, based on lessons learned using SCT methodology during the FY20 LF MDA in the Agadez region and trachoma MDA. According to program staff, SCT implementation by health center supervisors not only improved coverage significantly but also improved their trust in reported data. SCT also increased local health staff ownership and accountability and helped raise their commitment for high distribution coverage. SCT will be implemented in all eight HDs conducting MDAs. Health centers and villages will be selected for the SCT based on previous MDA coverage and DSA results (identified per the in-depth data analysis of FY19 coverage data).

A refresher training-of-trainers will be held by Helen Keller's Quality Implementation Lead for NTDP and Helen Keller staff. CDD supervisors at the CSI level will receive a briefing on use of the SCT, which can be done quickly toward the end of the campaign to detect areas with low or sub-optimal coverage requiring

mop-up. The campaign can then be extended and CDD supervisors can continue supportive supervision of CDDs during the mop-up or *ratissage* phase to achieve target coverage results. **(Please refer to Budget Section 4.e.1-2 and in FAA #1, #7–10.)**

Training of QI HDs and health sub-district teams in three HDs

Following the FY21 QI training of trainers, the quality improvement process will continue with the training of health district and CSI QI teams in three HDs. A sub-district QI team is composed of HD NTD staff, sub-district NTD staff, the NTD supervisor of the sub-district, a CDD, and a community leader or an opinion leader, if applicable. These teams will be trained at the HD level for three days. The first training sessions for QI team members are facilitated by the trained QI coaches and Helen Keller. The districts of Diffa, Bosso, and Dungass are tentatively targeted for the activity. These districts may change as the security situation in these areas evolves. **(Please refer to Budget Section 4.e.4.)**

Training on Trachoma Survey Methodology

Act | West will support training/refresher training of eye health technicians according to WHO guidelines and the approved survey protocol for the TIS planned in FY22. The training will be taught by master graders and recorders, certified by Tropical Data, with support from Act | West via Helen Keller. An intergrader agreement exam is administered to each trainee (graders and recorders) to ensure the graders who conduct the survey can properly identify the clinical signs of trachoma (based on the WHO simplified grading system. Maradi has traditionally been the location for this training due to its central location. Forty participants are expected to attend, including 6 national supervisors, 5 regional focal points, 5 ophthalmologists and 24 ophthalmic technicians. Having a large number of survey teams trained allows the PNSO to conduct multiple TIS/TSS at the same time, rather than consecutively. **(Please refer to Budget in FAA#2.)**

Training of surveyors for TAS

Refresher TAS training for the TAS2 and TAS3 in nine and six HDs respectively are planned as part of the survey protocol implementation. Participants will receive refresher training on both theoretical and practical aspects of TAS including use of the FTS. **(Please see FAAs #4and #5 budgets**).

APPENDIX 7. SHORT-TERM TECHNICAL ASSISTANCE

None

APPENDIX 8. FIXED AMOUNT AWARDS (FAAS)

Table A4. Summary of FAAs

FAA recipient (split by type of recipient)	Number of FAAs	Activities	Target date of FAA application to USAID
NTDP FAA1	1	▪ Strategic planning ▪ MDA national launch in Tahoua ▪ Awareness-raising caravans ▪ MDA supervision ▪ Post-MDA evaluation meetings	Oct 2021
PNSO A and B FAA 2 and 3	2	▪ Trachoma Survey Methodology Training ▪ Trachoma Surveys	Oct 2021
PNDO FAA 4 and 5	2	▪ TAS 2 surveys ▪ TAS3 surveys	Oct 2021
ONPPC FAA 6	1	▪ Drug storage and quality control (to check drug quality, as required in Niger) ▪ Drug transport	Oct 2021
Regional Level Government FAA 7 Agadez FAA 8 Diffa FAA 9 Maradi FAA 10 Zinder	4	▪ MDA Coverage ▪ Social mobilization for MDA ▪ Training ▪ Transport of materials and drugs for MDA ▪ MDA supervision ▪ Post-MDA evaluation	Oct 2021

APPENDIX 9. TIMELINE OF ACTIVITIES

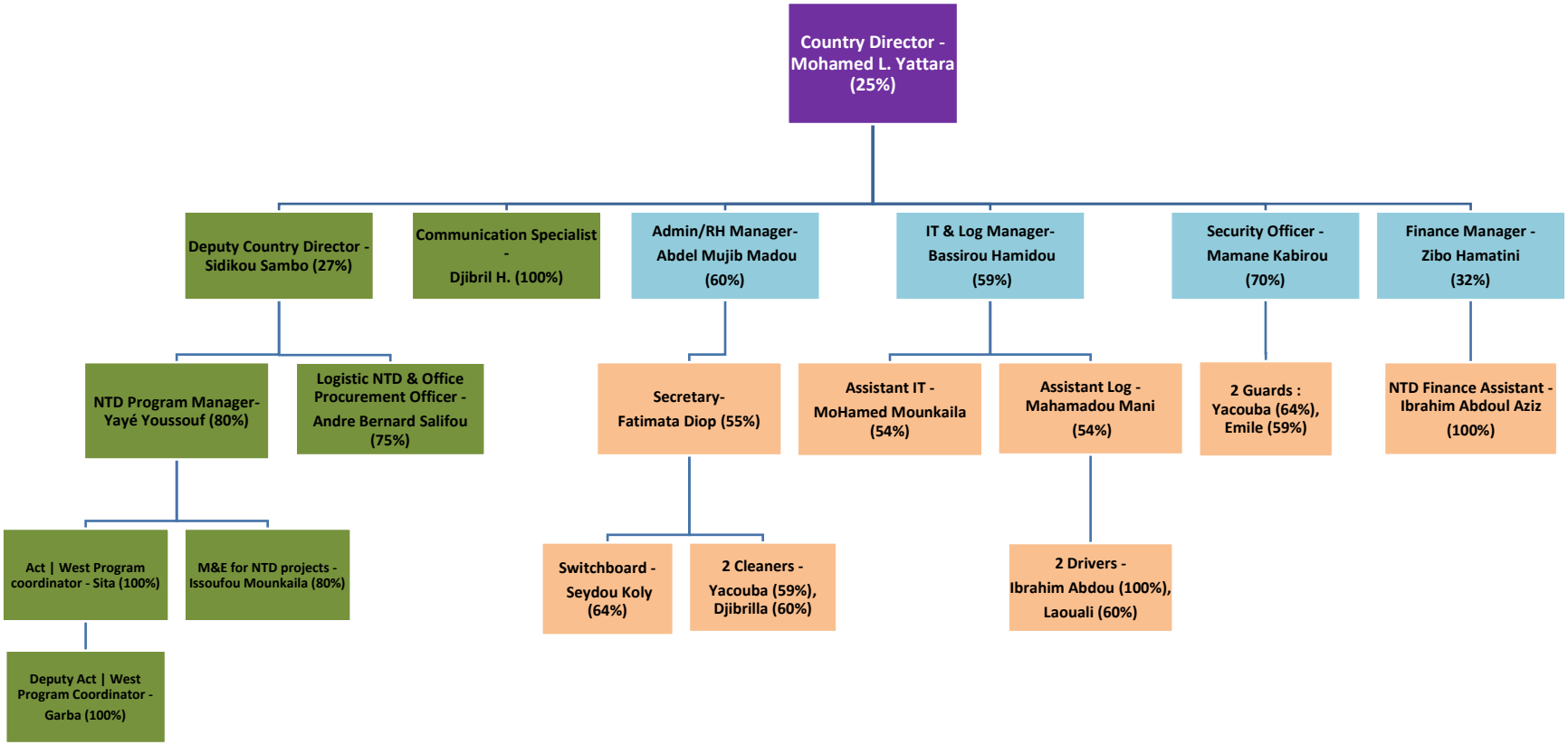
Attached in separate file

APPENDIX 10. MAPS

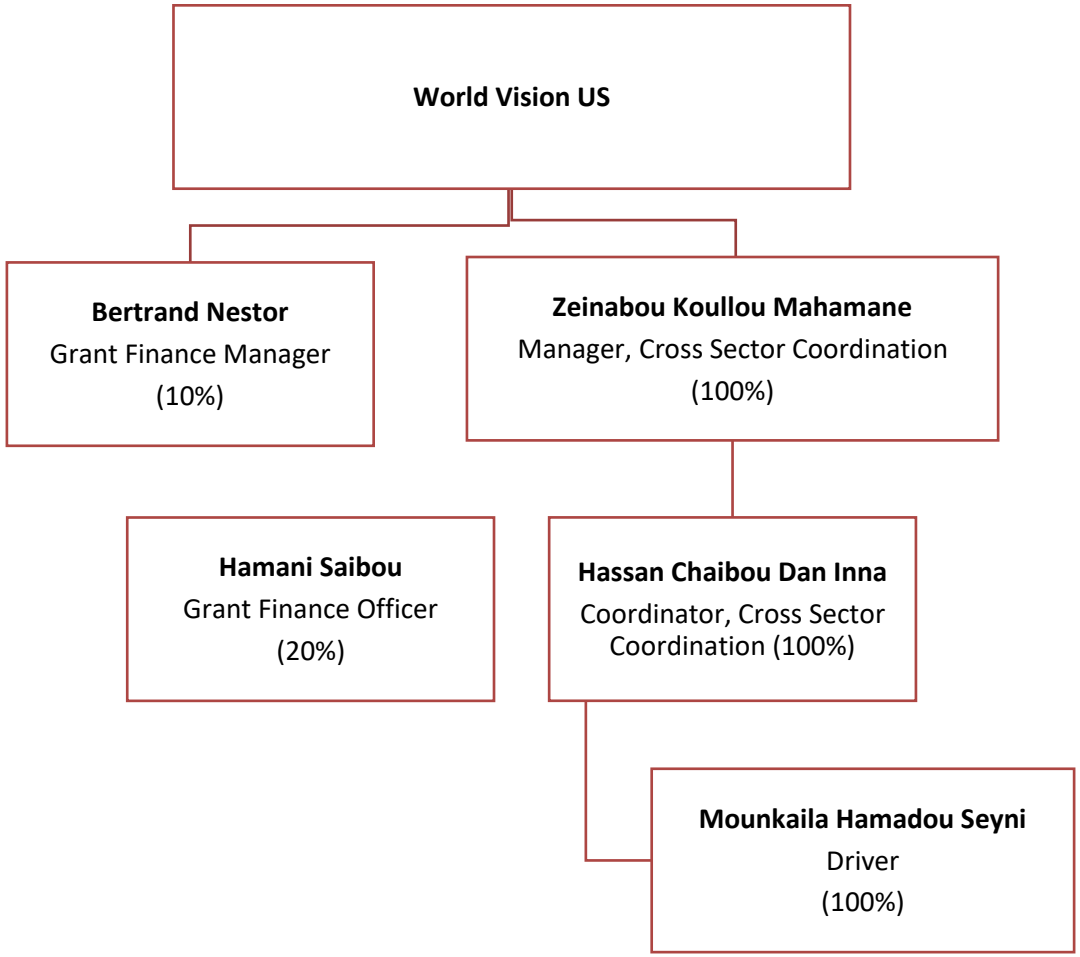
Attached in separate file

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

Helen Keller Staffing



World Vision staffing



APPENDIX 12. ADDITIONAL TABLES/ANNEXES (OPTIONAL)

Table A5: FY22 TAS2 evaluation units

FY22 TAS2 Evaluation Units		
Region	**HDs (EU)**	**EU Population**
Tahoua	Birnin' Konni, Malbaza (1EU)	782,577
Tahoua	Illela, Bagaroua (1EU)	586,852
Tahoua	Tchintabaraden, Tassara, Tillia (1EU)	299,282
Zinder	Tanout, Belbedji(1EU)	601,316
Total	4 EUs	2,270,027

Table A6: FY19 TAS1 results

FY19 TAS1 Results		
Regions	**HDs (EU)**	**Number of positives (critical cut-off)**
Tahoua	Birnin' Konni, Malbaza (1EU)	3 (20)
	Illela, Bagaroua (1EU)	0 (18)
	Tchintabaraden, Tassara, Tillia (1EU)	0 (18)
Zinder	Tanout, Belbedji(1EU)	2 (20)

Table A7: EUs proposed for TAS3 in 6 HDs in FY22

FY22 TAS3 Evaluation Units		
Region	**HDs (EU)**	**EU Population**
Niamey	Niamey3 and Niamey4 (1 EU)	599,956
Niamey	Niamey5 (1 EU)	181,321
Tahoua	Madaoua* (2 EUs)	782,928
Zinder	Gouré and Tesker (1 EU)	523,265
Total	***5 EUs***	***2,087,470***

*TAS3 in Madaoua was planned in FY21, but it was postponed because of budget issues.

Table A8: FY21 preliminary Pre-TAS results

Region	District	Site name	Site type	Positive		Total tested
				Number	%	
Maradi	Aguié	Lebo Saoua	SC	2	0.56%	357
	Aguié	Dan Aicha	SC	35	9.49%	369
Agadez	Arlit	Zongo	SC	0	0.00%	350
	Arlit	Akokan	SC	0	0.00%	351
Dosso	Dioundiou	Koutoumbou	SC	3	0.86%	350
	Dioundiou	Yamma	SC	1	0.30%	328

Dosso	Gaya	Dolé	SS	2	0.57%	349
	Gaya	Tounounga	SC	4	1.14%	352
	Gaya	Wadata	SC	2	0.00%	349
Maradi	Gazaoua	Guallamm	SC	2	0.57%	350
	Gazaoua	Kardo Kiri	SC	1	0.29%	350
	Gazaoua	Makiyawa	SC	0	0.00%	350
	Gazaoua	Saja Maja	SS	0	0.00%	351
Agadez	Iferouane	Timia	SS	2	0.60%	336
	Iferouane	Toudou	SC	1	0.31%	324
Maradi	Madarounfa	Tchikaji	SC	0	0.00%	334
	Madarounfa	Inkouregue	SS	5	1.56%	320
	Madarounfa	Nassarawa	SC	1	0.31%	322
Maradi	Mayahi	Jantoudou	SS	1	0.31%	327
	Mayahi	Kafin Kassaou	SC	3	0.86%	350
	Mayahi	Sarkin Haoussa	SC	1	0.28%	355
Tahoua	Tahoua Com	Dafane	SS	0	0.00%	360
	Tahoua Com	Founkoye	SC	0	0.00%	324
	Tahoua Com	Wadata g	SC	0	0.57%	358
Tahoua	Tahoua Dpt	Guididjo	SC	0	0.00%	355
	Tahoua Dpt	Ibalalagan	SC	1	0.28%	351
	Tahoua Dpt	Tamakas	SC	2	0.57%	353
Maradi	Tessaoua	Konkari	SC	1	0.30%	334
	Tessaoua	Nafouta	SS	2	0.60%	336
	Tessaoua	Tsamia Koura	SC	0	0.00%	320

Table A9. List of TIS by EUs planned for FY22

Trachoma Surveys in FY22					
REGION	**DISTRICT**	**EU**	**Type of Survey**	**EU Population**	**# EUs**
Agadez	Bilma	1	TIS	24,606	1
Diffa	Diffa	1	TIS	219,301	1
	Bosso	1	TIS	105,358	1
	Mainé Soroa	1	TIS	180,776	1
Maradi	Guidan Roumdji	EU 1	TIS	152,850	1
	Mayahi	EU 1	TIS	241,073	1

	Tessaoua	EU1	TIS	240,676	1
Tahoua	Bouza	EU 3	TIS	208,447	1
Zinder	Matameye	EUs 1 & 3	TIS	362,030 (EU1 and 3 combined)	2
	Belbedji	1	TIS	138,293	1
	Dungass	EU2	TIS	229,815	1
	Gouré	EU1	TIS	308,709	1

Table A10: SUMMARY OF RECOMMENDATIONS FROM THE PSNO-LED INVESTIGATION WITH KEY INFORMANT INTERVIEWS (PRESENTED 2020).

Region	Discussion Points	Recommendations	Strategies	Status
Agadez	● Poor coverage rates linked to insecurity and difficult-to-reach populations	● Change MDA strategy ● Increase timeline to conduct MDA	● Involve customary, religious, and administrative authorities ● Monitoring of population movement ● Make the MDA period flexible ● Develop mobile strategies	● Included in social mobilization and advocacy activities ● Mobile strategies developed
Diffa	● Persistence of trachoma endemicity potentially due to insecurity ● Inaccessibility of target populations ● Insufficient funds ● Difficulty synchronizing programs	● Increase resources	● Proper timing of MDA (Oct-Nov-Dec) ● Specific treatment of refugee sites	● Mobile strategy implemented ● Investigating the possibility of adjusting ZTH order to match population in HDs
Dosso	● Dosso has completed TSS in all districts and will focus on surveillance	● Develop a surveillance plan	● Develop a surveillance plan	● Not yet started
Maradi	● Weak coverage and review of data	● Review the framework of the CSI and HD review	● Present data at the CSI level by village, at the HD level by CSI ● Intervene in areas with low coverage	● Sub-district level analysis not started – planned for FY22.
Tahoua	● Poor coverage	● Increase coverage rates	● Involvement of customary, religious, and administrative authorities ● Monitoring of population movement ● Make the MDA period flexible ● Develop mobile strategies ● Integrate the strategies into the mobile clinics	● Included in social mobilization and advocacy activities ● Mobile strategies developed

			● Present data at the CSI level by village, at the HD level by CSI ● Intervene in areas with low coverage	
Tillabéri	● Poor coverage and insecurity*	● Increase coverage rates ● Use of humanitarian corridors, mobile clinics, army services, integration of activities, use of camels	● Checking data quality ● Use of military and other NGO services	● Data quality review in FY22 (as part of persistent trachoma discussions)
Zinder	● Organization of MDA campaigns	● Improve the organization of campaigns ● Integration (e.g., vaccination), uncombine drug packages,	● Micro planning from the bottom up ● Enhance the bonus for CDDs ● Uncombine drug packages over time	● Take part in WHO microplanning workshops ● Discuss integration of MDA with vaccination program (in FY22)

*TSS failure in Tillabéri region occurred in 2017 after many years of no MDA. In the event of a re-TSS failure in FY21, the PNSO will implement activities to ensure sufficient programmatic coverage of at least 80% is achieved.

APPENDIX 13. FY21 ACTIVITIES PLANNED IN FY22 DUE TO COVID-19

Below, by IR, are all any activities planned for FY22 due to COVID-19 delays.

Table A11. FY21 activities planned for FY 22 due to COVID-19 delays

IR	Budget category(s)	Brief activity description
1	Monitoring and Evaluation/FAA PNDO	LF TAS3
		Trachoma Surveys
2	Governance	High-level stakeholder technical meeting with key leaders in relevant cross-sector Ministries (specifically Secretary General and Directions of Programming) to review and advocate for strategic alignment and integration of NTDs in sector policies relevant for NTDs (World Vision)
		Launch of the multisector coordination platform

APPENDIX 14. BUDGET (CONFIDENTIAL)

Attached separately

APPENDIX 15. BUDGET NARRATIVE (CONFIDENTIAL)

Attached separately